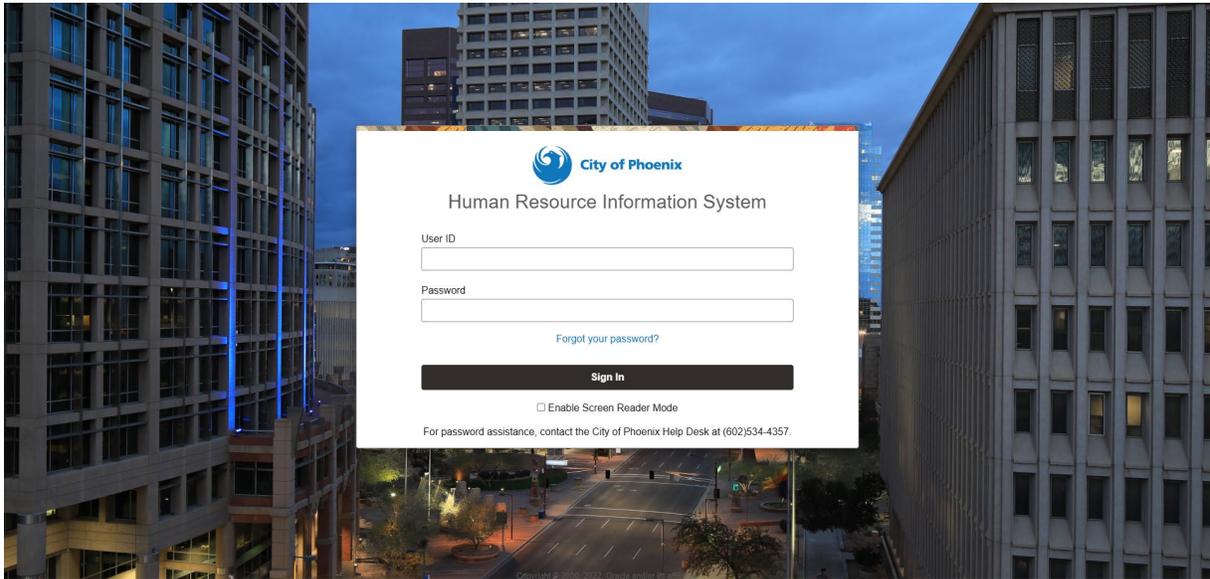


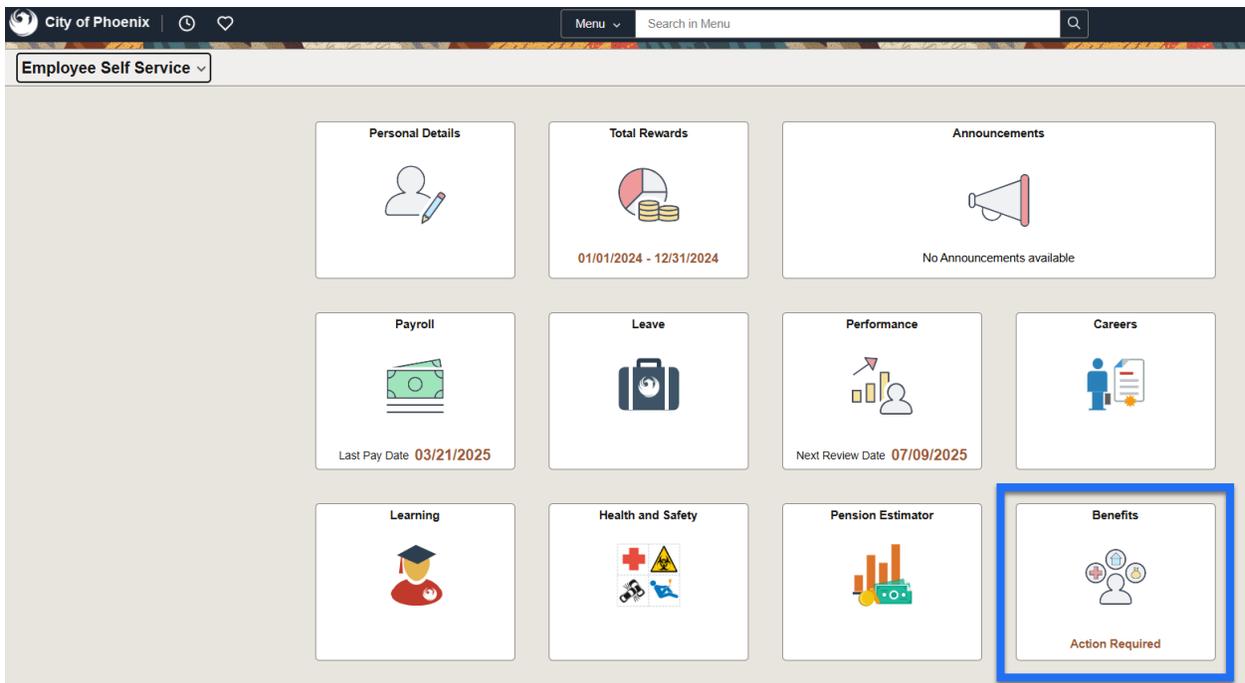
## HSA Self-Service

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 [benefits.questions@phoenix.gov](mailto:benefits.questions@phoenix.gov).

1. Log in to eChris by going to [www.echris.phoenix.gov](http://www.echris.phoenix.gov). If you need assistance with password reset, contact the 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**

To view your benefits as of another date, enter the date and select Refresh.

