



# HSA

## ENROLLMENT BOOKLET

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# Health Savings Account (HSA) FAQs

## 2025 HSA Contribution Limits



**Single Coverage**

**\$4,300**

**\$5,300  
w/ catch up\***



**Family Coverage**

**\$8,550**

**\$9,550  
w/ catch up\***

### HDHP Minimum Deductibles:

**Single: \$1,650**

**Family: \$3,300**

\*Catch up contributions equal \$1,000 over the annual limit for people age 55 and over.

**Q: Can anyone open an HSA?**

**A:** No. You must be enrolled in an HSA-eligible High-Deductible Health Plan (HDHP) to open an HSA or contribute to an existing HSA. See above for the minimum deductible amount that currently qualifies as an HDHP.

**Q: How much can I contribute each year to an HSA?**

**A:** The IRS issues annual contribution limits each year, which differ depending on whether you have Employee Only or Family health insurance coverage. See the top of page 2 for the current annual limits. HSA account owners aged 55 or older can make a “catch up” contribution of up to \$1,000 each year above the current annual limit.

**Q: How do I make contributions to a HSA?**

**A:** You can make pre-tax contributions, post-tax contributions, or a combination of the two as long as the combined total does not exceed the IRS annual limit. Pre-tax contributions are made through payroll deduction. Post-tax contributions are made by depositing directly into the HSA account. Post-tax contributions for a given year can be made up until the due date for your income tax return for that year; for most people, this is April 15 of the following calendar year.

**Q: How much of my HSA can I spend each year?**

**A:** The only spending limit is your account balance. You can only spend or withdraw up to the actual amount sitting in your account at that time. You do not lose any money that is not spent by the end of the year, however. Since all unused funds in an HSA automatically roll over from year to year, you can build up your available balance over time.

**Q: What can I spend HSA funds for?**

**A:** HSAs can be used to pay for any qualified healthcare expense as defined by the IRS. This includes doctor and nurse visits, prescriptions, lab tests, hospitalization, physical therapy, mental health care, eyeglasses and contacts, dental care, and much more; see the listing of common eligible and ineligible expenses on page 4. To be eligible for payment from an HSA, the expense must be incurred on or after the date the HSA account was opened. HSA funds can also be used for certain health insurance premiums, such as COBRA and TEFRA.

**Q: Can I spend HSA funds on family members not covered by my health insurance plan?**

**A:** As long as a person is listed on your Federal income tax return as a joint filer or dependent, your HSA can be used to pay for their qualified expenses. This applies even if they are covered by a separate insurance plan that is not an HDHP or not covered by any health insurance plan at all.

**Q: How do I access my HSA funds?**

**A:** You will receive an HSA debit card that is linked to your HSA account. This is a limited-purpose Mastercard® that is coded for medical providers only. Having the debit card lets you cover qualified expenses without first having to pay out-of-pocket and then wait for reimbursement. Although you have the option of setting a PIN for your card, a PIN is not necessary; to pay an expense, just swipe your debit card as you would a regular credit card. If your medical provider does not accept cards, or for any reason you did not use your card to pay an eligible expense, you can submit a claim for reimbursement (also known as a “request for distribution”).

# Health Savings Account (HSA) FAQs

**Q: What exactly happens in my HSA account when I swipe my HSA debit card?**

**A:** As soon as the card transaction is authorized through the Mastercard® network, your account's "purse value" (the amount of money available to spend) is reduced by the transaction amount. If signed up for mobile alerts, you will receive one within moments through the mobile app that confirms the transaction and shows your reduced available balance. You will also be able to see the pending card transaction and balance reduction in your account (online or mobile app).

**Q: What if there is not enough money in my HSA when I swipe the card to pay an expense?**

**A:** If the transaction exceeds your available balance (purse value), usually it will be declined. Some merchants can accept "split tender," which means their system is able to charge your card only for the portion of the total due that equals your available balance and then ask for a different form of payment to cover the remainder.

**Q: Are there any transaction limits on my debit card?**

**A:** Both the per-transaction limit and the maximum combined daily transaction limit for your debit card is \$5,000, even if you have more available in your HSA account.

**Q: Do I have to keep up with receipts?**

**A:** Although the IRS does not require HSA account holders to submit receipts to use their debit card or to get reimbursed for an out-of-pocket expense, it is a good idea to keep receipts in case of future need. Through your online account, you have access to the ClaimsVault®, a patented "electronic shoebox" that lets you store electronic copies of receipts in your account.

In addition to receipts for expenses you have paid, you can also store receipts for expenses that you haven't claimed yet but may want to claim once your account balance grows larger.

