

FSA member guide

Health flexible spending account (FSA)

*A simple way
to save*

WE'LL TAKE YOU THERE.



HealthEquity[®]
Building Health Savings™

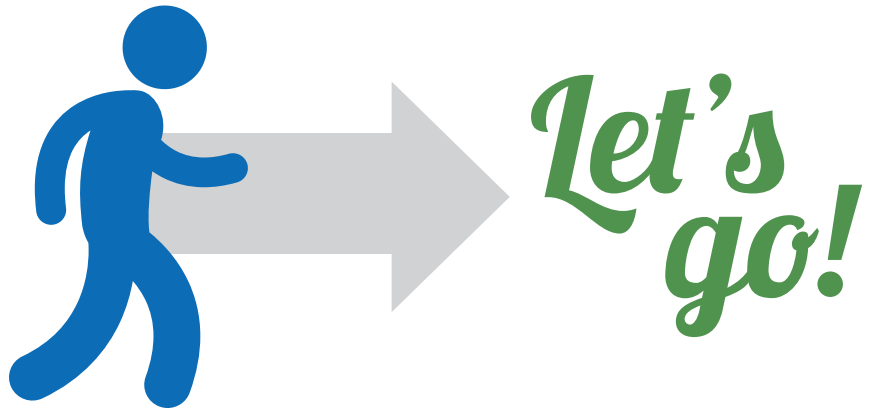
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Welcome!

Congratulations for taking the first step towards health care savings by electing to contribute to a flexible spending account. This FSA member guide provides useful insight and tips for getting the most out of your FSA. If you have further questions, please call our “expert friends” who can help you every step along the way. They are available every hour of every day at:

866.346.5800



Easy as 1, 2, 3

1

SIGN UP

During your employer's open enrollment, sign up to participate in an FSA. Select the option that best meets your needs and then determine the amount you would like to contribute from your pre-tax earnings. Typically, anyone whose employer offers an FSA can participate, including employees not covered under the employer's health plan. Your employer may exclude certain types of employees, such as part-time, seasonal, or temporary. Ask your employer benefits team to verify eligibility. Self-employed individuals cannot participate in a flexible spending account.

2

CONTRIBUTE

Your employer will arrange to have the determined amount of your pre-tax earnings contributed to your FSA. Typically the amount withheld from your paycheck is equal each pay period.

3

USE YOUR FUNDS

When you incur a qualified expense, you can either pay with the HealthEquity Visa® Reimbursement Account Card* provided by some plans or submit the expenses through the HealthEquity online tool for reimbursement. Remember to save all receipts; you will need them for reimbursements and to validate your expenses with your employer or administrator.

Eligibility

Anyone whose employer offers an FSA can participate, including employees not covered under the employer's health plan. Your employer may exclude certain types of employees, such as part-time, seasonal, or temporary. Ask your employer benefits team to verify eligibility. Self-employed individuals cannot participate in an FSA.

Significant savings

The scenarios below provide estimated savings if an FSA is used (assuming a 40% combined federal and state tax rate).**

\$1000	+	\$500	+	\$500		\$800
out-of-pocket medical expenses		out-of-pocket vision expenses		out-of-pocket dental expenses		tax savings

\$1000	+	\$1000	+	\$5000		\$2800
out-of-pocket medical expenses		vision and dental expenses		child care expenses		tax savings

* This card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. Copyright © 2013 HealthEquity, Inc. All rights reserved. HealthEquity, the HealthEquity logo, and Building Health Savings are service marks of HealthEquity, Inc.

** Example only, taxes vary per individual

Getting started

For new FSA members, the following steps will help you optimize your account:

Activate your debit card

Upon the creation of your FSA, you will receive a member welcome kit which may include a HealthEquity FSA debit card*. Card activation instructions are included with the card. If you would like, you can speak to one of our “expert friends” to activate your card and receive additional insight to maximize your savings.

Log on

Sign in to the member portal by visiting www.myHealthEquity.com. For first-time visitors, select “Begin Now” and follow the step-by-step process to verify your account. Once you are logged in, we encourage you to complete the following:

- Navigate through the portal and familiarize yourself with its features and capabilities. A comprehensive portal guide can be found in this publication, starting on page 14.

Using your funds

Qualified medical payments can be made in the following ways:

- Debit card transactions: Swipe your HealthEquity FSA debit card at the pharmacy or doctor’s office for instant payment. Be sure to save all receipts.
- Reimbursement: If paying out-of-pocket for expenses, submit a claim for reimbursement directly on the member portal and have funds electronically transferred to your personal banking account.
- Issue payment to provider: From the HealthEquity member portal, you can issue payments to providers by creating a new claim, or by using existing integrated insurance claims, if available.



Important!

Please keep in mind that all FSA payments require an itemized receipt or an insurance explanation of benefits to substantiate the claim. You may be required to provide this documentation to HealthEquity. We will contact you if it is required.



How it works

At the doctor's office...



1. Receive services

Present your insurance ID card, and pay any required copays. Your FSA debit card is a convenient method of payment.

Your health plan has a network of providers that it recommends, however you can use FSA funds to pay any qualified medical expense even if it is not covered by your insurance. This provides significant tax savings on out-of-network services.



2. Provider bills health plan

Provider submits a claim to your health plan for services rendered.



3. Health plan sends EOB

An explanation of benefits (EOB) is sent to you outlining the negotiated/allowed charges and summarizing your year-to-date deductible and co-insurance totals. In some cases, your health plan may send a copy of your claim to HealthEquity, which will appear in the member portal.



4. Provider sends invoice

The provider sends you an invoice, or statement, reflecting the allowed charges. Make sure the amount matches the EOB sent to you by your health plan. If not, contact your health plan.



5. Pay invoice with FSA

You can pay with your FSA debit card or set up an online payment that is sent directly to the provider or as a reimbursement to you if you pay out-of-pocket.

At the pharmacy...



1. Obtain prescription

Obtain a legal prescription from your doctor for needed medication and submit it along with your insurance ID card to a pharmacy.



2. Pharmacy verifies insurance coverage

The pharmacy checks with your health insurance on-the-spot to determine the amount you owe for the prescription.



3. Pay for your prescription

The pharmacy fills your prescription and you pay the determined amount owed. Your FSA debit card is a convenient method of payment. You may be required to submit your receipt to verify the expense.



Over-the-counter medication

The IRS does not allow FSA funds to be used for over-the-counter (OTC) medicines without a prescription. We encourage you to ask your doctor if he or she can write a prescription for OTC medicines or supplies that you frequently need to utilize. You can then use your FSA to pay for these items by using your debit card or reimbursing yourself if you pay out-of-pocket.



Your FSA

Introduction

An FSA is an employer-sponsored benefits program that enables employees to save pre-tax dollars to pay for qualified medical expenses, regardless if they participate in the employer's health plan. Because health FSAs are employer-sponsored, an employee has access to the entire year's funds on the first day of the plan year.

How do I sign up for an FSA?

During your employer's open enrollment, sign up to participate in an FSA, then determine the amount you would like to contribute from your pre-tax earnings. Typically, anyone whose employer offers an FSA can participate, including employees not covered under the employer's health plan. Your employer may exclude certain types of employees, such as part-time, seasonal, or temporary. Ask your employer benefits team to verify eligibility. Self-employed individuals cannot participate in a flexible spending account.