My Benefits on  

**Benefit Plans**


<p><b>HSA w BCBS Savers Choice</b></p> <p>Plan Health Equity Hlth Sav Acct Pledge \$1,500</p> <p style="text-align: right;"><a href="#">Review</a></p>	<p><b>Flexrap Health Care Account</b></p> <p>Plan Flexrap Health Care Account Pledge \$1,200</p> <p style="text-align: right;"><a href="#">Review</a></p>	<p><b>Flexrap Daycare Account</b></p> <p>Pledge Waived</p>
<p><b>Medical</b></p> <p>Plan BCBS Savers Choice Health Plan Coverage Employee Only 0 Dependents</p> <p style="text-align: right;"><a href="#">Review</a></p>	<p><b>Dental</b></p> <p>Plan Cigna Dental PPO Plus Coverage Employee Only 0 Dependents</p> <p style="text-align: right;"><a href="#">Review</a></p>	<p><b>Buy-Up Vision Plan</b></p> <p>Plan Buy-Up Vision Plan Coverage Employee Only 0 Dependents</p> <p style="text-align: right;"><a href="#">Review</a></p>

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**

**HSA w BCBS Savers Choice**

My Benefits on *This is Current Enrollment*

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

Enrolled Plan Health Equity Hlth Sav Acct  
Annual Pledge

**Latest Deductions**

Payroll deductions for the latest pay period for this benefit.

Plan Description	Employer Paid	Employee Contribution	Employer-Employee Contribution	Pay Period End Date
Health Equity Hlth Sav Acct	0.00			

**HSA Contributions**

Changes to the mid-year HSA contribution amount will be divided among the number of remaining paychecks in the calendar year excluding 3rd pay periods. Depending on the timing in which your HSA contribution change occurs, your bi-weekly contribution change could be too late for the current pay period.

To make a one-time contribution amount, you will need to contact the Benefits Office directly at 602-262-4777 or email at [benefits.questions@phoenix.gov](mailto:benefits.questions@phoenix.gov).

Click on 'Update HSA Contributions' to use the HSA contribution tool to estimate your bi-weekly contribution amount

[Update HSA Contributions](#)

5. 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\*\*\*

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

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

**Benefit Plans**

Plan Type	Current	New	Pay Period Cost	Status	Actions
HSA w BCBS Savers Choice	Health Equity Hlth Sav Acct	Health Equity Hlth 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 Hlth Sav Acct** to begin enrollment process.

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 Hlth Sav Acct. You will continue with this contribution if you do not make a change.

Plan Name	
✓	Health Equity Hlth Sav Acct Requires enrollment to Medical BCBS Savers Choice Health Plan
<input type="button" value="Select"/>	Waive

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 Hlth Sav Acct. You will continue with this contribution if you do not make a change.

Plan Name	
✓	Health Equity Hlth Sav Acct Requires enrollment to Medical BCBS Savers Choice Health Plan
<input type="button" value="Select"/>	Waive

▼ **HSA Acknowledgement**

**By electing an HSA account you are attesting that:**

- You are enrolled under the qualifying high deductible health plan (HDHP).
- You are not covered by any other medical plan.
- You are not enrolled in Medicare.
- You are not claimed as a dependent by someone else for tax purposes.

If you are enrolling in the Saver's Choice plan for the first time, 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 contribute to an HSA and will not get the employer HSA contribution 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 are not eligible to contribute to the HSA until the end of March 2024).

\*Electronic Signature

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*

Estimated Pay Period Cost \$ \_\_\_\_\_

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

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 \$

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**.

**Health Savings Account Worksheet** Cancel Done

You may use this worksheet to estimate your per pay period contribution or annual contribution. Select Calculate to update the estimates.

\*Estimate Contribution From  ⓘ

Estimated Per Pay Period Contribution

Multiplied by Pay Periods Remaining

Plus Your Year To Date Contributions

Your New Annual Contribution 0.00

**Calculate**

This is the amount per pay period that will be contributed towards your HSA. This amount is based off the remaining pay periods for the current calendar year divided into the annual contribution amount.

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.

Mid-Year HSA Changes  
 Qualifying Period 3/28/2025-3/27/2025

Cancel < Previous Next >

Welcome to your Mid-Year HSA Changes  Complete

Make your Mid-Year HSA Changes  In Progress

Complete your Mid-Year HSA Changes  Overdue

**Make your Mid-Year HSA Changes**

The Benefits Enrollment overview displays which benefit options that are available for you to elect.

Enrollment Summary

Your Pay Period Cost \$ Full Cost \$  
 Status Pending Review Employer Cost \$0.00

**Benefit Plans**

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

Contact Information  
 Phone 602/262-4777  
 Email benefits.questions@phoenix.gov

Resources  
 Benefits Website

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**
View

---

**Instructions**

Your benefit choices have been successfully submitted to the Benefits Department.

Select **View** to 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.

View Submitted Enrollment X

Statement Type	Submitted Enrollment	Description	Health Saving Changes	Print View
Enrollment Effective Date		Statement Issue Date		

This statement records your submission of the Event Maintenance benefit selections and pay period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, you can return to this event before the enrollment period ends. Contact your benefits administrator if you have further questions. Please keep the statement for your records.

**Statement Sections**

Expand All

- > Personal Information
- > Cost Summary
- ▼ Election Summary
 

The following is a summary of your elections. Select the Dependent or Beneficiary hyperlink to view the information associated 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 Hlth 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.