



HSA

ENROLLMENT BOOKLET

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Health Savings Account (HSA) FAQs

2026 HSA Contribution Limits



HDHP Minimum Deductibles:

Single: \$1,700

Family: \$3,400

*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

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
Alcoholism treatment
Allergy shots and testing
Ambulance (*ground or air*)
Artificial limbs
Blind services and equipment
Car controls for handicapped*
Chiropractor services
Coinsurance and deductibles
Contact lenses
Crutches, wheelchairs, walkers
Dental treatment
Dentures
Diagnostic tests
Doctor's fees
Drug addiction treatment & facilities
Drugs (*prescription*)

Eye examinations and eyeglasses
Home health and/or hospice care
Hospital services
Insulin
Laboratory fees
LASIK eye surgery
Medical alert (*bracelet, necklace*)
Medical monitoring and testing devices*
Nursing services
Obstetrical expenses
Occlusal guards
Operations and surgeries (legal)
Optometrists
Orthodontia
Orthopedic services
Osteopaths
Oxygen/oxygen equipment

Physical exams
Physical therapy
Psychiatric care (*psychologists, psychotherapists*)
Radial keratotomy
Schools (*special, relief, or handicapped*)
Sexual dysfunction treatment
Smoking cessation programs
Surgical fees
Television or telephone for the hearing impaired
Therapy treatments*
Transportation (*essentially and primarily for medical care; limits apply*)
Vaccinations
Vitamins*
Weight loss programs*
X-rays

HSA Eligible OTC Medications and Products

Acne medications & treatments
Allergy & sinus, cold, flu & cough remedies
Antacids & acid controllers
Antibiotic & antiseptic sprays, creams & ointments
Anti-diarrheals
Anti-fungals
Anti-gas & stomach remedies
Anti-itch & insect bite remedies
Anti-parasitics
Digestive aids
Baby care (*diaper rash ointments, teething gel, rehydration fluids, etc.*)
Bandages and bandaids
Breast pumps for nursing mothers
Braces & supports

Contact lens solution
Contraceptives (*condoms, gels, foams, suppositories, etc.*)
CPAP equipment & supplies
Diabetic testing supplies/equipment
Durable medical equipment (*power chairs, walkers, wheelchairs, etc.*)
Eczema & psoriasis remedies
Eye drops, ear drops, nasal sprays
First aid kits
Hemorrhoidal preparations
Home diagnostics (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)
Hydrogen peroxide, rubbing alcohol
Laxatives

Medicated bandaids & dressings
Menstrual care products
Motion sickness remedies
Nicotine patches and other smoking cessation aids
OTC varieties of Insulin
Pain relievers (*aspirin, ibuprofen, acetaminophen, naproxen, etc.*)
Personal protection equipment (PPE) for COVID-19
Reading glasses
Sleep aids & sedatives
Wart removal remedies, corn patches

All OTC items listed are examples.

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

Cosmetic surgery and procedures
Cosmetic dental procedures

Health programs, health clubs and gyms
Insurance premiums

Teeth whitening
Vitamins and supplements without a prescription

Welcome to Mobile myRSCSM

Benefits at Your Fingertips

Access your employee benefits account information on your mobile device with the Mobile myRSCSM app for iPhone® and Android®.

What You Can Do with Mobile myRSC

- ▶ **View Accounts**
Including detailed account and balance information
- ▶ **Card Activity**
Review transaction information, including whether receipts are needed.
- ▶ **SnapClaim™**
Our Mobile App for iPhone® and Android® with integrated SnapClaim™ technology allows claims filing using your smartphone! Just open a claim using the mobile app, fill in some details onscreen, take a photo of your receipt with your smartphone camera, and upload. Claims filing couldn't be easier!

▶ **Locating and Loading the App**

Simply search for "myRSC" on the App Store for Apple products or on the Google Play Store for Android products, and then load as you would any other app.

▶ **Logging In**

Access the mobile services using the same username and password you use to log in to the full myRSC website. After logging in, you will be on the home page which will list your options.

