

One of the eligibility requirements to make or receive contributions to an HSA is the individual cannot be covered under any other health plan that is not HSA-qualified.

The following provides some scenarios of this eligibility provision.

Scenario (Assumes all other eligibility requirements are met)	Eligible to make or receive contributions to an HSA
You are enrolled in the CDHP plan only.	Yes
You are enrolled in the 80 percent or Copayment PPO plan.	No
You are enrolled in the CDHP plan and Medicare.	No
You are enrolled in the CDHP plan and your spouse is also enrolled in an HSA-qualified high-deductible health plan through his/her employer.	Yes
You have family CDHP coverage and your spouse has non-high deductible health plan coverage* for him/her and the children (i.e., you are not covered under your spouse's plan).	Yes
You have family CDHP coverage and your spouse has non-high deductible health plan coverage* and a general purpose health care flexible spending account (FSA) or health reimbursement account (HRA). This is regardless of whether or not you are covered under your spouse's medical plan.	No
You have family CDHP coverage and your spouse has family non-high deductible health plan coverage* which covers you.	No

*Non-high deductible health plan coverage is a health plan that does not meet the IRS requirements for a high deductible health plan, such as a traditional copay plan, TRICARE, etc.)

There are also certain exceptions that allow an individual to have 'permitted insurance' and still meet this eligibility requirement. Permitted insurance is insurance under which substantially all of the coverage provided relates to liabilities incurred under workers' compensation laws, tort liabilities, liabilities relating to ownership or use of property, insurance for a specified disease or illness and insurance that pays a fixed amount per day of hospitalization. Also, an individual does not fail to be eligible for an HSA merely because they have coverage for accidents, disability, dental care, vision care or long-term care.

Refer to Section 223(c)(1) of the Internal Revenue Code for eligibility requirement details.