Contributions

FSAs are typically funded through payroll contributions. While your entire election amount is available at the beginning of the plan year, your payroll deduction amounts will be divided equally among each paycheck for the benefit year.

Contribution limits

Contributions to an FSA are limited by the IRS to \$2,550 per year. If you are married, each spouse may contribute up to \$2,550 to his or her own FSA, even if both participate in the same FSA-sponsored by the same employer. However, your employer's plan may further limit the contributions into an FSA.

Spouse and other dependents

Your FSA funds can be used to pay for your qualified medical expenses, as well as those of your spouse and other dependents. This is true, even if the dependent is not a tax dependent or covered under your health plan. Funds can also be used for children until age 26 (see page 31).

Medical expenses after your FSA is established

Once a qualified medical expense is incurred by you or an eligible dependent, you can use your FSA funds to make payment. Payments, also referred to as distributions, are tax-free as long as they are used for qualified medical expenses (see page 9). You can pay a provider from your FSA directly, or you can pay out-of-pocket and reimburse yourself later (see instructions on pages 21-22). Simply keep the documentation (itemized receipt/invoice/explanation of benefits) of the expense, or upload it to the HealthEquity member portal Documentation Library. You'll need to be able to provide proof, or substantiation, that a purchase is eligible for any FSA usage.

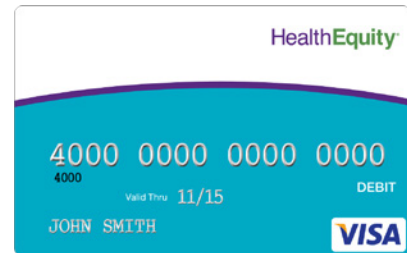
Use it or lose it!

FSA funds do not roll over from year to year. You should use all of your FSA dollars within the plan year or they may be forfeited. Some plans allow for a grace period to use remaining funds or permit a set amount to roll over to the next plan year.



FSA debit card payments

After you have received an invoice from your provider and matched it with an EOB from your health plan, you are ready to make a payment. You can use your HealthEquity FSA debit card to make payments to your provider(s). This is especially convenient at the pharmacy. Most providers will also accept the card over the phone, online or written-in on the statement for payment. In order for your card to work, you must have the balance available in your FSA; no overdraft is available. The card will not work at ATMs and will typically only work at appropriate medical facilities. The card should always be run as “credit” and no PIN is required. Lastly, be sure to keep all receipts as documentation of your purchases or upload them to the HealthEquity Documentation Library in the member portal.



example

Direct payments to providers

You can also use the HealthEquity member portal to setup a direct payment using our online payment tool. We'll send the payment directly to the provider and include all of the information necessary to apply the payment to your bill.

Qualified medical expenses

Qualified medical expenses are designated by the IRS. They include medical, dental, vision and prescription expenses. See IRS publication 502 for a list of specific examples. Some highlights include:

- Acupuncture
- Alcoholism (rehab, transportation for medically advised attendance at AA)
- Ambulance
- Amounts not covered under another health plan
- Annual physical examination
- Artificial limbs/teeth
- Birth control pills/prescription contraceptives
- Body scans
- Breast reconstruction surgery following mastectomy for cancer
- Chiropractor
- Contact lenses
- Crutches
- Dental treatments
- Eyeglasses/eye surgery
- Hearing aids
- Long-term care expenses
- Medicines (prescribed, not imported from other countries)
- Nursing home medical care
- Nursing services
- Optometrist
- Orthodontia
- Oxygen
- Stop-smoking programs
- Surgery, other than unnecessary cosmetic surgery
- Telephone equipment and repair for hearing-impaired
- Therapy (medical, psychiatric)
- Transplants
- Weight-loss program (if prescribed by a physician for a specific disease)
- Wheelchairs
- Wigs (if prescribed)

Note: Some employers may institute exclusions to this list. Consult with your benefits administrator or call HealthEquity for details.

Non-qualified medical expenses

You are not able to use FSA funds for non-qualified medical expenses, and ineligible expenses will be recouped from the member when necessary. Some examples of non-qualified medical expenses include:

- Concierge services
- Dancing lessons
- Diaper service
- Elective cosmetic surgery
- Electrolysis or hair removal
- Funeral expenses
- Future medical care
- Hair transplants
- Health club dues
- Insurance premiums other than those explicitly included
- Medicines and drugs from other countries
- Nonprescription drugs, medicines (unless prescribed)
- Nutritional supplements, unless recommended by a medical practitioner as treatment for a specific medical condition diagnosed by a physician
- Teeth whitening



Cathy, Member Services
Salt Lake City, UT

Expert friends

**Helpful support for our members,
available every hour of every day**

Our team of specialists based in Salt Lake City is available 24 hours a day, providing you with the tools and information you need to optimize your FSA. They can answer any questions you may have.

866.346.5800

Tips to maximize your savings

Generic prescriptions

Generic prescriptions typically cost 30-80% less than their brand equivalent. We encourage you to consult your provider about generic prescription options. Your insurance plan may offer a prescription pricing tool for comparisons.

Urgent care vs. emergency room

A visit to the emergency room can cost three to seven times more than a visit to an urgent care facility that can provide the same treatment. You should consider only going to the emergency room in a potentially life-threatening situation. Furthermore, an appointment made with your primary physician will typically be less expensive than a visit to the urgent care.

Optimize your elected FSA amount

If you aren't contributing at least the amount you spend on health care, you are essentially leaving money on the table for the government. This worksheet may help you estimate your election amount as well as your estimated tax savings.

	Eligible Expenses	Sample estimate	Your estimated amount
Estimated annual expenses	Annual dental plan deductible	\$100	
	Dental fillings and crowns	\$150	
	Orthodontics	\$1500	
	Annual health plan deductible	\$300	
	Chiropractor visits		
	Counselor or therapist visits		
	Doctor's office visits	\$60	
	Contact lenses and solutions	\$30	
	Corrective eye surgery		
	Prescription sunglasses/glasses		
Estimated election amount*	Estimated expense total:	\$2,140	
Your effective tax rate		x 0.40 (40%)	x
Savings estimate*		\$856	

*Estimated savings are based on an assumed combined federal and state income tax bracket of 40%. Actual savings will depend on your taxable income and tax status. This information is intended to be used for FSA education purposes only. You should consult your tax advisor or account consultant regarding your own personal situation and as to whether participating in an FSA is right for you.



What is substantiation?

What is substantiation?

Because FSAs use pre-tax dollars, the IRS requires that all FSA payments be validated to confirm that funds were used for qualified medical expenses. Substantiation is the proof that a purchase is eligible, which is confirmed through itemized receipts/invoices/explanations of benefits.

When is it needed?

Always. Every transaction using FSA dollars must be validated. Some transactions can be verified automatically, but others may require you to submit documentation or receipts supporting your purchases. Because of this, HealthEquity recommends keeping an itemized receipt for every debit card purchase you make.

Convenient, automatic substantiation

Our debit card process allows for auto-substantiation at the point of service in many different cases:

- CoPay matching – If your employer notifies HealthEquity of your health plan copay amounts, HealthEquity will attempt to match transactions against those copay amounts.
- Recurring claims logic – By sending in documentation for the first transaction, any subsequent transactions at the same location for the same amount will not require documentation.
- Claims file matching – If HealthEquity receives claim files from your health plan and can match that claim to a card transaction, no additional documentation will be required. You are also able to manually match a card transaction to a claim if it did not match automatically.

Where can I use my debit card?