**Q: I'm going to be eligible for Medicare later this year. Can I still have an HSA account?**

**A:** If any part of Medicare is elected, you cannot open a new HSA account or contribute any more money to an existing HSA account after your Medicare effective date. You can however continue to use any funds remaining in an existing HSA account.

**Q: How can I check my account balance, card transactions, status of reimbursement claims, and so on?**

**A:** You have account access 24 hours a day through your online employee portal and through the mobile app. To register and log in for the first time, refer to the welcome email that your benefits administrator will send after enrollment.

**Q: What if I still need help after looking at my account?**

**A:** Contact Beneliance at (877) 685-0655 or email [benefits@beneliance.com](mailto:benefits@beneliance.com).

*For a list of HSA-eligible expenses, see Page 4.*



# Eligible/Non-Eligible Expenses

## HSA Eligible Health Care Expenses

Please note that we do not intend this list to be comprehensive tax advice. For more detailed information, please consult IRS Publication 502 or see your tax advisor. **\*If prescribed for a particular ailment or medical condition; provider letter required.**

|                                       |   |  |
|---------------------------------------|---|--|
| Acupuncture                           | Eye examinations and eyeglasses             | Physical exams   |
| Alcoholism treatment                  | Home health and/or hospice care             | Physical therapy   |
| Allergy shots and testing             | Hospital services                           | Psychiatric care ( <i>psychologists, psychotherapists</i> )                        |
| Ambulance ( <i>ground or air</i> )    | Insulin                                     | Radial keratotomy  |
| Artificial limbs                      | Laboratory fees                             | Schools ( <i>special, relief, or handicapped</i> )                                 |
| Blind services and equipment          | LASIK eye surgery                           | Sexual dysfunction treatment   |
| Car controls for handicapped*         | Medical alert ( <i>bracelet, necklace</i> ) | Smoking cessation programs   |
| Chiropractor services                 | Medical monitoring and testing devices*     | Surgical fees  |
| Coinsurance and deductibles           | Nursing services                            | Television or telephone for the hearing impaired                                   |
| Contact lenses                        | Obstetrical expenses                        | Therapy treatments*  |
| Crutches, wheelchairs, walkers        | Occlusal guards                             | Transportation ( <i>essentially and primarily for medical care; limits apply</i> ) |
| Dental treatment                      | Operations and surgeries (legal)            | Vaccinations   |
| Dentures                              | Optometrists                                | Vitamins*  |
| Diagnostic tests                      | Orthodontia                                 | Weight loss programs*  |
| Doctor's fees                         | Orthopedic services                         | X-rays   |
| Drug addiction treatment & facilities | Osteopaths                                  |  |
| Drugs ( <i>prescription</i> )         | Oxygen/oxygen equipment                     |  |

## HSA Eligible OTC Medications and Products

|  |   |   |
|--|---|---|
| Acne medications & treatments  | Contact lens solution   | Medicated bandaids & dressings  |
| Allergy & sinus, cold, flu & cough remedies  | Contraceptives ( <i>condoms, gels, foams, suppositories, etc.</i> )                             | Menstrual care products   |
| Antacids & acid controllers  | CPAP equipment & supplies   | Motion sickness remedies  |
| Antibiotic & antiseptic sprays, creams & ointments                                 | Diabetic testing supplies/equipment   | Nicotine patches and other smoking cessation aids                           |
| Anti-diarrheals  | Durable medical equipment ( <i>power chairs, walkers, wheelchairs, etc.</i> )                   | OTC varieties of Insulin  |
| Anti-fungals   | Eczema & psoriasis remedies   | Pain relievers ( <i>aspirin, ibuprofen, acetaminophen, naproxen, etc.</i> ) |
| Anti-gas & stomach remedies  | Eye drops, ear drops, nasal sprays  | Personal protection equipment (PPE) for COVID-19                            |
| Anti-itch & insect bite remedies   | First aid kits  | Reading glasses   |
| Anti-parasitics  | Hemorrhoidal preparations   | Sleep aids & sedatives  |
| Digestive aids   | Home diagnostics (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.) | Wart removal remedies, corn patches   |
| Baby care ( <i>diaper rash ointments, teething gel, rehydration fluids, etc.</i> ) | Hydrogen peroxide, rubbing alcohol  |   |
| Bandages and bandaids  | Laxatives   |   |
| Breast pumps for nursing mothers   |   | <b>All OTC items listed are examples.</b>                                   |
| Braces & supports  |   |   |

## These items are commonly mistaken as eligible but do not meet the requirements

|                                 |  |   |
|---------------------------------|--|---|
| Cosmetic surgery and procedures | Health programs, health clubs and gyms | Teeth whitening                                 |
| Cosmetic dental procedures      | Insurance premiums                     | Vitamins and supplements without a prescription |

# Welcome to Mobile Summit

# beneliance



## Benefits at Your Fingertips

Access your employee benefits account information on your mobile device with the Mobile Summit app for Apple and Android.

