HSA Self-Service

If you want to enroll or make changes to your HSA contribution amounts through self-service, please follow the steps listed below. By following the instructions below, you will be able to start, increase, decrease or waive your contribution amount. If you want to make a one-time lump sum contribution you will need to email the Benefits Administration at <u>benefits.questions@phoenix.gov</u>.

 Log in to eChris by going to <u>www.echris.phoenix.gov</u>. If you need assistance with password reset, contact the Help Desk at 602-534-4357

				7	
City of Phoenix		2			
Human Resource Information System			-	1	4
User ID					
Password		-	4	4	
Forgot your password?	E				
Size In					
sign in		F			
Linable Screen Reader Mode For password assistance, contact the City of Phoenix Help Desk at (602)534-4357					

2. Click the **BENEFITS** tile.



3. Once on the Benefits page your Benefits. Click on the HSA w BCBS Savers Choice tile.

Benefits Summary							
o view your benefits as of another date, enter the date and select Refresh.							
My Benefits on		Refresh					
							î↓
	Flexrap Health	Care Account		Flexrap Dayca	are Account		
Sav Acct	Plan	Flexrap Health Care Account		Pledge	Waived		
	Pleage	\$1,200					
Review			Review				
	Dental			Buy-Up Visior	n Plan		
ce Health Plan	Plan Coverage	Cigna Dental PPO Plus Employee Only		Plan	Buy-Up Vision Plan Employee Only		
		ペ 0 Dependents			2 0 Dependents		
Review			Review			Review	
	enter the date and select My Benefits on (Sav Acct Review ce Health Plan	enter the date and select Refresh. My Benefits on Sav Acct Review Ce Health Plan Review Review Review	enter the date and select Refresh. My Benefits on	enter the date and select Refresh. My Benefits on	enter the date and select Refresh. My Benefits on Effersh Sav Acct Flexrap Health Care Account Plan Flexrap Health Care Account Pledge \$1,200 Review Review Ce Health Plan Dental Plan Cigna Dental PPO Plus Coverage Employee Only ** 0 Dependents Plan	enter the date and select Refresh. My Benefits on Effects Sav Acct Flexrap Health Care Account Plan Flexrap Health Care Account Pledge \$1,200 Review Review Dental Plan Coverage Employee Only ** 0 Dependents Plan Buy-Up Vision Plan Review Name	enter the date and select Refresh. My Benefits on Effects Sev Acct Flexrap Health Care Account Plan Plan Review Review Review Review Review Dental Plan Coverage Employee Only ** 0 Dependents Review Review

4. Review what you have elected in the **Latest Deductions** under the **Employee Contribution** column. If you are satisfied with your current contribution, you can click on the X in the upper right portion of the exit eChris. If you want to newly enroll or change your current contribution amount, click on the **Update HSA Contribution**

My Benefits	on . This is Curre	nt Enrollment		
HSA Plans allow you to invest to	rnis is curre	ards surront and	futuro modical paymon	to
	x-nee money tow	alus current anu	nuture medical paymen	15
Enrolled P	Ian Health Equit	v Hith Sav Acct		
Annual Plea	lge .			
	-			
Latest Deductions				
Payroll deductions for the latest	pay period for thi	s benefit.		
Plan Description	Employer Paid	Employee	Employer-Employee	Pay Period End
	, and	Contribution	Contribution	Dute
Health Equity HIth Sav Acct	0.00			
USA Contributions				
HSA Contributions				
Changes to the mid-year HSA co the calendar year excluding 3rd j occurs, your bi-weekly contribution	ontribution amour pay periods. Dep on change could	It will be divided a ending on the tim be too late for the	among the number of re ning in which your HSA o e current pay period.	maining paychecks in contribution change
To make a one-time contribution email at benefits.questions@pho	amount, you will enix.gov.	need to contact t	the Benefits Office direct	tly at 602-262-4777 or
Click on 'Update HSA Contributio	ons' to use the HS	SA contribution to	ool to estimate your bi-w	eekly contribution
Update HSA Contributions				
	-			

 Under the title City of Phoenix Mid-Year HSA Changes, please take a moment to read the important message under Benefits of HSA: then click on the next button at the top right-hand side of the screen

