



HSA Utilization Strategies: How to make HSAs the 401ks for Health Expenses in Retirement

2025 Monthly Webinar Series

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Agenda

- HSA Basics
- Common Myths
- HSA vs 401k
- Planning Strategies
- Life Cycle of HSA
- Retirement



HSA Basics

- Savings vehicle that helps offset healthcare expenses.
- Combined with a High-Deductible Health Plan.
 - Health plan must be HSA eligible: meet deductible & OOP limit requirements under IRS § 223.
 - Can be employer plan, spouse/parent's employer plan, or ACA plan.
- Two types of HSAs:
 - Employer Sponsored: offered by your employer, opened when your hired or become eligible.
 - Individually Owned (Retail): HSA is established through any financial institution that offers them.
- Total HSAs: Almost 40 million Americans are covered by an HSA ¹

¹ 2024 Year-End Devenir HSA Research Report

Common Myths

- HSA funds are forfeited at the end of the year.
 - Fact: HSA funds rollover year after year with no balance limit.
- I lose my HSA if I leave my job.
 - Fact: HSA is owned by the employee and goes with them. Payroll deductions cease.
- I can no longer **use** my HSA dollars after I turn 65.
 - Fact: You can keep your HSA open and use the funds for qualified expenses. Contributions cease if you enroll in Medicare.
- HSAs are only for wealthy/high income earners.
 - Fact: 64% of HSA account holders have an income below \$100,000¹

¹ 2024 Year-End Devenir HSA Research Report



HSAs vs 401ks

Component	HSA	Traditional 401k/IRA
Contributions	Tax-deductible (pre & post-tax), payroll deductions not subject to FICA Taxes.	Tax-deferred, subject to FICA taxes.
Investment Growth	Tax-free	Tax-deferred
Qualified Withdrawals	Tax-free if for qualified expenses at any age.	Taxed as ordinary income in retirement.
Non-Qualified Withdrawals	Pre 65: Subject to taxes and penalties. 65+: Taxed as income.	Pre 65: Subject to taxes and penalties. 65+: Taxed as income.
Required Minimum Distributions (RMD's)	None	Yes (at age 73)

Tax deductible: Reduces taxable income

Tax deferred: Postpones tax payments until funds are withdrawn.

Planning Strategies for Expenses

1. Maximize contributions:

- Contribute the maximum allowable/coverage level.
- Take advantage of employer contributions.
- IRA to HSA Transfer: Once in a lifetime.
- 55+ Catch-up contribution: \$1,000



2. Consider Investment Options:

- Explore investment options provided by your HSA Administrator: mutual funds, stocks, bonds, self-directed brokerage accounts.
- Invest based on your risk tolerance and time-table.
- Can often mirror investments with 401K

3. Strategically pay for medical expenses to allow interest and investments earnings to grow:

- Pay for small expenses out of pocket: Over the counter items, low-cost prescriptions.
- Keep a cash cushion for expenses.

4. Consolidate HSAs

- HSAs from former employers, or HSAs with limited investment options: institution to institution transfer to maximize interest earning and investment potential.

****Consult with a financial advisor or tax professional to determine strategies that fit your individual situation, comply with IRS guidelines, avoid potential tax consequence****

Life Cycle of an HSA



Young Single Adults (18-26)

- New Job, low income
- Still on parent's health plan
- Healthy
- Few expenses
- Contribute the max based on level
- Start investing: high risk tolerant.
- Let it grow: savers

Established Adulthood (26-50)

- Advancing Career; middle income
- Married
- Family planning
- Healthcare expenses increase.
- Spend some/save some: hybrid
- Add Limited FSA if available.
- Some may start here to save on medical premiums.
- May pause investing or move to more moderate risk.
- Balance grows.