▶ **Getting Help**

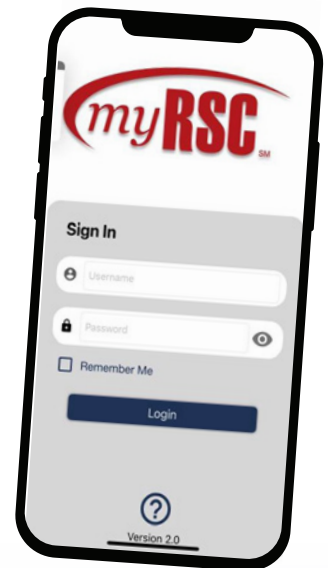
Press the Help button at the bottom right of all Mobile myRSC pages to access contact information for your administrator, who will be able to provide assistance.

Logging In



Open the Mobile myRSCSM app or enter this address in your browser
<https://mobile.myrsc.com>.

The first page that loads is the login screen. If it is your first time logging in, there is a link to the registration site, along with other helpful information. Use the same username and password that you use to log in to the full myRSC website.



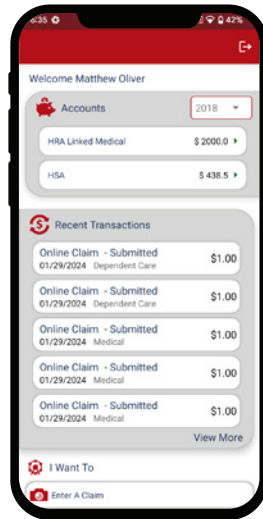
Mobile myRSCSM Quick Start Guide

The Home Page

Once you log in, you are on the Home page. This page lists all available options you have on the mobile site, including **Accounts**, **Recent Transactions** and **I Want To**.

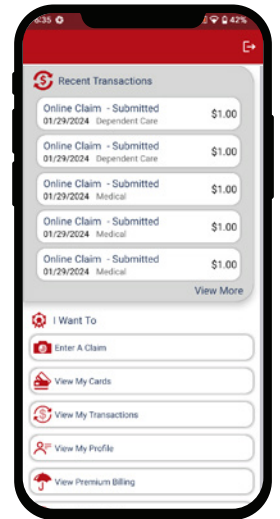
Accounts

In the **Accounts** section, users can view specific account information by selecting a year and the account type from the dropdowns at the top. Tapping a specific account will open a Benefits Overview section, which will show things like available balances, effective dates, coverage tier (single or family), etc.



Recent Transactions

Opening the **Recent Transactions** section shows the user's most recent transactions, tapping View More will load the Transactions page. To quickly find a something specific, use the Search bar at the top and enter a keyword or words, dates, or transaction amounts. Tapping a specific transaction will open a Transaction Detail screen that will show things like the Benefit Type (Account), Start and End Dates, type of Service, etc.



I Want To

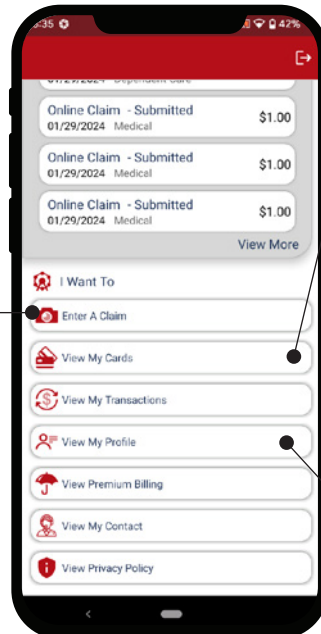
The **I Want To** menu includes several actions the user may want to take.

The available actions may differ based on the enrolled benefits and employer settings. Tap on each of the **I Want To** options to access each option. Here are some examples of what the user may see:

Enter a Claim

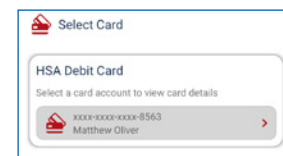
When opened, this option shows a transaction entry screen where the user will enter information on a claim form and attach required documentation.

Please note, FSA and HRA users will be prompted to certify that the submitted expense is eligible. HSA users will have the option to self-attest the expense or request certification.



View My Cards

If the user has a debit card (or cards), tapping this option will show information for the linked benefits.



When a card is selected, card information will be displayed including things like account number, status (active/inactive), and user information (email/phone.)

View My Profile

When opened, this section shows users' their information and subscriptions and allows them to make changes.

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
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