

PinnacleSM

Health & Benefits

WELCOME KIT

2022 - 2023



Welcome to Pinnacle | Health & Benefits. We are glad to be your partner, providing distinctive service and effective advice for tax-advantaged accounts for healthcare, dependent care and qualified transit.

This kit has basic information to get you started, in sections arranged by type of account (HSA, FSA, LPFSA, etc.). After you have logged in to our consumer portal for the first time at pnfp.com/hblogin (see instructions in this kit), check out the Pinnacle | Health & Benefits Consumer Guide in the portal's Tools & Resources section for more detailed instructions on how to manage your account.

Our Client Service Center for Health & Benefits is also available to you for any questions you may have.

Client Service Center for Health & Benefits

7 a.m. - 7 p.m. CT Monday - Friday

888-282-2605

We look forward to helping you achieve your financial goals for healthcare saving and beyond. To speak with someone about other banking needs, please visit pnfp.com/locations to find an office near you.

Sincerely,

A handwritten signature in blue ink, appearing to read "Adam Hewitt".

Adam Hewitt
Manager
Pinnacle | Health & Benefits

TABLE OF CONTENTS

- Glossary of Terms** 3
- First-Time Login**..... 5
- Using Your H&B Debit Card** 7
- H&B Mobile App**..... 8
- HSA** 9
 - HSA 10
 - HSA FAQs 11
 - Qualified Medical Expenses 13
 - HSA Investment Account 15
 - HSA Transfer Request Form 16
- FSA** 18
 - FSA 19
 - FSA Account Substantiation 20
 - Qualified Medical Expenses 21
 - Automatic Orthodontia Request Form 23
 - FSA FAQs 24
- Dependent Care FSA** 26
 - Recurring Dependent Care Form 27
- HRA** 29
 - HRA FAQs 30
 - Qualified Medical Expenses 32
- QTA (Qualified Transportation Account)** 34
- QTA FAQs** 35

GLOSSARY OF TERMS

HSA

A Health Savings Account (HSA) is a trust or custodial account that an employee can make pre- or post-tax deposits into in order to save for qualified medical expenses and retirement. Deposits to HSAs are not subject to income taxes or employment taxes. Earnings are tax-exempt, as are distributions to pay qualified medical expenses. Another feature of HSAs is that they are individually owned, and any unused funds are allowed to accumulate year to year. HSAs are not tied to an employer, so if you leave an employer, the HSA will go with you. In order to contribute to an HSA, you must be enrolled in a qualified HDHP and may only contribute up to the IRS maximum.

FSA

A Flexible Spending Account (FSA) are employer-sponsored accounts to which an employee and employer may contribute in order to pay for eligible expenses, such as medical and dependent care. Contributions are exempt from payroll taxes and are subject to restrictions based on plan design and IRS regulations, including annual maximum contribution. Any expenses reimbursed from the FSA must be substantiated by documentation in accordance with IRS guidelines and must follow the plan design, as outlined by the plan document.

Health or Medical FSA

A Health FSA is an employer-sponsored account for medical, dental, and vision expenses. Health FSAs are generally coupled with PPO health insurance plans, which generally have higher premiums but lower out-of-pocket expenses.

LPFSA

A Limited Purpose FSA (LPFSA) is a more restrictive employer-sponsored account offered to HSA holders to be used specifically for vision and dental expenses. LPFSAs are coupled with HSA accounts where medical expenses are paid out of the HSA account and vision and dental expenses are first paid out of the LPFSA until funds are exhausted. An LPFSA may also be designed to include preventive care expenses not covered by the insurance plan and/or post-deductible expenses.

DCFSA

A Dependent Care FSA (DCFSA) is an employer-sponsored account for specific dependent care expenses as outlined in IRS Publication 503 and IRS Code Section 129. Common qualified expenses include babysitting (work-related), licensed nursery schools, qualified childcare centers, after school programs, elder care, summer camps for dependent children under the age of 13, and preschool tuition.