Pre-Retirement (50-65)

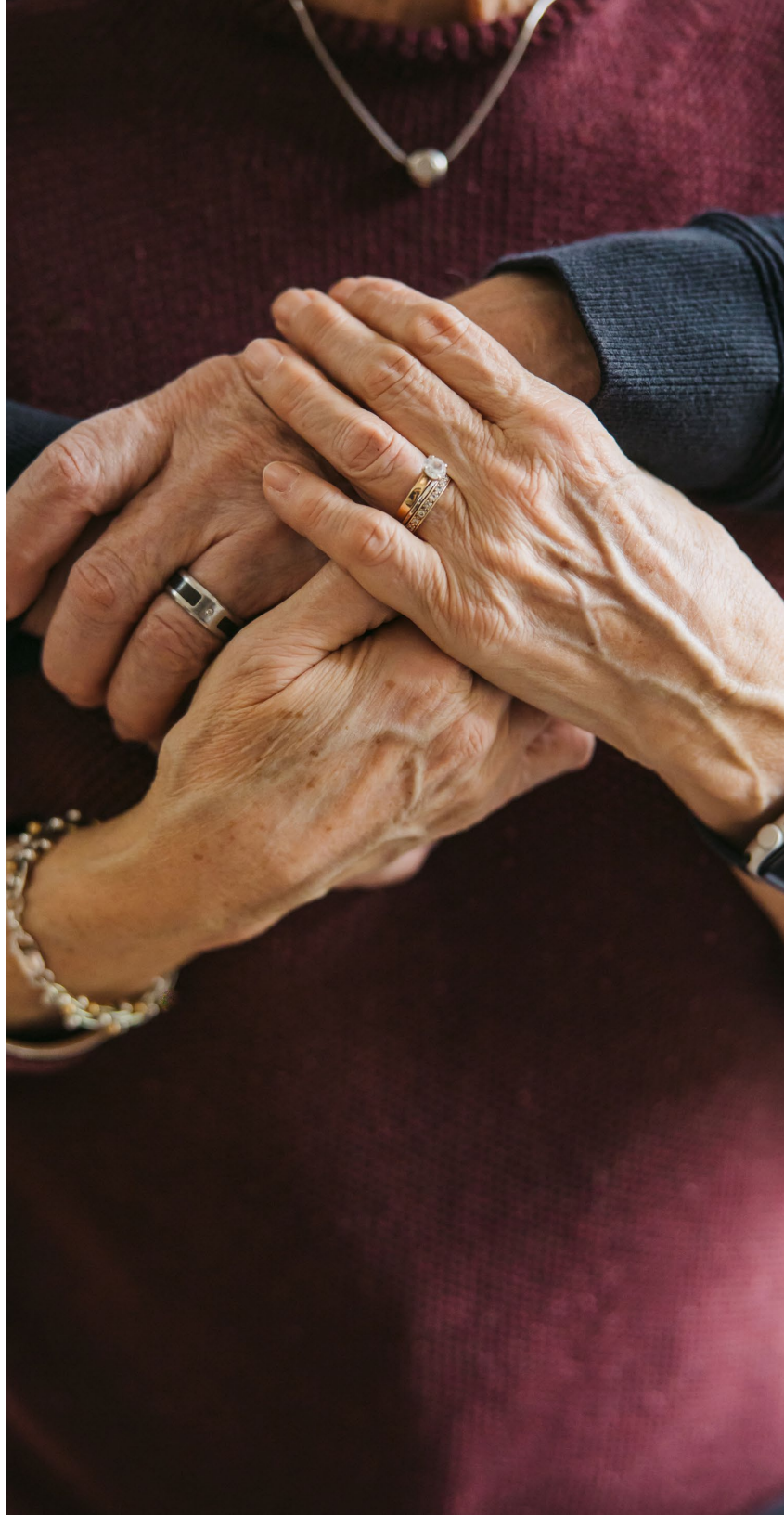
- Empty nesters
- Top of career, higher income earners
- Fairly healthy, some minor age-related issues.
- May pay out of pocket more to maximize growth.
- 55+ catchup contribution.
- Often become savers again.
- Re-engage in investing, stay moderate
- Still experience growth.

Retirement (65+)

- May or may not leave jobs.
- Health issues likely increased.
- Medicare enrollment disqualifies for contributions.
- Medicare considerations.
 - Defer: including Part A, can continue to contribute. *Consult Medicare professional.
- Move investments to cash as needed.
- Investments continue to grow.

Retirement Expenses

- Doctor visit co-pays.
- Approved OTC items.
- Prescriptions
- Deductibles
- Long term care services
- Dental/Vision expenses
- Medicare Premiums: Part A, B, D, and Medicare Advantage
 - Not Medigap (Supplement) Plans.
- Death benefit for any unused portion to your beneficiary.



QUESTIONS



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