IRS rules state that FSA debit cards cannot be used at locations unless the retailer uses a certain type of medical coding. If your pharmacy or provider does not have these merchant category codes, your debit card may be declined. However, you can still submit a reimbursement request if purchasing a qualified item or service.

Requests for Documentation

Card transactions that are not substantiated at the point of service will trigger a communication to the member with clear and concise instructions on how to submit supporting documentation. Please respond to these requests as quickly as possible to ensure continued use of your FSA debit card funds.

Your documentation type can vary. It can be an itemized receipt, invoice, explanation of benefits or other, but must include the patient name, name of the provider/pharmacy, the service/item purchased, date of the service/transaction, and dollar amount. If used for prescribed over-the-counter items, you must also include a letter of medical necessity detailing the condition being treated, medication type and dosage, and duration of the treatment. Letters of medical necessity must be renewed each year.

Once appropriate documentation is received, it is routed to a HealthEquity team member for review and approval.

Where can I view which transactions still need substantiating?

You can view all transactions requiring substantiation by visiting the HealthEquity member portal. The 'Debit Cards' tab on the 'Reimbursement Account Detail' page provides a complete list of transactions requiring additional documentation, and allows you to upload your receipts directly to the member portal for review.

What if I can't find the required documentation?

In cases when a transaction is deemed ineligible or documentation is not provided, members may submit an alternate receipt that has not yet been reimbursed, or a personal check to reimburse the account.

Documentation Library

HealthEquity makes it easy for you to keep track of your documentation and archive items for later access. You can upload receipts on our easy-to-use online member portal. Your files will remain stored in a safe, secure place. You can also see the status of current substantiation requests online at any time.

How to submit substantiation:

Online:

Select the 'Debit Cards' tab on the 'Account Detail' page, located in the 'FSA' menu under the 'My Account' tab. From here you will be able to view all transactions requiring substantiation and attach your receipts directly to the claim.

Fax:

(801) 999-7829

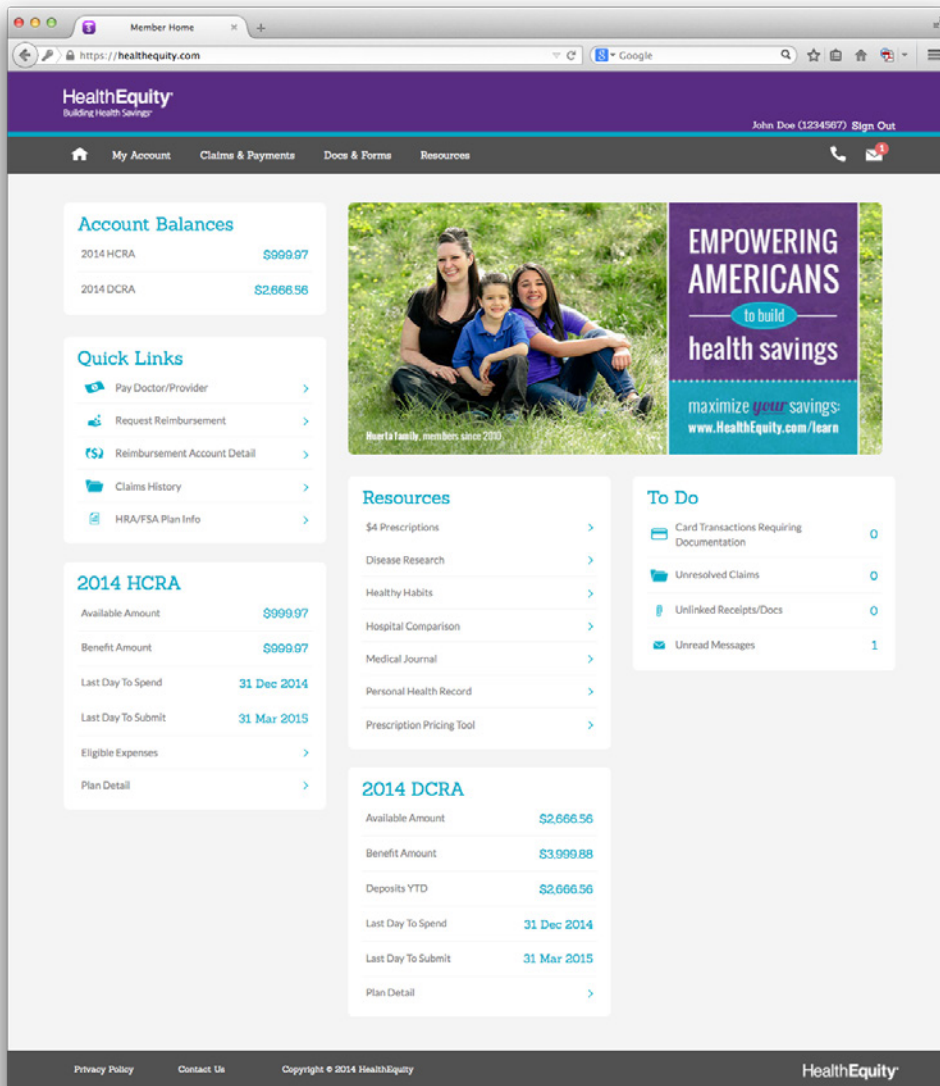
- Please include the original request specifying which transaction is being substantiated.



Online member portal

Introduction

Your online member portal is a powerful tool that gives you access to all of your account management features. To access your account, visit www.myHealthEquity.com. The portal is best experienced using Internet Explorer (8.0 or later) and current versions of Firefox, Chrome and Safari.



sample screenshot

Portal guide

Using the HealthEquity member portal, you can check your balance, review transactions, view insurance claims, pay providers and submit for reimbursement online.

Member portal login page

Logging into your member portal is easy. Simply follow the steps below to access your HealthEquity FSA.

Logging in to your portal the first time:

1. Go to www.myHealthEquity.com, click “Begin Now.”
2. Enter the information requested on the “Find your account” screen.
3. Enter the information asked for on the “Verify your identity” screen.
4. On the “Set up your login” screen:
 - Pick a user/login name of at least six characters with numbers and letters on the “Set up your login” screen.
 - Choose a password of at least eight characters with an uppercase letter, a lowercase letter and a number.
 - Follow password creation recommendations as listed in the log in screen
5. On the “Your email settings” screen, enter your email address.
6. Click the box to agree to the terms of the web site and save the agreement.

Logging in to your portal after your first login:

1. Go to www.myHealthEquity.com.
2. Log in with the username and password you created the first time you logged in.

sample screenshot



Home page dashboard

Welcome to the HealthEquity member portal home page. This interactive and dynamic dashboard provides you with all the information you need to easily manage and build your health savings.

The screenshot shows a user's dashboard with the following callout boxes:

- My Account:** Helpful tools and information to manage your account.
- Claims & Payments:** Easy claims, payments, and documentation management.
- Docs & Forms:** Contains account forms and statements.
- Contact Us:** Personalized contact information.
- Message Center:** Important reminders and updates from HealthEquity.
- Showcase:** Highlights important information and learning opportunities.
- To Do List:** Suggested action items.
- Resources:** Tools and resources to maximize health savings and overall wellness.
- Account Balances:** View all account balances here.
- Quick Links:** One-click access to the most common account actions.
- FSA/HRA Plan Details:** Balances and plan details located here for your reimbursement accounts.

