

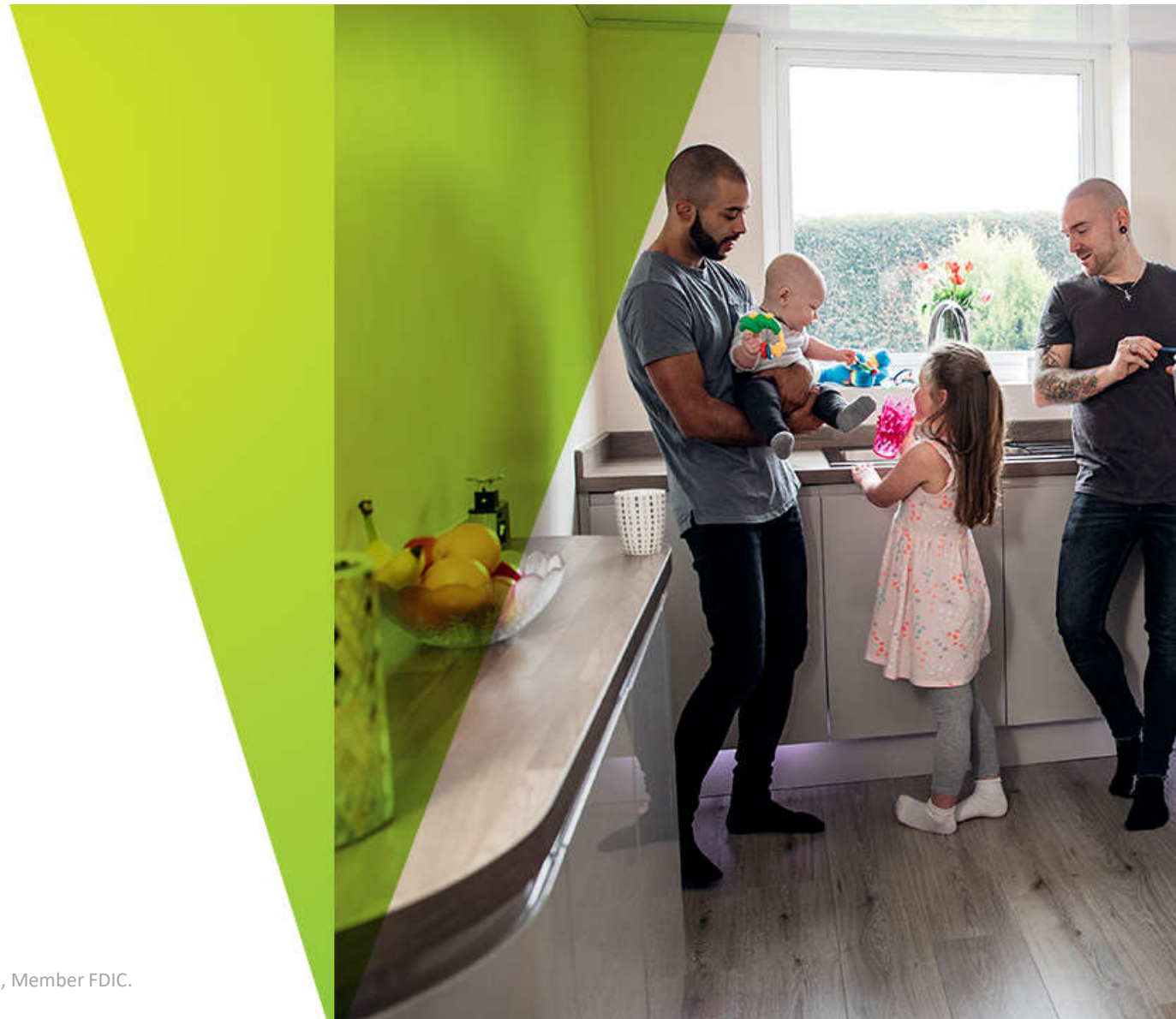
Your employees' experience

Presented to:
CSD Insurance
Trust

Summer 2022



©2021 HSA Bank. HSA Bank is a division of Webster Bank, N.A., Member FDIC.



Getting started

We give you the tools and support to start and manage FSA's

Welcome kit

Includes welcome letter, Product Overview, and Privacy Opt-Out Notice. Arrives in 7-10 business days.



Debit card

Arrives approximately 10-14 days after enrollment processing.



Member Website

24/7 account access.
Employees can login at myaccounts.hsabank.com
Or use their Empyrean SSO functionality



And more

Employees can locate resources and find other FAQs.