HRA

A Health Reimbursement Arrangement (HRA) is an employer-sponsored and -funded account used to help plan participants pay for medical expenses. A plan sponsor, typically the employer, determines the plan design and how the HRA funds may be used. You will need to consult your employer and/or plan document in order to determine how you are able to use the HRA to pay for your medical expenses.

QTA

A Qualified Transportation Account (QTA) is an employer-sponsored account that allows employees to set aside pre-tax funds for eligible transportation and parking expenses related to their work commute.

GLOSSARY OF TERMS

Substantiation

To substantiate something is to validate or prove something. The IRS requires all FSA and HRA claims be substantiated by an independent third party, which is typically a TPA (Third Party Administrator) hired by an employer. After a Health & Benefits debit card swipe for an expense or before a claim can be considered for reimbursement, a receipt must be submitted to the administrator. Information provided on the receipt must include the patient's name, provider's information, date of service, description of service or item purchased, and your out-of-pocket cost. Carrier Explanation of Benefits (EOBs) are excellent forms of receipts for substantiation.

HDHP

A high deductible health plan (HDHP) is a health insurance plan that typically offers lower premiums with a higher patient out-of-pocket responsibility.

PPO Plan

A Preferred Provider Organization (PPO) Plan is a health plan that will typically have higher premium costs but lower out-of-pocket expenses and deductibles than a HDHP. This plan is coupled with a group of providers from specific hospitals, medical and dental practices, and others that contract with employers and insurers to deliver health care services at reduced rates. An employer may offer a Health FSA with a PPO Plan to help offset the cost of out-of-pocket expenses.

Runout Period

A runout period allows participants to file claims and submit documentation after the plan year ends. Date of service for the claims must be incurred in the prior plan year. For example, if a participant incurred a hospital claim on 12/31, and his plan year ended that same day, a runout period into the next year would allow that employee to submit the 12/31 claim for reimbursement, even though that plan year has ended. Runout periods typically last 30 to 90 days and are based on plan design.

Grace Period

A grace period allows participants with unused prior plan year contributions to incur expenses for qualified benefits after the plan year ends. This period is typically up to 2 1/2 months after the close of the plan year and is an optional plan design. For example, a participant that elected for their FSA plan but did not use any of those funds by the end of the plan year can submit claims for qualified expenses incurred during the first 2 ½ months of the following year against the full balance from the previous year.

Rollover

Allows participants to roll over funds from a previous plan year into a new plan year up to the IRS maximum. Rollovers cannot be run in conjunction with a grace period, so employers will choose one or the other but have the option to offer neither of them.

PINNACLE FIRST TIME LOGIN INSTRUCTIONS

ONLINE

Online Banking

Access ID

Password

LOG IN

[Forgot Password](#) ▶ Enroll: [Personal](#) | [Business](#) ▶

SIGN INTO OTHER SYSTEMS

- ACH/Remote Deposit - Tennessee
- Credit Cards
- Dealer Floor Plan
- Elan Credit Card
- Electronic Receivables
- Employer Portal for Health & Benefits
- eStatements
- Grizzlies Credit Card
- Health & Benefits**

STEP 1

Click this link to access your online account:
pnfp.com/hblogin

Or go to www.pnfp.com Under Online Banking, select Sign In to Other Systems and choose Health & Benefits

STEP 2

Click “Create your new username and password” under **New User**.

MOBILE



App Icon

STEP 1

Download the app from the App Store for iPhone or Android. (Search Pinnacle Health & Benefits)

Pinnacle Health & Benefits

Username

Password

LOGIN

Save Username

LOGIN WITH FACE ID

FORGOT USERNAME OR PASSWORD?

New User? Set up your account

STEP 2

Open the app and click on “New User? Set up your account”

User Identification

Complete the information below to verify your identity. *Required

First Name*

Last Name*

Zip Code*

Please enter your 5 digit zip code

SSN*

 - -

Next

STEP 3

Enter requested information. Hit **NEXT**.