The dashboard itself displays:

- Account Balances:**

2014 HCRA	\$999.97
2014 DCRA	\$2,600.50
- Quick Links:**
 - Pay Doctor Provider
 - Request Reimbursement
 - Reimbursement Account Detail
 - Claims History
 - HRA/FSA Receipts
- 2014 HCRA:**

Available Amount	\$999.97
Receipt Amount	\$999.97
Last Day To Spend	31 Dec 2014
Last Day To Submit	31 Mar 2015
Eligible Expenses	
Plan Detail	
- 2014 DCRA:**

Available Amount	\$2,600.50
Receipt Amount	\$1,999.99
Deposits YTD	\$2,600.50
Last Day To Spend	31 Dec 2014
Last Day To Submit	31 Mar 2015
Plan Detail	
- Resources:**
 - \$4 Prescriptions
 - Chronic Research
 - Healthier Habits
 - Hospital Comparison
 - Medical Journal
 - Personal Health Record
 - Prescription Pickup Tool
- To Do List:**
 - Card Transactions Requiring Documentation
 - Unread Claims
 - Unread Reimbursements
 - Unread Messages

sample screenshot

Dashboard widgets

The home page dashboard gives you quick and easy access to key information and common account actions. This provides for a complete account overview at a glance by using informative widgets containing your account's most important details:

Account balance

Your account balance is the first item on the home page dashboard. To view balance details, click on each type of account to view your transaction history.

Quick links

In a hurry? The 'Quick Links' panel expedites common account action items such as making payments, requesting reimbursement, and viewing claims. This allows for simplified account management with one click of the mouse.

FSA/HRA plan info

There is an FSA widget on your dashboard. Including your current balance and important plan dates, click on the links provided for a comprehensive overview of your reimbursement account(s). If you elect for an HRA in addition to your FSA, an HRA widget will also be displayed.

Resources

Working in conjunction with your insurance/employer, the ‘Resources’ widget displays the tools and links you need to become a better consumer of health care, and improve your overall wellness.

To do

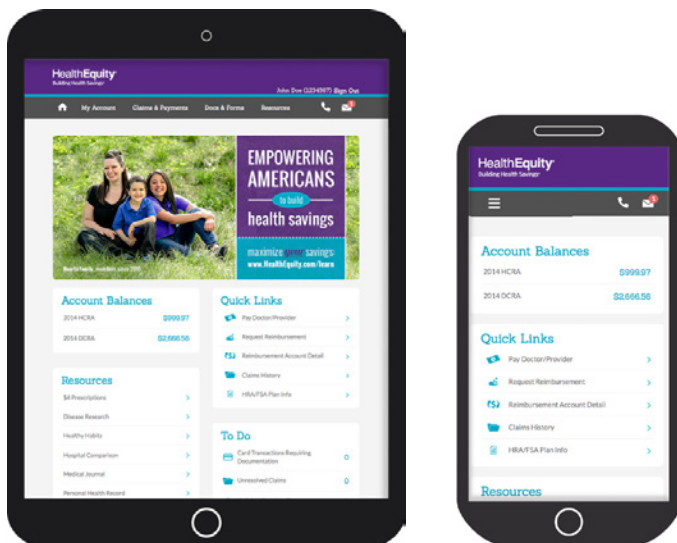
With suggested action items, your ‘To Do’ list features helpful reminders and alerts to keep you up to date with your account. The ‘To Do’ list includes important alerts, any open claims that might require payment, unlinked receipts located in the Documentation Library (see page 23), and any unread messages in the Message Center. Clicking on each item takes you to the page where you can view/resolve any incidents.

Intuitive navigation

The member portal navigation provides a new intuitive and user-friendly interface for easy, self-service account management. Simply hover your mouse over the tabs to view the complete list of sub-menu options. Clicking on a specific link will take you directly to the desired page. For common action items, view the ‘Quick Links’ widget on the home page dashboard for faster access.

Responsive web design

Customized to all viewing devices, the HealthEquity member portal dashboard is optimized for desktop, laptop, tablet, and mobile access. Including an ever-present navigation bar, your tabs and other helpful features remain visible as you scroll.



sample screenshots

My account

The 'My Account' tab gives you access to information and settings regarding your health savings account.

Account balance:

From the 'My Account' tab, you can review your account balance. Always refer to the 'Available Balance' for the most accurate account balance.

Profile:

'Profile' is where you can review and edit your profile settings, including personal information, login credentials, and system preferences.

If you have not done so already, you can add your banking information directly on the 'Profile Details' page for EFT reimbursements:

1. Go to the 'Account Information' section.
2. Click on the blue 'Add/Edit' button under 'External Accounts.'
3. Enter your bank account's routing number, account number, financial institution name and indicate how the account will be used.
 - If solely used for reimbursement, account verification is not required.
 - You can add as many accounts as you would like, however, if you will be adding the same account to multiple accounts (i.e. yours and a spouse's account), HealthEquity requires a voided check to be submitted to verify the account information.

FSA:

From this menu, you are able to access account details such as current balance, payment history, transactions requiring card substantiation, and important plan dates. Use the drop down to view account details for previous years.

Statements:

View your monthly statements here at any time. Select a year to view a statement and click the link to download and print. A document reader that is compatible with Adobe Acrobat's PDF format is required to view all account statements. You are able to download Adobe Reader by clicking the icon on this page.

Manage cards:

If available, the 'Card Manager' page allows you to view and activate cards from the member portal. To request additional cards or to report your card lost or stolen, contact Member Services (additional fees may apply).



Add individuals:

'Add Individuals' will allow you to add dependents to your account, and to authorize any users you would like to have access to your account information.

'Authorized Account Users' lists those associated with your account. For anyone other than the primary account holder to receive specific account information over the phone, the primary account holder must first authorize them. An authorization form is located under the 'Docs & Forms' tab.

Insurance information:

Insurance Information contains specific insurance information like provider, policy number, coverage type, deductible, and employer, when available. If your information is not listed here, contact your insurance company for specific coverage details.



Claims & payments

Claims:

Occasionally you might receive an email notification of a new claim received for you or one of your dependents. This is usually due to the fact that your health insurance has chosen to integrate with HealthEquity, meaning that when your doctors and pharmacies bill your insurance company, the insurance sends a copy of that claim to HealthEquity. Each claim listed gives you a breakdown of services, what was applied to your deductible and the estimated patient responsibility.

When your insurance pays the expense, the claim will display in the HealthEquity member portal as “Closed.” When the insurance shows that there is a patient responsibility, HealthEquity’s system will give you the option to ‘Pay Provider,’ ‘Reimburse Me,’ or ‘Close Expense.’ Selecting ‘Pay Provider’ will issue a payment directly to the provider from your HealthEquity account. If you pay out-of-pocket for that expense, you can use your HealthEquity funds to reimburse yourself by clicking ‘Reimburse Me.’ If you paid the provider with your HealthEquity debit card, or do not want to use your HealthEquity funds to pay that expense, simply click ‘Close Expense.’

The screenshot shows the HealthEquity member portal interface. At the top, there's a navigation bar with "My Account", "Claims & Payments", "Docs & Forms", and "Resources". The main content area is titled "View Claims" and includes a filter section with dropdown menus for Status (All), Dependent (All), Provider (All), and Date Range (All). Below the filters is a table of claims with columns for ID, Source, Date of Service, Patient, Provider, Total Amount, Unpaid Amount, Status, and Actions. The actions column contains buttons for "Re-open Expense", "Pay Provider", "Reimburse Me", and "Close Expense".