Member Website

Everything they need to manage their account

Key Features & Benefits

- Manage profile
- Sign up for electronic communication and direct deposit
- View real-time account balances
- Submit claims and upload receipts or EOBs
- Pay providers
- Manage repayments and alerts
- View claims history and statements
- Track expenses
- Designate dependents

<https://myaccounts.hsabank.com>

Resources, tools and forms

Account summary



Quarterly member newsletter

The screenshot shows an HSA Bank account summary for the period 5/1/2016 - 3/31/2016. It includes the participant's name, Jane Doe, and address. A table of transaction details is visible, showing dates, methods, and amounts. Overlaid on the page is a 'HSA BANK INSIDER' newsletter titled 'First Step Drive Start' with a list of steps for getting started.

Participant Information:
Participant Account ID: xxxxx
Debit Card Number: x
Cigna Customer Service: (800) 244-6224
Online: [link]

Participant Address:
Jane Doe
123 Anywhere St
Hometown, WI 12345

Transaction Details:

Date	Method	Amount	Notes
01/14/2016	Check	0	Check Num: 110
01/06/2016	EFT	48	EE CONTRIBUTION 2016
01/21/2016	EFT	448	EE CONTRIBUTION 2016
01/31/2016	None	15.70	
02/06/2016	Debit C	432.30	WALGREENS #1000
02/10/2016	EFT	2,802.30	EE CONTRIBUTION 2016
02/23/2016	EFT	52,802.30	EE CONTRIBUTION 2016

Newsletter: HSA BANK INSIDER
First Step Drive Start

1. Log in to your HSA account at [hsabank.com](#)
2. Review your account balance and transaction history.
3. Understand your HSA balance and how it works.
4. Review your HSA investment options.
5. Review your HSA contribution limits.
6. Review your HSA withdrawal rules.
7. Review your HSA debit card rules.
8. Review your HSA rollover rules.
9. Review your HSA distribution rules.
10. Review your HSA beneficiary rules.

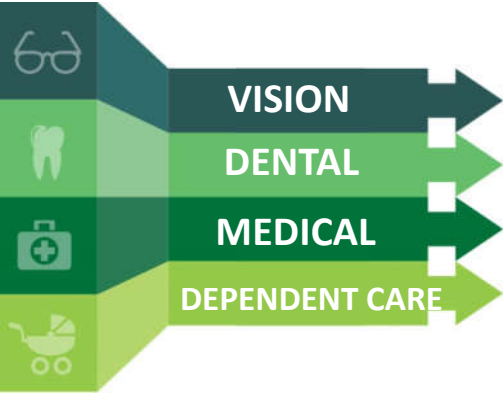
Using ONE debit card

Credit

Employees should swipe their card, press “credit” on the keypad and sign the receipt.

Debit

They should swipe their card, select “debit” on the keypad, and enter their PIN.



Debit card security protocols

Transactions are limited to IIAS-approved merchants/providers.



There's a \$5,000 daily withdrawal limit with a signature.



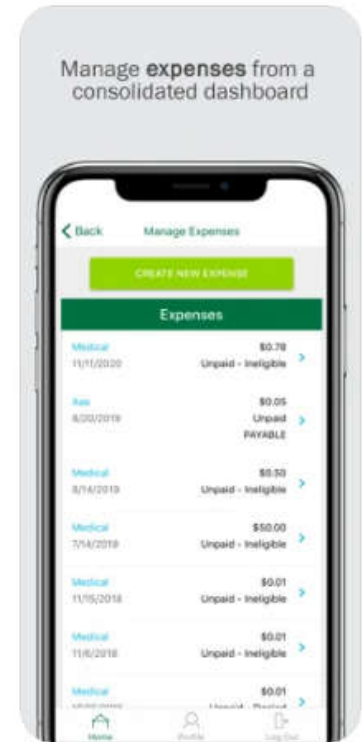
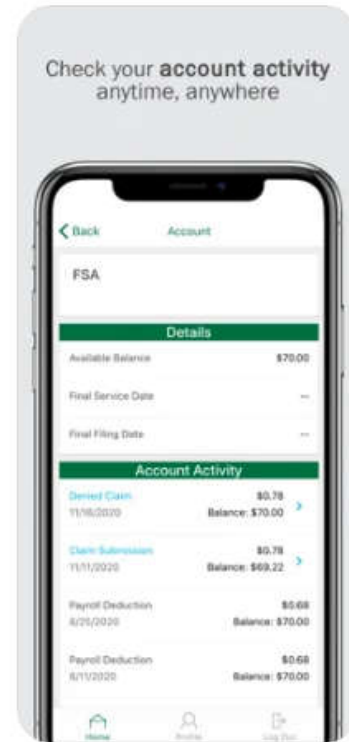
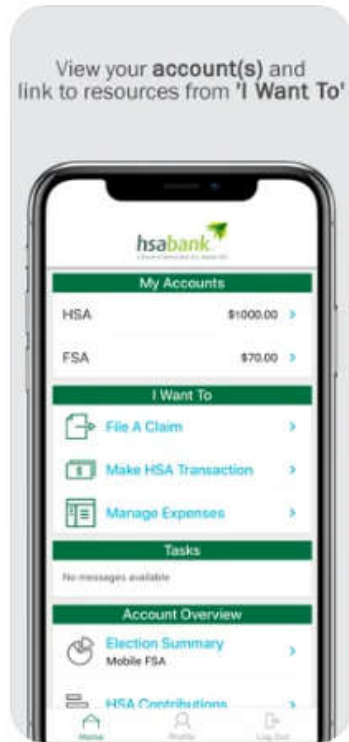
Debit card transactions are limited to the available balance.