Troubleshooting

Try legal name

e.g., Use Robert not Bob

John Smith Jr would be entered as:

First name: John

Last name: Smith Jr

(no period after Jr)

Mark sure zip code is correct.

Have you moved? Try previous zip code.

STEP 4

Please select username and password.

This username and password will be the same whether you log in online or via the mobile app.

STEP 5

Set up security questions. If you have an HSA, you will be prompted to accept Terms & Conditions.

This will only need to be done once. The next time you will log in as an Existing User.

CLIENT SERVICE CENTER FOR HEALTH & BENEFITS

Email: info@health.pnfp.com

Phone: 888-282-2605 Monday-Friday, 7 a.m.-7 p.m. CT

USING YOUR HEALTH & BENEFITS DEBIT CARD

- Before you use your new Pinnacle Health & Benefits card, you must activate your account online. Please see First-Time Login.
- The Pinnacle Health & Benefits card can be used to pay for qualified medical products and services. The card is designed to only work for qualified purchases. Most merchants that offer HSA/FSA eligible items are a part of the “IIAS” network or meet the IRS’ 90% rule (where 90% of gross sales meet eligibility requirements).
 - To search for a store or download an updated list of the 90% merchants visit the Special Interest Group for IIAS Standards’ website: <https://www.sig-is.org/>
- When you activate your card, please make sure to stay on the line until the end of the call to setup your PIN. If you skip this step, the card might not work even if you try to run it as credit. Also, some merchants like Walmart require you to use the PIN number to complete a purchase.
 - The activation number is 1-866-898-9795 in the event that you need to setup your PIN after you have already activated your card.
- Always try to run the card as “Credit” if given the option. This allows the card to work as intended with a merchant in the “IIAS” program.
- Through the online portal at pnfp.com/hblogin, you can log into your account and order additional cards for any dependents you might have.
- The card is “stacked,” which means you can use the same card to access money from your HSA account and your other benefit accounts, such as Limited Purpose FSA (LPFSA), Dependent Care or Qualified Transit accounts. For example, if you have an HSA and a Dependent Care account, your one debit card can be used to pay for both expenses. The funds will be drawn from each account based on the type of expense. Health care expenses will come from the HSA account, while child care expenses will come from the Dependent Care account.
- Make sure you download the Pinnacle Health & Benefits Mobile App to manage your account.
 - Under the “Profile” button you can click “Manage Debit Cards” to always see the status of the card.
 - You can also report the card “Lost/Stolen” in the app.
- If you have any issues using your card we encourage you to contact us below

Call: (888) 282-2605

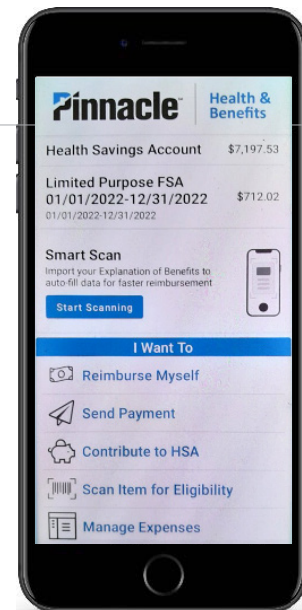
Email: info@health.pnfp.com

HEALTH & BENEFITS MOBILE APP

The Pinnacle | Health & Benefits mobile app lets you securely access your health benefit accounts using a smartphone. Designed so you can quickly find what you need most, it provides easy, on-the-go access to all your health accounts.

Stay up to speed

- Real-time access, intuitive app design and navigation
- Fingerprint or face ID log-in from smartphones that support it
- Available balances and details for your HSA, FSA, dependent care or transit accounts
- Charts summarizing account information and the rate of return and performance of your investments over time
- In-app messages and text alerts with notifications about your account(s)
- Link to an external web page to obtain helpful information such as a list of eligible expenses
- Retrieve a lost username or password
- Use your device of choice – including Apple® and Android™ powered smartphones



Tap to take action

Make a payment, capture a receipt or take any number of actions – whether you're on the couch or waiting in line.