ID	Source	Date of Service	Patient	Provider	Total Amount	Unpaid Amount	Status	Actions
0030	Member	01/22/15	Jane	Dr. Smith	\$0.00	\$0.00	Closed	Re-open Expense
0029	Member	01/13/15	John	Pharmacy	\$506.00	\$506.00	Paid	Re-open Expense
0028	Administrator	01/05/15	John	Pharmacy	\$506.00	\$506.00	Closed	Re-open Expense
0027	Member	01/05/15	Jane	Dr. Smith	\$19.95	\$19.95	Not Paid	Pay Provider, Reimburse Me, Close Expense
0036	Insurance	10/21/14	John	Dr. Smith	\$84.00	\$67.00	Partially Paid	Pay Provider, Reimburse Me, Close Expense
0025	Member	08/22/14	John	Dr. Jones	\$0.99	\$0.99	Not Paid	Pay Provider, Reimburse Me, Close Expense
0026	Member	08/10/14	Jane	Dr. Smith	\$313.94	\$313.94	Partially Paid	Pay Provider, Reimburse Me, Close Expense
0023	Member	08/09/14	John	Dr. Andersen	\$1.00	\$1.00	Not Paid	Pay Provider, Reimburse Me, Close Expense
0021	Member	07/31/14	John	Dr. Smith	\$5.55	\$5.55	Not Paid	Pay Provider, Reimburse Me, Close Expense

sample screenshot

To view/pay a claim:

1. Go to the 'View Claims' page located under the 'Claims & Payments' tab.
2. To send a check to a provider or reimburse yourself for expenses you paid out-of-pocket, select the action buttons that accompany open claims.
 - Provider information is usually included on claims sent to us by your insurance, but we recommend verifying the address before submitting for payment.
 - If you pay with your HealthEquity debit card, the payment status of the claim will not update automatically on the 'View Claims' page; you can manually match the transaction to the claim by following the prompts when clicking 'Close Expense.'



Claims marked as 'Private'

You may see claims in the member portal that are marked 'Private.' HealthEquity protects personal health information and does not display details of claims for any dependent without their consent. To access 'Private' claim information, a Dependent Privacy Access form must be completed by your dependent(s) and submitted to HealthEquity. Forms are available under the 'Docs & Forms' tab in the HealthEquity member portal.

Pay doctor/provider:

The 'Pay Doctor/Provider' page allows you to make payments to your provider for expenses incurred for procedures performed. To pay your provider, simply:

1. From the 'Claims & Payments' tab, select 'Pay doctor/provider.'
2. Select to have the funds come out of your HSA and then select 'Enter claim record and send payment' before clicking 'Next.'
3. Select 'Pay Provider' to send payment directly to a provider.
4. Choose to enter new expense or select an existing expense if HealthEquity has received claim information from your insurance.
 - Clicking 'New' will allow you to enter specific claim details such as patient and date(s) of service.
5. The 'Payment Detail' page will allow you to enter the amount of the expense, as well as the provider's billing information, such as invoice number or account number.
 - Clicking 'Next' will take you to a review page to confirm the payment before it is sent.

In the event that recurring payments need to be sent to a provider, on the 'Payment Detail' page, enter the entire balance of the expense in the 'Unpaid Amount' box. Under 'Payment Amount,' select the option for 'Scheduled Payments.' You will be able to specify the number of payments you would like to send, the amount of each payment, and the dates you would like them to be made. If you want each payment to be equal and sent on the same date each month, the 'Divide Payments' button will do the computing for you.



Request reimbursement:

Easily reimburse yourself from your HSA for payments you made out-of-pocket:

1. From the 'Claims & Payments' tab, select 'Request Reimbursement.'
2. Select to have the funds come out of your HSA and then select 'Enter claim record and send payment' before clicking 'Next.'
3. Select 'Reimburse Me.'
4. Choose to enter new expense or select an existing expense if HealthEquity has received claim information from your insurance.
 - Clicking 'New' will allow you to enter specific claim details such as the provider originally paid, patient, and date(s) of service.
5. The Payment Detail page will allow you to enter the amount of the expense, as well as how you would like to be reimbursed.
6. If you have not done so already, you can add your banking information (for EFTs) directly on the member portal by clicking 'Add Account.'
 - Clicking 'Next' will take you to a review page to confirm the payment before it is sent.

If you would like to schedule reimbursements, instead of completing the 'Amount' section, select the button for 'Scheduled Payments.' You will be able to specify the number of reimbursements you would like, the amount of each reimbursement, and the date you would like them to be paid out.

Orthodontia

Orthodontia claims can only be reimbursed as payments are made to your provider. If you pay the total balance up-front, you can be reimbursed the available balance in your reimbursement account up-front. If you are paying the provider in monthly installments, you can be reimbursed as the scheduled contracted payments are made.

You can submit for reimbursement manually after each individual payment, or set up annual recurring reimbursements. By selecting "Annual" on the Orthodontia Reimbursement form, HealthEquity will set up automatic payments to you as specified in your contract. Reimbursements can only be paid using funds for the plan year in which the services are provided. Additionally, you can only be reimbursed up to the total amount elected for that given year. This assumes that you participate in the FSA annually. The election on the HealthEquity site does not automatically enroll you in the FSA. You need to do that through your employer.

If your request for reimbursement exceeds your available balance, you will only be reimbursed the available amount in your account. If orthodontic services continue into the following plan year, you can be reimbursed the remaining claimed amount when next year's funds become available.

The most common reason orthodontia claims are denied is because HealthEquity does not have a copy of your orthodontia contract on file. Make sure to provide your contract that includes: patient's full name, date treatment begins, total cost, amount covered by insurance, initial/down payment, monthly payment amount, and number of months treatment will occur.

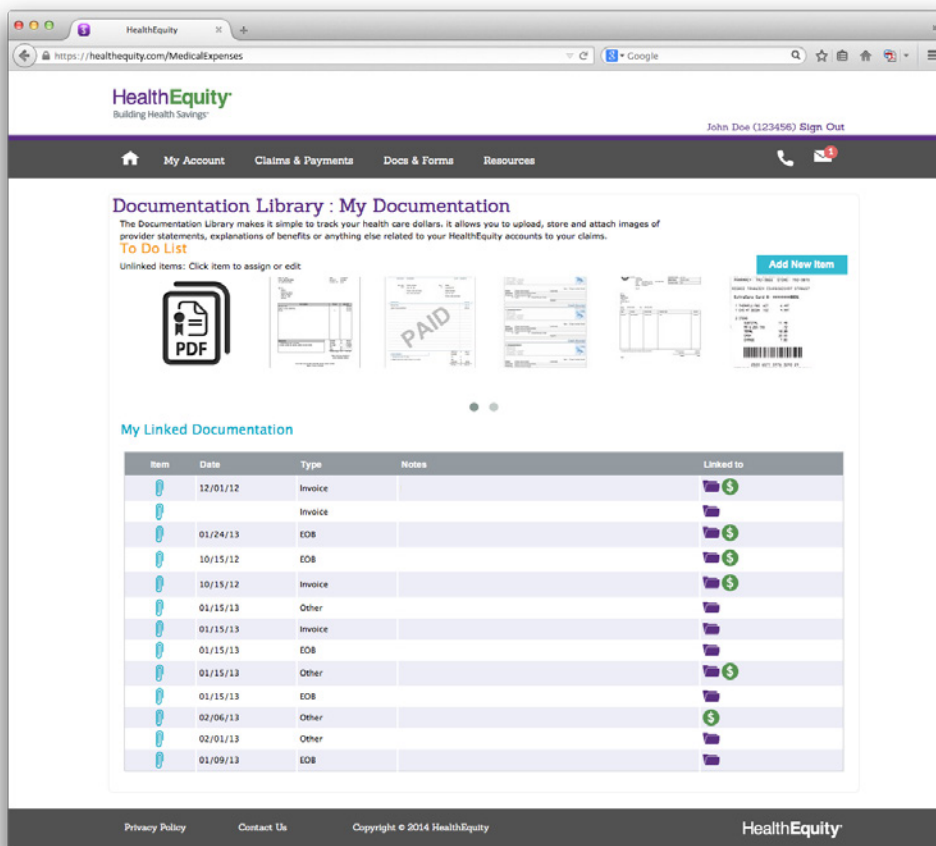
Set up an EFT (electronic funds transfer)