*******You have 1 day to submit contribution change request*******

X Exit	:
Mid-Year HSA Changes	
Qualifying Period	
	Cancel Next >
* Welcome to your Mid-Year HSA Changes	Welcome to your Mid-Year HSA Changes
Make your Mid-Year HSA Changes O Not Started	
Complete your Mid-Year HSA Changes O Not Started	City of Phoenix
	CITY OF PHOENIX MID-YEAR HSA Changes
	Important! You must complete this process within 1 day.
	BENEFITS OF HSA:
	• <u>PAY FOR HEALTH CARE EXPENSES</u> ; You can use your HealthEquity debit card to conveniently pay for medical, prescription drug, dental, vision, and over-the-counter expenses. For a list of qualified health care expenses, see IRS Publication 969. Important Note: You cannot use an HSA to pay for health care expenses incurred by a domestic partner.
	• ENIOY TAX SAVINGS: When you use your HealthEquity HSA account, you can enjoy tax savings in three ways: Pay for qualified health care expenses tax-free. Contribute to your HSA tax-free. Earn interest on unused HSA funds tax-free once HSA reaches a certain amount.
	• TAKE IT WITH YOU INTO YOUR FUTURE: Money left in your HSA at the end of each year rolls over to the next year, including the City's contribution. You can save your HSA funds to use for your health care costs when you retire or leave the City. The money is yours to take with you. You can also use your HSA as another retirement vehicle: once you turn 65 years of age, funds may be used for non-medical purposes (regular income taxes apply).

6. To move forward with your HSA contribution change click Start My Enrollment.

Mid-Year HSA Changes				
Qualifying Period 3/24/2025-3/25/202 April Lee	5			
	Cancel Cancel Next >			
 Welcome to your Mid-Year HSA Changes Complete 	Make your Mid-Year HSA Changes			
	To begin your HSA election or mid-year contribution change, click 'Start My Enrollment'			
Make your Mid-Year HSA Changes In Progress	Start My Enrollment			
Complete your Mid-Year HSA Changes O Not Started				

7. In the table labeled **Benefits Plan** locate the colum label **Actions**, under that column click on the **Review** button. Enrollment Summary

Your Pay Period Cost	\$	Full Cost \$
Status	Pending Review	Employer Cost \$0.00
	Preview Statement Submit	HSA
Benefit Plans		

Plan Type	Current	New	Pay Period Cost	Status	Actions
HSA w BCBS Savers Choice	Health Equity HIth Sav Acct	Health Equity HIth Sav Acct \$	\$.	Visited	Review

8. If you had not enrolled in your HSA, you would see this below. Click on the **Select** button next to **Health Equity Hith Sav Acct** to begin enrollment process.

HSA Plans allow you to invest tax-free money towards current and future medical payments.

~ Enro	∽ Enroll in Your Plan				
Importar	nt! Your annual pledge for the year 2025 is \$	for the enrolled plan: Health Equity HIth Sav Acct. You will continue with this contribution if you do not make a change			
	Plan Name				
~	Health Equity HIth Sav Acct Requires enrollment to Medical BCBS Savers Choir Health Plan	ze			

9. If you enrolled in your HSA (or once you've completed steps 8.) and want to either increase, decrease or waive your contribution amount you will first review the HSA Acknowledgement and then click the box next to By electing an HSA account you are attesting that: if you are eligible, and then type your first and last name into the electronic signature field, then click Save.

HSA Plans allow you to invest tax-free money towards current and future medical payments.

∼ Enroll	in Your Plan	
Important	Your annual pledge for the year 2025 is \$	for the enrolled plan: Health Equity HIth Sav Acct. You will continue with this contribution if you do not make a change.
	Plan Name	
~	Health Equity HIth Sav Acct Requires enrollment to Medical BCBS Savers Choice Health Plan	
Select	Waive	
V HSA A	Acknowledgement	
 You You You You You 	are enrolled under the qualifying high deductible h are not covered by any other medical plan. are not enrolled in Medicare. are not claimed as a dependent by someone else	ealth plan (HDHP). for tax purposes.
If you are contribute not eligibl	enrolling in the Saver's Choice plan for the first tim to an HSA and will not get the employer HSA contr to contribute to the HSA until the end of March 20	e, and you have a balance of \$0.01 or greater in your health FSA as of the end of the current calendar year you cannot ibution for the next calendar year until the end of March. (Example :if you have \$0.05 in your FSA as of 12/31/2023 you at 24).

*Electronic Signature	
	Save

10. Enter the amount you want to elect for your annual contribution in the **Employee Annual Contribution** field.

Employee Annual Contribution	
	Minimum Employee Contribution \$0 Maximum Employee Contribution \$3,175 Employer Annual Contribution \$1,125 Maximum Total Annual Contribution \$4,300
	Health Savings Account Worksheet

Estimated Pay Period Cost \$

Click **Done** if you are satisfied with your amount.