- Submit claims for medical and dependent care FSA, HRA, dependent care or transportation accounts
- Snap a photo of a receipt and submit with a new or existing claim, or store in your camera roll for claim filing
- Make an HSA distribution or contribution and view HSA investment details
- Scan items to determine if they're qualified medical expenses before you get to the checkout lane
- Access your account funds to pay yourself or someone else, such as doctor
- Add and store information on new payees
- Enter and view expense information and receipts
- Report a debit card as lost or stolen

Download the Pinnacle | Health & Benefits mobile app for your chosen device from the Apple App Store or Google Play and log in using the username and password you use to access the Health & Benefits consumer portal.

* Some functionality listed may require additional products and services elected before investing.

HEALTH SAVINGS ACCOUNT



HEALTH SAVINGS ACCOUNT

What is a Health Savings Account?

A health savings account (HSA) is a tax-advantaged savings account available to people enrolled in a qualified high-deductible health plan (HDHP). It allows you, your family or your employer to put money in savings for your qualified health expenses on a pre-tax basis.

An HSA is used to cover qualified out-of-pocket medical expenses, including those applied to the deductible on your HDHP, copayments, coinsurance and prescriptions. You can use the money when you need it, and unlike other healthcare-related spending plans, excess contributions remain in your account for future healthcare related expenses.

Some other great account features:

- No per-transaction charges
- Competitive interest rate on the entire balance
- Debit card access
- Complimentary online account statements (There is a charge for paper statements.)
- Funds held in your Pinnacle HSA are subject to FDIC insurance
- Online portal to track spending and saving goals
- Pinnacle | Health & Benefits mobile app with eligible expense scanner and electronic receipt storage

The Pinnacle | Health & Benefits debit card is “stacked.” When you have more than one type of account (HSA, FSA, dependent care, qualified transit), the card “knows” which account to pull from for each transaction.

What are the 2022/2023 HDHP requirements and HSA contribution limits?*

Minimum HDHP Deductible	2022	2023
Individual Coverage	\$1,400	\$1,500
Family Coverage	\$2,800	\$3,000
Maximum HDHP Out-of-Pocket	2022	2023
Individual Coverage	\$7,050	\$7,500
Family Coverage	\$14,100	\$15,000
Maximum HSA Contribution	2022	2023
Individual Coverage	\$3,650	\$3,850
Family Coverage	\$7,300	\$7,750

Catch-up HSA contributions for individuals 55 or older (not yet enrolled in Medicare)

2022	2023
\$1,000 per person	\$1,000 per person

* Source: IRS.gov

HEALTH SAVINGS ACCOUNT FAQs

What is a Health Savings Account?

A Health Savings Account (HSA) works in conjunction with a High Deductible Health Plan (HDHP). An HSA allows you to pay for health expenses and save for future qualified medical expenses on a pre-tax basis. Any unused funds at the end of the plan year stay in the account and continue to earn interest. Once you reach age 65, funds can be withdrawn without tax penalty (similar to an IRA).

Who is eligible for a HSA?

To open and contribute to an HSA, you must be covered by a qualified HDHP as defined by the IRS. You cannot be enrolled in Medicare, be claimed as a dependent on someone else's tax return or have other first-dollar medical coverage.

Can I have an HSA and a Flexible Spending Account (FSA)?

No, but you may elect to contribute to a Limited Purpose FSA (LPFSA), specifically for vision and dental expenses, if offered by your or your spouse's employer. If you have a healthcare FSA and your employer offers a rollover of funds into the next plan year but you want to change to a qualified HDHP with HSA, you can convert the healthcare FSA to a LPFSA if your employer offers it.

Who controls the account?

You are the owner of the account, in control of the funds and how they are used, within IRS guidelines.

What are the tax advantages of a HSA?

An HSA provides you triple tax savings:

1. Reduction of taxable income through pre-tax contributions to the HSA
2. Tax-free earnings on the account
3. Tax-free withdrawals for qualified medical expenses

How do I contribute to my HSA?