1. Select 'Profile Details' from the 'Profile' menu under the 'My Account' tab.
2. Under 'Account Information,' click the 'Add/Edit' button. (You will need a copy of a personal check for reference).
3. Enter the requested information.
4. Select an account purpose.
5. Click 'Authorize.'



Documentation Library:

The Documentation Library, also located under the 'Claims & Payments' tab, is a convenient way to store and manage your receipts, EOBs, invoices, etc. By uploading your medical documentation here, not only is everything kept in one central location, but you can access the documents for years to come; eliminating the need to hold onto originals that are easily lost or damaged. While this action is not required, it's a powerful tool for electronic record keeping.



sample screenshot

Getting started:

By selecting 'View Receipts & Documentation' from the 'Claims & Payments' tab, you will be taken to a page to either upload or view your medical documents. Any uploaded documentation that has not been linked to a claim or payment will display in the 'To Do List.' Images that have already been linked will display under 'My Linked Documentation.' Hovering over the paper clip icon will allow you to preview the image. To view specific details, click on the icon. To see which claim or payment an image is linked to, click on the icons to view more specific information.



Add new documentation:

To upload a new document:

1. Click 'Add New Item,' where you will be able to browse for the file.
2. Specify the date of expense, type of documentation ('Receipt,' 'EOB,' 'Invoice,' 'Other').
3. Add any applicable notes.
4. Check the box confirming quality of the image and click 'Submit.' This will take you to a page with a preview of the documentation, as well as the ability to 'Create New Claim,' 'Link to Claim,' 'Link to Payment,' 'Update,' or 'Delete.'

Create new claim:

By creating a new claim, you will be able to request either a provider payment or a reimbursement using the same process located in the 'Pay Doctor/Provider' and 'Request Reimbursement' sections (pages 21-22).

Link to claim or payment:

By selecting 'Link to Claim' or 'Link to Payment,' you will be able to associate the uploaded image to an existing claim or payment. When linking to a transaction, if the payment you are looking for does not appear, select 'Show All Transactions.' Once linked, the specific claim or payment will display underneath the image details section.

To do list:

Any documentation that is not linked to a claim or payment will appear in the 'To Do List.' To complete the linking process, click on the image, and select one of the action buttons ('Create New Claim,' 'Link to Claim,' 'Link to Payment').

Docs & forms

Account documents and statements are located under the 'Docs & Forms' tab, including account maintenance forms, tax documents, and monthly account statements. You can also access any uploaded receipts and medical documentation using this tab.

For a complete list and description of each available form, refer to your personal member portal.

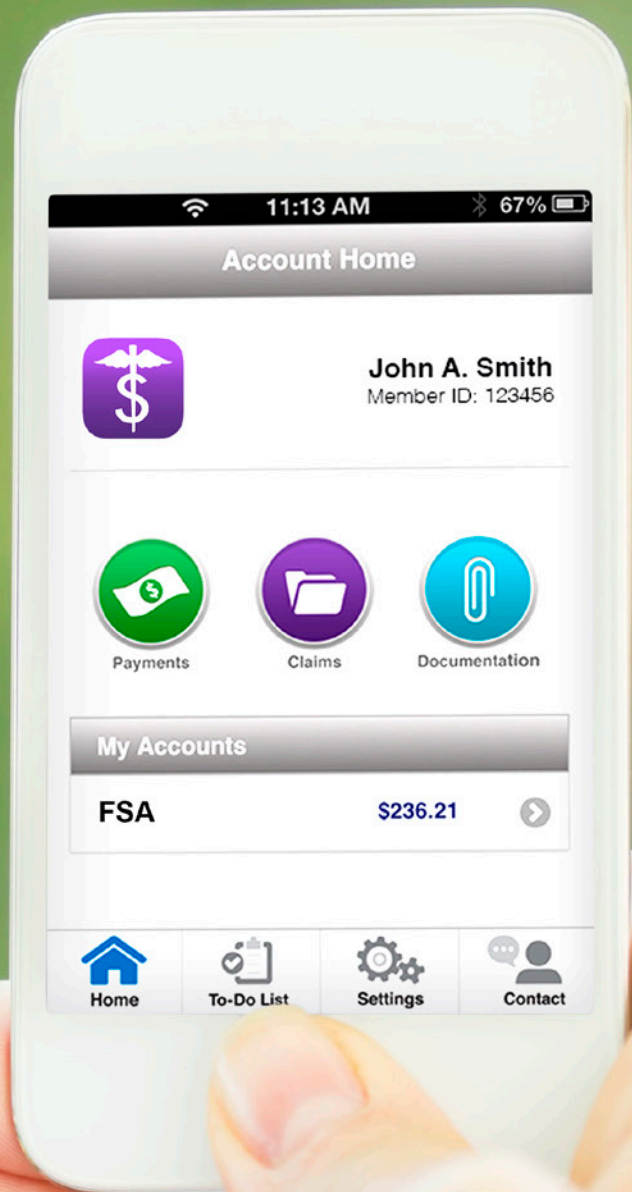
Resources

The 'Resources' tab provides useful tools and resources to help you maximize your health savings and overall wellness.

For a complete list of available resources, refer to your personal member portal.

Convenience at your fingertips

The new HealthEquity mobile app



sample screenshot

Easy access to
your account

*Wherever
you are.*



Mobile app.....

HealthEquity available on-the-go

The new HealthEquity mobile app provides easy, on-the-go access to all of your health accounts. The free app provides comprehensive tools to help you manage transactions and maximize your health savings.



Convenient, powerful tools:

On-the-go access

You can access all account types wherever you go.

Photo documentation

Simply take a photo with your device to initiate claims and payments.

Send payments & reimbursements

You can send payments to providers or reimburse yourself for qualified out-of-pocket expenses from your FSA.

Manage debit card transactions

Link your debit card transactions to claims and documentation.

View claims status

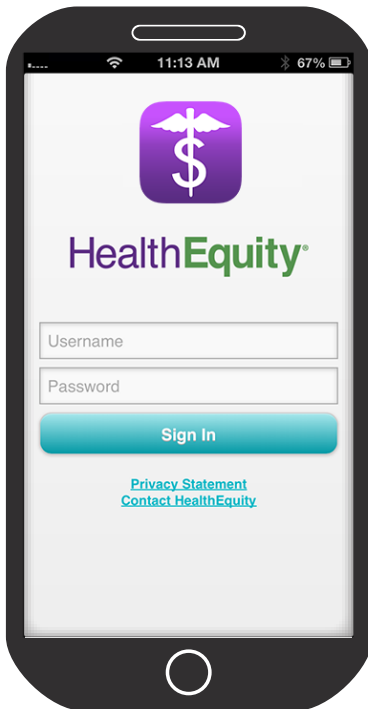
View the status of claims as well as link payments and documentation to claims.