And there's a 7-transaction maximum with a signature per day and 3-transaction maximum with PIN/per type.

HSA Bank Mobile App

4.7 out of 5



Accountholder Changes

Change of Name

- Change name and address with Account Information Change Form

Change of Address

- Via Member Website or by contacting Client Assistance Center
- FSA plans can be changed by the employer

Ordering Debit Card

- Via Member Website or by contacting Client Assistance Center

Client Assistance Center and additional support

Call 800-357-6246



Email askus@hsabank.com with questions.



Email hsaforms@hsabank.com for
specific forms.



Visit hsabank.com for educational
materials, online tools, and more.



Unique to the FSA Experience

Options for Filing a Claim

THERE ARE 3 EASY WAYS TO FILE A CLAIM

1



MEMBER WEBSITE

- Reimburse Yourself
- Pay a Provider

2



MOBILE APP

- Reimburse Yourself
- Pay a Provider

3




REIMBURSEMENT FORM

- Reimburse Yourself

Claim Documentation Requirements

The Internal Revenue Service (IRS) requires plan administrators to validate that an FSA or HRA is being used only for eligible healthcare expenses.



- Name of provider or merchant
- Description of service or product
- Date of service or purchase
- Must be within the plan year dates and after employee eligibility effective date
- Price of service or product after insurance
- Name of person who received service

If documentation cannot be obtained from the provider, an Explanation of Benefits from the Insurance Company can be provided.

*A list of Qualified Medical Expenses can be found in IRS Publication 502, <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

*A list of Qualified Medical Expenses can be found in IRS Publication 213d <https://www.irs.gov/pub/irs-drop/rr-03-57.pdf>

Example Of Acceptable Receipt vs Non-Acceptable

<p>1 Provider (Pharmacy) Name</p> <p>2 Date of Purchase</p> <p>3 Item or Service</p> <p>4 Amount Paid</p> <p>5 Patient's Name</p>	<p style="text-align: center;"><i>Drug Company</i></p> <hr/> <p style="text-align: center;">Jackson, MN 55612 555.555.5555</p> <p style="text-align: center;">CUSTOMER RECEIPT 08/12/2016 09:32 AM</p> <p style="text-align: center; font-size: small;">MOST ITEMS CAN BE RETURNED WITHIN RETURN POLICY. BUT SOME ITEMS HAVE A RETURN POLICY LESS THAN 90 DAYS AS NOTES ON THE RECEIPT. GO TO DRUGCOMPANY.COM/RETURNS FOR DETAILS.</p> <div style="text-align: center;">  </div> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;">Oxcarbazepine RX004733</td> <td style="text-align: right; vertical-align: bottom;">\$40.00</td> </tr> <tr> <td>Total:</td> <td style="text-align: right;">\$40.00</td> </tr> </table> <p>JOHN DOE AMEX ACCT#*****0066 Change: \$0.00</p>	Oxcarbazepine RX004733	\$40.00	Total:	\$40.00	<p style="text-align: center;">ABC Pharmacy</p> <p style="text-align: center;">TUESDAY, 8:52 AM</p> <p style="text-align: center; font-size: small;">PLEASE TAKE OUR CUSTOMER SATISFACTION SURVEY ONLINE FOR YOUR CHANCE TO WIN A YEARS WORTH OF YOUR FAVORITE TOOTHPASTE.</p> <p style="text-align: center;">SURVEY TO 71955537594733657</p> <div style="text-align: center;">  </div> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;">.....</td> <td style="text-align: right;">\$30.00</td> </tr> <tr> <td>.....</td> <td style="text-align: right;">\$10.00</td> </tr> <tr> <td>Total:</td> <td style="text-align: right;">\$40.00</td> </tr> </table> <p>JANE DOE AMEX ACCT#*****2346 Change: \$0.00</p> <p style="text-align: center; font-size: small;">FLEXIBLE SPENDING ACCT SUMMARY (FSA) RX ELIGIBLE TOTAL \$30.00</p>	\$30.00	\$10.00	Total:	\$40.00
Oxcarbazepine RX004733	\$40.00											
Total:	\$40.00											
.....	\$30.00											
.....	\$10.00											
Total:	\$40.00											
	<p> Acceptable Receipt This receipt has all the information needed for a claim.</p>	<p> Unacceptable Receipt This receipt has the amount paid, provider's name and patient's name. It is missing other key information: 1. Date of purchase 2. Item or service</p>										

What Is Substantiation And Why Is It Necessary?