Select

Waive

11. If you want to contribute a specific amount per paycheck, click on the **Health Savings Account Worksheet**.

Employee Annual Contribution	
	Minimum Employee Contribution \$0 Maximum Employee Contribution \$3,175 Employer Annual Contribution \$1,125 Maximum Total Annual Contribution \$4,300
	Health Savings Account Worksheet
Estimated Pay Period Cost	S

12. Click on the drop down next to **"Estimate Contribution From"** then select "Per Pay Period" selection. You will then enter the amount you want to contribute per paycheck. Click **Done.**

Cancel Hea	Health Savings Account Worksheet Done					
You may use this worksheet to estimate to update the estimates.	ate your per pay period cont	ributio	n or annual contribution. Select Calculate			
*Estimate Contribution From	Per Pay Period 🗸	i				
Estimated Per Pay Period	Annual Contribution					
Contribution	Per Pay Period	L ſ	This is the amount per pay period that			
Multiplied by Pay Periods Remaining			will be contributed towards your HSA.			
Plus Your Year To Date Contributions	Plus Your Year To Date Contributions		pay periods for the current calendar year divided into the annual			
Your New Annual Contribution	0.00	l	contribution amount.			
	Calculate					

13. After clicking on Done you will be routed back to the Make your Mid-Year HSA Change page. In the Benefits Plans table take a moment to review the New column for the updated annual amount and confirm the Pay Period Cost amount if they are correct and you see that the Status is marked Changed click Submit table in the Enrollment Summary section under Preview Statement button.

× Exit							
Mid-Year HSA Changes							
Qualifying Period 3/26/2025-3/27/202	25						
						Cancel	Previous Next >
 Welcome to your Mid-Year HSA Changes Complete 	Make your Mid-Year HSA Cha	anges			* Indianta	Contact	Information
* Make your Mid-Year HSA Changes	The Benefits Enrollment overview displays which benefit options that are available for you to elect.					Phone 602/262-41	777
Complete your Mid-Year HSA Changes	Complete Spour Mid.Year HSA Changes Period Cost \$ Full Cost \$ Employer Cost \$ 0,00					benefits.questions@p	
▲ Overdue	Status Pend	ng Review view Statement pmit			HSA	Benefits W	es ebsite
	E III						
	Plan Type	Current	New	Pay Period Cost	Status	Actions	
	HSA w BCBS Savers Choice	Health Equity Hith Sav Acct	Health Equity Hith Sav Acct \$	s	Changed	Review	

14. Once you have submitted your election a pop-up window will appear if you would like to review your enrollment change, click on **View** to review the change you have made to your HSA contribution amount.

Done	Benefits Alerts	
Instruction		
Your benef	t choices have been successfully submitted to the Benefits Department.	
Select View	o review your Election Preview statement, Done to return to the Benefits Enrollment Summary	

15. If you want to print the updated statement you will click on **Print View**, if you only want to review and confirm the changes you will click on **Election Summary**. Under **Coverage Base** you will see the updated annual contribution amount and under **Your Cost Per Pay Period** you will see the updated per paycheck amount. When satisfied with your changes click on the X at the top right-hand side of the window. Then click the **Next** button.

, 0	View S	Submitted Enrolln	nent	×		
Statement Type Submitted Enrollmer	ıt	Description Hea	Ith Saving Changes	Print View		
Enrollment Effective Date	Stat	Statement Issue Date				
This statement records your submission of the Ever this event before the enrollment period ends. Conta	nt Maintenance benefit selections and pay period co ct your benefits administrator if you have further que	sts, dependent informations. Please keep the	on, and beneficiary information. If an error has been made in recording y statement for your records.	our elections, you can return to		
Statement Sections						
Expand All						
> Personal Information						
> Cost Summary						
✓ Election Summary						
The following is a summary of your elections. Set	lect the Dependent or Beneficiary hyperlink to view t	he information associate	d with each benefit.			
Remember: These coverages will remain in effect until the next Benefits Open Enrollment or if you experience a change in family status or employment situation.						
Benefit Plan	Proof of Coverage	Coverage Base	Dependents or Beneficiaries	Your Cost Per Pay Period		
Health Equity Hith Sav Acct		\$		\$		
> Dependents and Beneficiaries						
> Dependent Enrollments						
> Beneficiary Designations						

16. Click on the **Complete** button on the upper righthand side of the page to finalize your changes. You will then be redirected back to the **Benefits Summary** page.