

H.S.A. Advances – Page 1 of 2

The Board's deposits into employees' HSA accounts are made near the beginning of January, July, and October. Up to the Board's annual maximum, an employee can request that the Board make an advance deposit into their HSA account when the employee has incurred medical and pharmacy expenses that are at least approximately 90% of what the Board has previously deposited. For example, consider a single HSA in which the Board is scheduled to deposit \$900 in January, \$450 in July, and \$450 in October. If the employee incurs approximately \$810 (90% of \$900) in medical and pharmacy charges by March 1, for example, the employee can request that the Board deposit the \$450 which is scheduled for July.

To request the advance, please complete the attached form (**2nd page**) **and** print out the sheets from **Anthem.com** that verify your name and the total medical and pharmacy charges that have been applied to your HDHP/HSA deductible this calendar year.

To get those pages (based on the Anthem website as of 1/10/19):

- 1) Go to **www.anthem.com**
- 2) Under Member Login, enter username and password
- 3) Click on "My Plan", click on "Benefits", Current Benefit Period, scroll down to "Plan Progress". Click on "Table View", click on the + sign for "Deductible".
- 4) Print these resulting screens which show your **name and your Accumulated Deductible** for this calendar year (see attached example).

An alternative to giving us these pages from Anthem.com is to give us a recent Explanation of Benefits (EOB) you've received that lists the amount that has been applied to your deductible (see attached example).

To process your advance, we need the attached form (**2nd page**) and the above-mentioned documentation from Anthem that verifies your name and how much has been applied to your deductible. We **do not** need a copy of your WPCU bank statement.

Thank you. Please contact us with any questions.

West Carrollton Schools

Request that the Board of Education make an advance deposit into an employee's H.S.A. bank account

I hereby certify that the following is correct:

The attached documentation from Anthem (either an EOB or information from anthem.com) verifies how much has been applied to my deductible this year.

As of _____ (date), Board deposits of \$_____ have been made into my H.S.A. bank account for calendar year _____.

I am currently requesting that the Board advance deposit \$_____ into my H.S.A. bank account because I have previous and pending medical/pharmacy charges for calendar year _____ that are at least approximately 90% of the amount the Board has deposited into my account for calendar year _____.

This advance deposit of \$_____ that I am requesting is regularly scheduled to be deposited into my account on _____ (date).

Employee name (printed) date

Employee signature

Request approved by:

Signature date

Signature date

Treasurer's office use:

_____ transferred to employee's WPCU acct. on _____ by _____

Your Health Care Plans Plan Progress Plan Documents

Benefits

SOUTHWESTERN OHIO EPC
Medical, Pharmacy
Member ID:DCBAN | Group ID:004000001
Active

Benefit Period

Medical
Jan. 1, 2019 to Present
Hsa

Who's covered on my plan

Member

Benefit
Medical

Benefit Period
Jan. 1, 2019 to Present

Status
Active



Benefits

Your plan includes these benefits.

Your Health Care Plans

Plan Progress

Plan Documents



Medical

You can find further details of your medical benefits below.

Plan Progress

This is the most current information available based on claims processed. Benefits are subject to the terms, limitations and exclusions in your plan.

Choose view

Graph view

Table view

Deductible

—

Includes: Medical, Pediatric Pharmacy.

Individual



Accumulated		Limit	
In Network	Your Health Care Plans	Plan Progress	Plan Documents
Limit		Accumulated	
\$2,500.00		\$8.59	
Remaining			
\$2,491.41			

Individual

Accumulated		Limit	
Out Of Network		Accumulated	Remaining
Limit		\$0.00	
\$2,500.00			
Remaining			
\$2,500.00			

Out-of-Pocket Maximum

+

Plan Documents



Sorry, we couldn't load your benefits for those dates. If available, please try





3075 VANDERCAR WAY
CINCINNATI, OH 45209

33193 5946517 066386 132771 0001/0002

** Explanation of Benefits*

Your Claim Recap

1 of 1



033193 5946517 000 01 001

Account Holder:

Health Program ID:

Group Name:
SOUTHWESTERN OHIO EDUCATIONAL
PURCHASING

Claim Number:
26190026722600

Date Prepared:
01/04/2019

1. Summary of this Claim (See next page for details)

How Much was the Expense?

The total charge was:	\$	255.00
Amount Allowed by Your Benefit:	\$	97.95

How Much was Paid Under Your Program?

Amount Paid by Traditional Health Coverage:	\$	0.00
Total Paid under your Program:	\$	0.00

What is Your Out-of-Pocket Responsibility?¹

Other Out-of-Pocket Responsibility:	\$	97.95
Coinsurance responsibility:	\$	0.00

You Are Responsible for This Amount: \$ 97.95

Your Provider should bill you directly for this amount.

2. Status of Your Program (As of the Date Prepared)²

Your Traditional Health Coverage

Begins after spending (on covered services):	\$	2,500.00
Amount spent to date:	\$	831.42

Claim Highlights

Date of Service:

Consumer:

Provider:

Thank you for choosing a provider participating in our network - helping you get the most for your health care dollar.

Have a question?

Go online to www.anthem.com or call 1-855-255-9952.

¹ Your out-of-pocket responsibility may increase if you do not use a participating network provider. Your out-of-pocket responsibility may increase if you receive a service that is not a covered benefit and may not apply to your out-of-pocket maximum.

² The information above is accurate as of the prepared date for this claim and the benefit year in which the claim occurred. The balance information and progress may include other claims that are not included in this statement. It may not reflect your most recent account balance and claims activity. Your actual balance depends upon claims that are in process and on services you have received that are not yet processed.

Continued