As long as you are covered by an HDHP, you can make deposits to your account in person, by transfer from another account or with direct deposit through payroll. As with traditional IRAs, you can make prior-year contributions up to the deadline for filing federal income taxes.

How much can I contribute to a HSA?

You can find the annual maximum contributions at [IRS.gov](https://www.irs.gov).

How do I access the funds in my HSA?

Your HSA operates like an interest-earning checking account, with a Pinnacle Health & Benefits debit card for qualified purchases and payments plus a mobile app for Apple or Android smartphone and a secure online portal. It is your responsibility to keep records of your expenditures for tax purposes. The debit card can only be used at merchants that sell qualified items and at healthcare practices and facilities that provide qualified services. Any non-medical expenditure could be subject to a tax penalty.

Pinnacle Financial Partners does not offer tax or legal advice. Please consult your personal tax or legal advisor regarding your individual situation.

HEALTH SAVINGS ACCOUNT FAQs

Can I transfer funds from an IRA to my HSA?

Yes, regulations allow a one-time rollover from an IRA to an HSA up to the annual HSA contribution maximum. Prior to transferring funds, please consult your tax advisor to discuss the benefits and tax reporting requirements.

Can I use my HSA to pay for medical expenses incurred before I set up my account?

No. You cannot reimburse qualified medical expenses incurred before your account is established. We recommend you establish your HSA account as soon as you begin participating in a HDHP Medical Plan.

Are over-the-counter (OTC) medications an eligible expense?

Yes. Over the counter products that are for medical care and primarily for a medical purpose are eligible as of Jan. 1, 2020.

Are there penalties for non-qualified distributions?

Yes. The excise tax levied on non-qualified HSA distributions (withdrawals taken before age 65 that are not for qualified medical expenses) is 20%. Non-qualified distributions after age 65, or upon the death or disability of the HSA owner, are taxable but are exempt from the 20% penalty.

What medical expenses are eligible purchases from my HSA?

Some examples of qualified medical expenses include:

- Unreimbursed medical expenses for yourself, your spouse and any IRS-qualifying dependents
- Out-of-pocket expenses such as deductibles and co-pays
- Dental expenses, including braces for your dependents
- Vision expenses, including Lasik eye surgery
- Chiropractic visits and acupuncture treatments
- Medical insurance premium if you are unemployed and collecting Federal Unemployment
- Benefits or COBRA continuation coverage through a former employer
- Long-term care expenses and insurances

You can find a list of allowable expenses for an HSA at <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

Can health insurance be purchased with my HSA funds?

Health Insurance cannot be purchased with HSA funds unless it is for one of these four exceptions:

1. Health plan during any period of continuation coverage required under any federal law (example: COBRA)
2. Qualified long-term care insurance
3. Health plan during a period in which the individual is receiving unemployment compensation under federal or state law
4. Individuals over age 65, premiums for Medicare Part A or B, Medicare HMO contracts and/or the employee share of premiums for the employer-sponsored health insurance, including premiums for employer-sponsored retiree health insurance

Can I invest the funds in my HSA?

Yes. To invest HSA funds, you must keep a minimum of \$2,000 cash balance in your health savings deposit account. You can invest the rest in increments of \$100 or more. You will need to opt in to investments to set up any sweeps between accounts.

Pinnacle Financial Partners does not offer tax or legal advice. Please consult your personal tax or legal advisor regarding your individual situation.

QUALIFIED MEDICAL EXPENSES

The following is a summary of qualified medical expenses. This list is intended as a guide and is not all inclusive.

If you have an HRA or FSA, your employer's plan may only reimburse certain expenses. Please refer to your Plan Document for confirmation of reimbursable expenses under your plan.

Items listed with an asterisk may qualify as Limited Purpose FSA dental and vision items.

For more information on IRS-qualified medical expenses, visit <https://www.irs.gov/forms-pubs/about-publication-502>.