### What You Can Do with Mobile Summit

- ✓ **View Accounts** – Access detailed balance and account information, including alerts.
- ✓ **Card Activity** – Review transaction information, including whether receipts are needed.
- ✓ **Enter a Claim** – Easily file a claim using your smartphone or mobile device. Just open a claim using the app, fill in some details onscreen, take a photo of the receipt with your smartphone camera, and upload. Claims filing couldn't be easier!



### Locating and Loading the Mobile Summit App



Search for “Mobile Summit” on the App Store for Apple products or in the Google Play Store for Android products, and load as you would any other app.

### Logging in

Mobile Summit uses the same login credentials as the online participant portal. Once you have registered online, log in to Mobile Summit using the same username, password, and TPA code.\* After logging in to the app, you will be on the home page which lists your navigation options.

*\*Our TPA code is 159. If you do not remember that code, you can enter our web address for the Summit participant portal: <https://benefits.summitfor.me>*



### Getting Help

Click the Contact icon located in the 3 line menu at the top of the page to access contact information for your administrator, who will be able to provide assistance.



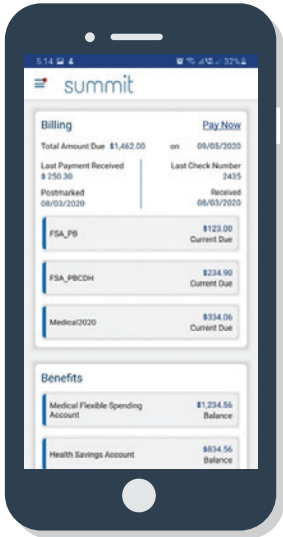
# summit Mobile Quick Start Guide

## Logging In

Open the Mobile Summit app. Use the same username and password to log in that you use to log in to the full Summit portal online.

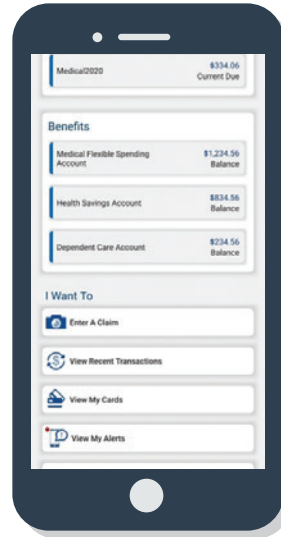
## What You Can Do with Mobile Summit

Once you log in, the Home page displays on the screen. Tap the icons to access the available features:

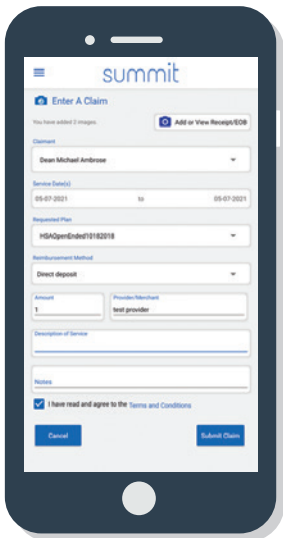


**Homepage – The Billing section** will display for participants who have at least one Premium Billing coverage (COBRA, direct or retiree billing). View details about your account or click Pay Now to pay a premium that is due.

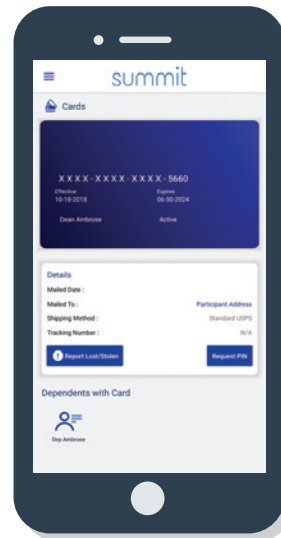
**The Benefits section** displays all active and prior year benefits and their balance for participants with CDH benefits (FSA, DCAP, HRA, HSA, Transit). Navigate to the Account Detail page by clicking on a particular benefit.



**I Want to – The I Want To** section at the bottom of the homepage allows you to quickly access available features of the app. You can easily navigate to enter a claim, request a withdrawal or reimbursement, view recent transactions, view alerts, and update your profile. Premium Billing only participants will see the menu items that pertain to billing activities.