Substantiation is proof or evidence that the funds were only used for eligible medical expenses. IRS rules require that all FSA claims be substantiated.

- If the claim cannot be auto- substantiated, the employee is required to submit documentation to support the claim.
- Employees should save itemized receipts and documentation for all health care services—even when they paid using their payment card.



Substantiation not required

The following types of transactions are eligible for auto-substantiation.

-  Prescription medication identified with the IIAS (Inventory Information Approval System)
-  The qualified expense amount matches the underlying health plan copay. Copay amounts must be established by employer during plan setup.
-  Recurring doctor visits with the same cost can be set up for auto-substantiation on the Member Website.

Reimbursement Options



DIRECT DEPOSIT

Employees may link a personal checking or savings account reimbursement via direct deposit.

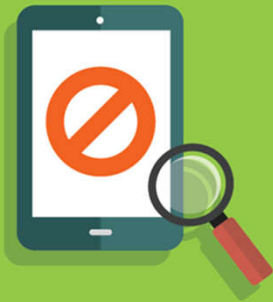
CHECK

While the default reimbursement method is via check, employees can receive reimbursements faster by signing up online for direct deposit.



Minimum of \$5/claim for a check or direct deposit to be generated in the Pending Claims Reimbursement process.

Denied and Off-Setting Claims



MOST COMMON DENIAL REASONS

- No Date and/or Type of Service
- Not Incurred within Plan Year
- Not an Eligible Expense
- Medical Necessity Form Required
- Doctor's Prescription Required
- Amount Covered by Insurance

OFFSETTING CLAIMS (MANUAL & DEBIT CARD)

If employee does not repay an overpayment, any submitted claim is used to offset the outstanding amount.

Repaying Claims

THERE ARE 2 EASY WAYS TO REPAY CLAIMS

1



INITIATE REPAYMENT ELECTRONICALLY VIA MEMBER WEBSITE

2



MAIL CHECK WITH DENIAL LETTER

Claims with receipts 60 or more days overdue will initiate a suspension on the Visa® Health Benefits Debit Card.

Suspended Debit Cards

Common Reasons:

- Using funds to cover services/expenses outside of plan year
- Using funds to cover ineligible expenses
- Funds spent on amounts covered by insurance

Communication:

- Letter Sent
- Banner message displayed on Member Portal
- Consumer Note placed on Account

How to Resolve:

- Contact Client Assistance Center or Claims directly to discuss repayment options

Medical Necessity Form

- Letters of Medical Necessity are common for medical procedures that are not covered under standard healthcare plans
- May need to be provided for dual purpose medical or dental expenses
- Obtain a copy of the Medical Necessity Form by logging into your employee portal or by calling into our Client Assistance Center

Medical Necessity Form

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This form is to be completed when submitting "dual-purpose" expenses. Per IRS regulations, dual-purpose expenses are eligible only if recommended by a medical practitioner, as they have both a medical purpose and a personal, cosmetic, or general health purpose. Please complete and submit this form for any dual-purpose expense for which you are requesting reimbursement. You can submit this form to:

Email: hsaforms@hsabank.com; Fax: 855-764-5689;
Mail: HSA Bank, P.O. Box 2744, Fargo, ND 58108-2744

For assistance, please call 855-731-5213.

*Required

Step 1: Consumer Information

*Employer Name (Do not abbreviate)	*Employee ID
*Consumer Name (First, M, Last)	*Social Security Number
*Phone	

Updates or changes to your information can also be made by logging in to your account at <http://MyAccounts.hsabank.com>

Step 2: Claim Information

Is this form being submitted for a previously denied claim? If neither box is selected, the form will be processed as "no."

Yes No

If yes, please provide the claim number(s) for which you are submitting this form. Failure to provide the appropriate claim number(s) will result in the Medical Necessity Form being added to your account (if approved) and previous claim denials not being reprocessed.

Claim Number	Claim Number	Claim Number
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Step 3: Medical Practitioner Information

*Medical Practitioner or Physician Name	*Physician Signature
*Name of and Type of Medical Practice	*Phone Number