How To Update a Health Savings Account (HSA) Mid-Year in Mercer 365+

NOTE: HSA Changes are effective the first of the month following the date you enter the change. Depending on when the first of the month falls in the payroll calendar, it may take until the second payroll of that month for the change to be seen on your paycheck.

<u>Step 1</u>

Go to "Menu", then "Life Events"

	MENU
â	Home
MY A	CCOUNT
F	rofile
C	ependents
L	ife Events

<u>Step 2</u>

Scroll down to "Changes That Impact Your Coverage" and select the "Get Started" link next to HSA Change.

Changes That Impact Your Coverage	After Tax Change	You elect to enroll in or change your post-tax benefits (Life, AD&D, Disability). These benefits may be updated at any time.	Get Started 🕨	
4 00	Day Care Change	If you have a change in cost or coverage, such as a significant cost increase charged by your current day care provider, or a change in the provider, you may change the amount you contribute to your Dependent Care Flexible Spending Account.	Get Started 🕨	
	HSA Change	If you have a change in cost or coverage, such as a significant cost increase charged by your current health care provider, or a change in the provider, you may change the amount you contribute to your Health Savings Account.	Get Started 🕨	
	Lost Medicaid or CHIP Eligibility	If you or your dependent(s) lose Medicaid coverage or CHIP Eligibility, please report this change within 60 days from when you or your dependent lose Medicaid coverage or CHIP Eligibility.	Get Started 🕨	
	Now Eligible for Premium Assistance	Enrollment in qualified health plan via public marketplace	Get Started	
	Reduction of Hours	In Stability Period and enrolling in other MEC	Get Started 🕨	

<u>Step 3</u>

Under start life event please use the <u>current date</u>. For example: If you are processing this change on 1/13/2020, please add this date to the "Event Date" box and then click the "Get Started" button.

< Back Life Events
HSA Change If you have a change in cost or coverage, such as a significant cost increase charged by your current health care provider, or a change in the provider, you may change the amount you contribute to your Health Savings Account.
Start Life Event Please enter the HSA change date below to initiate the process. Changes must be made within 0 days of the event.
Event Date O1/13/2020 GET STARTED
Step 4
On the next page click "Next"
Get Started
HSA Change
You are Eligible to Make Changes Based on your eligible life event, you can now make changes to your benefits. Click Next below to begin.

NEXT S Cancel

<u>Step 5</u>

The next page is Who's Covered. Click "Continue".

Next is "My Information". Click "Continue".

Next is "Help Me Find a Plan". Scroll to the bottom of the page and click "Skip".

<u>Step 6</u>

On the "Your Benefits Summary" page, the only change that can be made is the Health Savings Account. Click the pencil button.

Your Bene	efits Summary		< PREVIOUS NEXT >
What To Do Here	at comes first alphabetically (BCBS). Please		
Your Cart Preview	Current Coverage		
Available to	Update		
		PER PAY PERIOD	ANNUAL
BENEFITS SELECT	ED		
	HEALTH SAVINGS ACCOUNT Provided by Discovery Benefits Coverage coverage Level: Employee Only	BEFORE-TAX \$0.00	before-tax \$0.00

Step 7

Add the amount you would like for the year and select "Calculate" which will then show your Pay Period amount and how much will have been contributed into your Health Savings Account including both yours and the employer contribution. Once you are satisfied with your election, select "Add To Cart"

Lower Your Taxes, Save For	Health Savings Acc	ount	
Health Care Costs	Pay for eligible health care e HSA debit card.	expenses using before	e-tax dollars with your
	Any employer contributions your HSA bank account.	will be made on a per	r pay period basis into
	Minimum: \$0.00 annually	/.	
	• Maximum: \$2,949.92 and	nually.	
	Maximum lump sum cont	tribution \$2,949.92 ar	inually.
	CONTRIBUTION		
		PER PAY PERIOD	ANNUAL
	YOUR CONTRIBUTION	\$47.62	1000
	LUMP SUM AMOUNT OF YOUR CONTRIBUTION		\$0.00
	EMPLOYER CONTRIBUTION		\$600.08
	TOTAL CONTRIBUTION	\$47.62	\$1,600.08
	CALCULATE		
	ADD TO CART		

<u>Step 8</u>

Now scroll back up to the top of the screen and click "Your Cart"

H	ISA CHANGE				
	Get Started	Choose Benefits	Voluntary Benefits	Your Cart	
	Summary Spendin	ng Accounts			

<u>Step 9</u>

Scroll to the bottom of the screen, accept the "Terms and Conditions" and click "Check Out"

Terms and Conditions			
You have selected a life event that allows you to make changes to your elections and your eligible dependents. Before continuing, please make note of the following: • Making changes to your elections and dependent information requires you to provide an electronic signature of the choices you enter. Clicking 'Yes, I accept' below will serve	ve as your consent.		
Clicking on 'Yes, I accept' below will also serve as your electronic signature of the information you enter. By law, this electronic signature will have the same effect as a signative of the information you enter.	iture on a paper form.		
• I acknowledge that if I enroll in a Windstream medical plan, I and my spouse (if applicable) must complete the confidential biometric screening by the deadline to avoid a Employees in bargaining units should refer to the terms of their collective bargaining agreement.	\$500 medical surcha	irge.	
Ves, I accept.			
A IMPORTANT: You must keep your records up-to-date. Immediately inform your employer if your email address or other personal information change.	CHECK OUT >	Cancel	-

<u>Step 10</u>

Once you get the message below the change has been saved and you can print out your confirmation by clicking "Print".

Review Confirmation Checklist	
Your Enrollment Has Been Submitted	-

Your Enrollment Confirmation Number Is: X06SL1N

•	What To	Confirmation of your elections can be viewed at any time on the home page. If you need further assistance, please contact us. Please print or save this.	
Do Here	Please keep in mind that the rates below are subject to changed based on the requirements for spousal and tobacco surcharge.		