**Enter a Claim – Mobile Summit** provides a quick, convenient, and secure way to file claims using your smartphone's camera. Enter claim information including Claimant, Service Dates, Amount, Provider/Merchant, and Reimbursement Method, then upload a photo of the receipt or EOB, and submit for processing.



**Cards – View card details** shows the name on the card issued to you, the card number, expiration date, and current status. You may also view dependents who hold cards. If your card is lost or stolen, you may report it through this screen.



**Transactions** – Access a list of transactions across all accounts, sorted by date. Select a transaction to view details.



**Profile** – Access your profile and view information. You may edit information from this screen.



**Alerts** – View all alerts for your accounts and cards.



# HSA Application and Salary Reduction Agreement

This Salary Reduction Agreement (SRA) authorizes your employer to reduce your salary by the indicated amount shown below for the exclusive purpose of facilitating a contribution to your Health Savings Account. Do not send contributions with this form. By completing this agreement, you are indicating that as of the effective date of your contribution election, you are an "Eligible Individual" as defined in the adoption agreement and authorize your employer to facilitate your monthly contributions to your HSA on your behalf.

Please fill out the form below and return to your HR office.

## Are you a current HSA account holder?

- Yes Fill out only your Name in Section 1 and proceed to Sections 2 through 5.  
 No Complete ALL information and sign the form. Look in the mail for your HSA Welcome Letter, which includes additional HSA services.

## Section 1: Account Holder Information (Please Print)

Name (First, MI, Last) \_\_\_\_\_

Preferred Mailing Address  Home Address  Mailing Address (if different)

Home Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred Phone Number  Home  Work Best Time to Call \_\_\_\_\_  AM  PM

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Mother's Maiden Name (Security) \_\_\_\_\_

Employer \_\_\_\_\_

## Section 2: Primary Beneficiary

Name (First, MI, Last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_

If all individuals listed as Primary Beneficiaries precede you in death or cannot be located after a reasonable search by the custodian, all non-allocated funds (if any) in your account will be distributed to your Contingent Beneficiary (to add/edit/change Contingent Beneficiary(ies), log in to your account). In the event that no beneficiary can be located, your account balance (if any) will be distributed to your estate.

## Section 3: HDHP Information and HSA Contribution Election

HDHP Coverage Effective Date \_\_\_\_\_ Check one  Single Coverage  Family Coverage

I elect a monthly contribution of \$ \_\_\_\_\_ (amount) to my HSA effective \_\_\_\_\_ (date).

## Section 4: Debit Card

- I hereby request a debit card as an alternate distribution method from my HSA account. (See Article IV of the Custodial Account Agreement for terms of usage.) Print exactly as you would like it to appear on your card: 21 characters maximum including spaces. If more than two cards are needed, attach a separate sheet.

Name on 1st Card

Name on 2nd Card

## Section 5: Adoption Agreement/Employee Signature

As of the effective date of my HSA Contribution Election, I certify that I am an "Eligible Individual" as defined by the Code and do hereby elect a Health Savings Account in accordance with Section 223 and Section 125 of the Internal Revenue Code. I understand this request will not be processed until all paperwork is completed, accepted and approved by my employer. I further understand that I am responsible for all contributions made to my HSA and that my benefits administrator is facilitating but not initiating the contribution. If the account is closed at any time, there will be a \$25 closing fee.

This application is for the establishment of my individually owned Health Savings Account at the custodian displayed below. The information on this application is true and accurate to the best of my knowledge and I submit this form with full understanding and acceptance of the provisions contained within the Custodial Account Agreement, HSA Terms and Conditions Statement, and the HSA Disclosure Statement. I also acknowledge that the Plan Service Provider (PSP) indicated on the bottom of this form is authorized to perform transactions on my account and all such transactions initiated by the PSP should be treated as if initiated directly by me, the Account Holder. I am currently, or will be upon the date of my first contribution, an Eligible Individual as described in the Custodial Account Agreement. I understand that maintaining my eligibility is my responsibility and that the custodian will assume that all contributions are made while I am eligible to do so. I am currently, or will be upon the date of my contribution, covered by a High Deductible Health Plan (HDHP) that meets the qualifications detailed in the Custodial Account Agreement.

Signature of Account Holder

Date

Custodian  
DataPath Financial Services  
PO Box 55068  
Little Rock, AR 72215

Plan Service Provider  
Beneliance  
Serial No. 666576474227

PO Box 55068 | Little Rock, AR 72215  
501-687-6954 | Toll-Free 877-685-0655 | Fax: 855-445-1696  
Beneliance.com | benefits@beneliance.com



**Beneliance**

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