Available for *free* at:



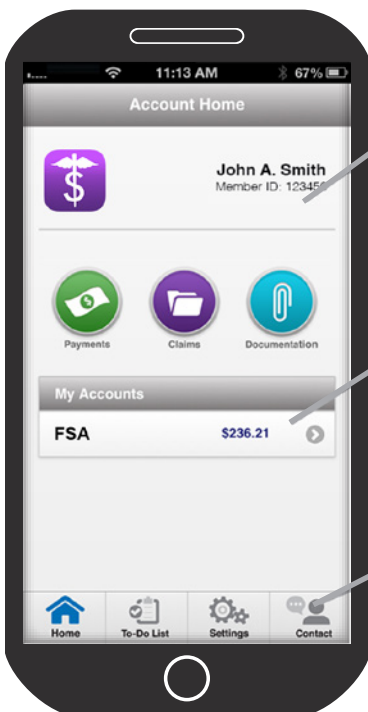
*iTunes App Store and Google Play are respective trademarks of Apple, Inc. and Google.

Login page



sample screenshot

Home screen



sample screenshot

Central access to payments, claims & documents

Access multiple accounts

“Ever present” buttons for easy navigation

Logging in

To log into the mobile app, you will use the same username and password created during your first-time log in to the member portal. If you have not logged in before, please do so online, preferably with a computer, prior to logging into the mobile app. If you are unsure of your login credentials, please contact member services for assistance at the phone number located on the back of your HealthEquity debit card.

If your password needs to be reset, you will need to create a new password on the member portal before it can be used to log into the mobile app.

Mobile app home

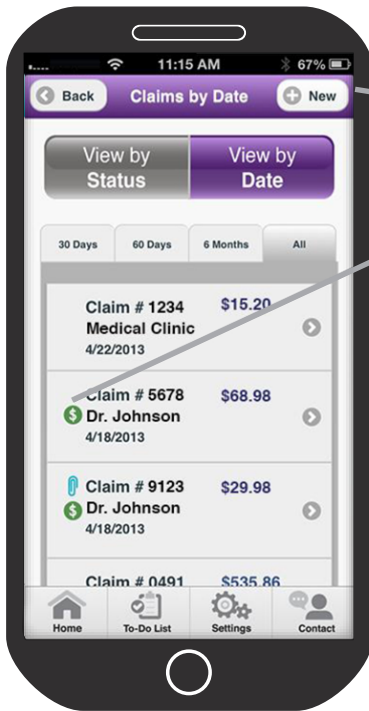
On the home screen, you will see:

- Your name
- Member ID
- Buttons to access
 1. Payments
 2. Claims
 3. Documentation
- A list of your accounts and balances
- “Ever-present” navigation buttons:
 1. Home
 2. To-Do List
 3. Settings
 4. Contact

To view Account History, simply tap the gray arrow next to your account balance. Here you will see contributions, distributions, as well as any fees.



Claims home

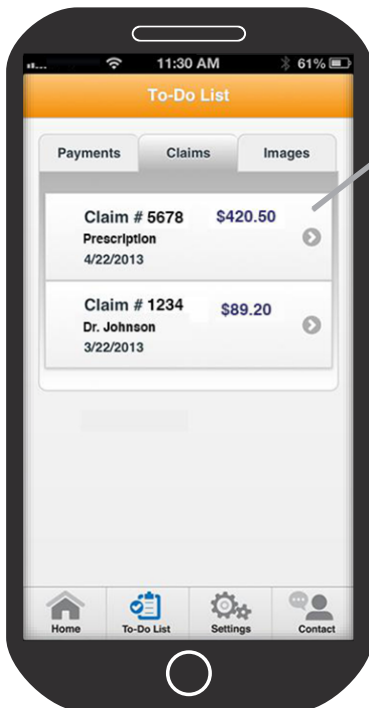


Add new claim

Icons indicate if a claim is linked to documentation or payment

sample screenshot

"To-Do" screen



"To-Do" items are those that have not been linked to a claim, payment or documentation

They are noted with an orange flag to set themselves apart from other items

sample screenshot

Add a claim

To add a new claim or view existing claims tap the Claims icon. On this screen you can see all of the integrated claims HealthEquity has received from your insurance company (if applicable), as well as claims you have entered manually.

To create a new claim, tap New in the top right corner and follow the prompts to enter the necessary information; tap Next. Review Claim Details and tap Finalize if accurate. You will have the option to add documentation to your claim by tapping Link Documentation and taking a picture of the receipt, EOB, or invoice, using your mobile device's camera.

Add an EFT account

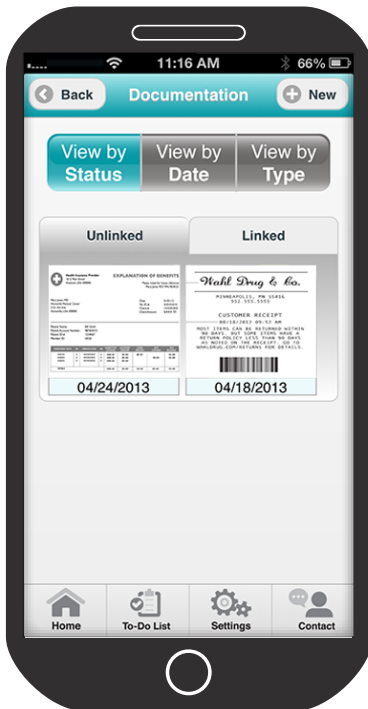
To add banking information for electronic fund transfers (EFT), tap Settings at the bottom of the screen, and then select Bank Accounts. To add an account, you will tap New in the top right corner. Enter the requested information, like routing and account number and click Next.

*The banking information added through the app can only be used for reimbursements.

To-Do list

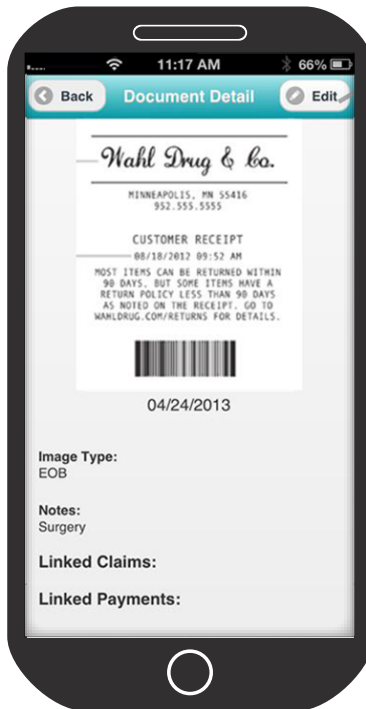
To-Do items are those that have not yet been linked to a claim, payment or documentation. They are noted with an orange flag to set themselves apart from other items.

Documentation home



sample screenshots

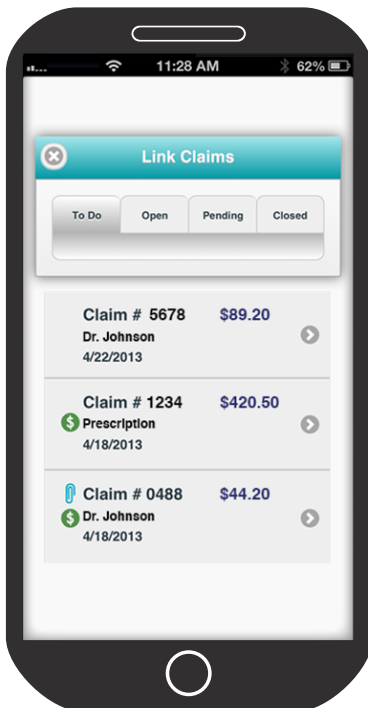
Documentation detail



Add and link to documentation

To upload a receipt, EOB or invoice to the mobile app, tap the Documentation icon. You will be able to select Camera, which will allow you to take a picture right on the spot, or Image Library to use a picture you have already taken. Once the image is selected, you can enter the date of the expense, type of documentation, and any applicable notes. Once saved, your image will be visible as an Unlinked document. To link it to a particular claim or expense, select the picture and click Edit in the top right corner. Under Linked Payments, you can choose to link to a claim or payment. You can select whether you are linking to a new or existing claim/payment. If existing, you will select the correct claim/payment and tap Link. If adding new, you will be able to create a new entry using the steps listed in the Make a Payment section on page 28 and Add a Claim section on page 26.

Link documentation to payment or claim



sample screenshots



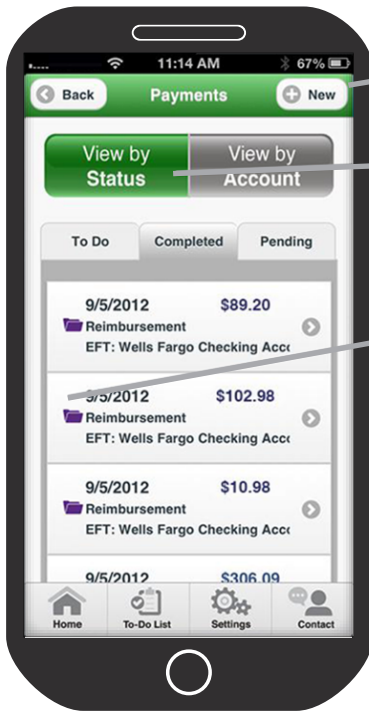
Upload new documentation:
 • Use the mobile device's camera to capture image of receipt, EOB, or invoice

View by status, date, or type

Select to view details



Payments home



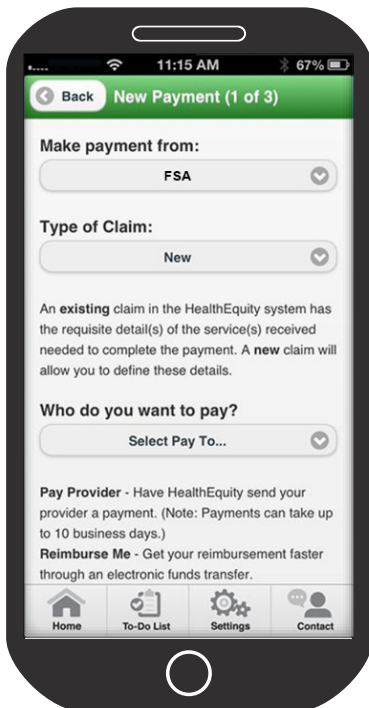
Add new payment

Payments organized by status or date

Icons indicate if a payment has been linked to documentation, payment or claim

sample screenshot

New payment screen



sample screenshot

Make payments from your phone

1. Choose which account to make payment from
2. Select a claim
3. Choose payee

Make a payment

To make a payment or reimbursement, tap the Payments icon. You can view previous payments made by status or date, but to add a new payment tap New in the top right corner. You will select the account you would like the funds to come out of, and select either New or Existing type of expense. If HealthEquity receives integrated claims from your insurance company, you can send a payment using the existing information from the open claim on the following screen. If it is a new expense, you will be required to enter expense information, like provider, date of service, patient, etc., on the following screen. Next, indicate whether HealthEquity will be sending a payment to a provider or reimbursing you before continuing to the next screen. Enter in all requested information and tap Next. If everything is correct on the confirmation screen, tap Finalize to send the payment.

Glossary of terms

Administrator

This term can be applied to many types of organizations. For the purpose of this guide, administrator refers to the company who holds, or administers, your FSA.

Claim

The information about a specific medical service submitted by your provider to your insurance company for processing. You can enter new claims records and access existing claims records in the member portal for payment and documentation purposes, as needed.

Contribution

The technical term used to refer to deposits to your FSA.

Contribution limits

The maximum amounts established by the IRS that you can contribute to your FSA. See page 8 for specific limits.

Copay

The fixed dollar amount you pay for specified services and prescriptions under most traditional health plans.

Dependent

Any individual other than yourself, who you can use your FSA dollars for. This can include your spouse, children under 27, any tax dependents or any person you could have claimed on your taxes except:

1. The person filed a joint return
2. The person had a gross income of \$3,900 or more
3. You, or your spouse if filing jointly, could be claimed as a dependent on someone else's tax return

Distribution

The technical term used to refer to withdrawals from your FSA.

EFT (electronic funds transfer)

A quick method of transferring funds directly between your FSA and personal financial institution. You can setup EFT reimbursements in the member portal.

Election amount

The amount you decide to contribute to your FSA annually.



EOB (explanation of benefits)

A statement from your insurance that shows the service billed from your provider and the deductible, coinsurance and other covered amounts, as applicable. Compare this to the invoice from your provider to ensure accuracy.

Expert friends

Our endearing term for our member services team, who are available every hour of every day to offer helpful insight to you.

FSA carryover

The opportunity to rollover up to \$500 of unused FSA dollars to the next year, if offered by your employer.

Grace period

An extension, during which you may still incur eligible FSA expenses and use the funds remaining in your account to cover those expenses.

In-network

A provider that participates in your health plan network, who agrees to charge negotiated rates established with your health plan.

Insurance ID card

The card, provided by your health plan, that your provider uses to verify coverage and process billing of your claim. It is important that you present this card each time you use health care services.

Out-of-network

A provider who does not participate in your health plan network, and has no agreement with your health plan. You can still use your FSA to pay qualified medical expenses incurred with out-of-network providers.

Qualified medical expenses

Expenses that can be paid tax-free using your flexible spending account. See page 9 for some examples of qualified medical expenses.

Reimbursement

Money you withdraw from your FSA to pay yourself back for out-of-pocket expenses.

Run out period

A period of time after your plan year ends, during which you are still able to submit reimbursement claims for expenses incurred during the plan year.



About us

Building Health SavingsSM

HealthEquity empowers Americans to build health savings by providing powerful tools for health savings accounts (HSAs) and other health financial services. We manage over \$1.6 billion in deposits, which makes us the largest dedicated health account custodian in the nation. Our convenient solutions serve more than 1.3 million accounts, owned by individuals at more than 25,000 companies across the country. With member support available every hour of every day, our team provides around-the-clock insight to maximize health savings.

Nothing in this communication is intended as legal, tax, financial, medical or marital advice. Always consult a professional when making life changing decisions. In addition to restrictions imposed by law, your employer may limit what expenses are eligible for reimbursements. It is the members' responsibility to ensure eligibility requirements as well as if they are eligible for the plan and expenses submitted.

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