Common IRS-Qualified Medical Expenses

- Acupuncture
- Ambulance
- Artificial limbs
- Artificial teeth*
- Bandages, wraps
- Birth classes*
- Birth control treatment
- Blood pressure monitor
- Blood sugar test kits/strips for diabetics
- Breast pumps and related products
- Chiropractic Care
- Contact lenses and solutions*
- Crutches
- Dental treatments
- Doctor's office visits and co-pays
- Drug addiction treatment
- Drug prescriptions
- Electronic body scans
- Eyeglasses Exam and glasses*
- Fluoride treatments*
- Feminine hygiene products
- Fertility treatment
- Flu shots
- Guide dogs
- Hearing aids and batteries
- Infertility treatment
- Inpatient alcoholism treatment
- Insulin and diabetic supplies
- Laboratory fees
- Laser eye surgery*
- Medical alert bracelet
- Medical records charges
- Medical testing devices
- Menstrual care products
- Midwife
- Nasal strips
- Occlusal guards to prevent teeth grinding
- Orthodontics*
- Orthotic Inserts
- Over-the-counter medicines and drugs (see below)
- Oxygen
- Physical therapy
- Pregnancy test kits
- Psychological care
- Special education services for learning disabilities (recommended by a doctor)
- Speech therapy
- Stop-smoking programs (including nicotine gum or patches, if prescribed)
- Sunscreen SPF 30+
- Surgery, excluding cosmetic
- Telephone or TV equipment for hearing or visual impairment
- Vaccines
- Vasectomy
- Wheelchair
- Vision exam*
- Walker, cane
- Wrist supports

This list is not comprehensive. The information provided is not intended to provide tax advice and does not guarantee reimbursement. For more detailed information, consult the official IRS Publication 502.

QUALIFIED MEDICAL EXPENSES

Common Over-the-Counter (OTC) Medicines

Examples include, but are not limited to:

- Acid controllers
- Acne medicine
- Aids for indigestion
- Allergy and sinus medicine
- Anti-diarrheal medicine
- Baby rash ointment
- Cold and flu medicine
- Eye drops*
- Feminine antifungal or anti-itch products
- Hydrogen peroxide or rubbing alcohol
- Hemorrhoid treatment
- Laxatives or stool softeners
- Lice treatments
- Motion sickness medicines
- Nasal sprays or drops
- Nicotine patches
- Ointments for cuts, burns or rashes
- Pain relievers, such as aspirin or ibuprofen
- Sleep aids
- Stomach remedies

Services That May Be Eligible with a Letter of Medical Necessity Completed

This list is not all-inclusive:

- Weight-loss program only if it is a treatment for a specific disease diagnosed by a physician (e.g., obesity, hypertension, heart disease)
- Compression hosiery/socks, antiembolism socks or hose
- Massage treatment for specific ailment or diagnosis
- CPR classes for adult or child
- Improvements or special equipment added to a home or other capital expenditures for a physically handicapped person

Ineligible Expenses

Listed below are some services and expenses that are generally not eligible for reimbursement.

This list is not all-inclusive:

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Breast enhancement
- Cosmetics and cosmetic surgeries
- Dental floss
- Deodorants
- Exercise equipment
- Hair re-growth supplies and/or services
- Health club membership dues
- Humidifier
- Lotion
- Low-calorie foods
- Mouthwash
- Petroleum jelly
- Shampoo and conditioner
- Spa salts
- Teeth whitening

This list is not comprehensive. The information provided is not intended to provide tax advice and does not guarantee reimbursement. For more detailed information, consult the official IRS Publication 502.

HSA INVESTMENT ACCOUNT

What is an HSA Investment Account?

The Pinnacle HSA Investment Account offers you an opportunity to grow your pre-tax HSA dollars through a variety of mutual fund investment options.*

- **You control your investment strategy.** We offer a great selection of no-load mutual funds** from a variety of asset classes. You decide which funds to invest in and when to buy or sell. Any growth in your investment funds is not counted toward your IRS-designated maximum annual contribution.
- **Easy online account management.** You have instant access to your transaction history, balance information and portfolio management through our online tool.
- **Quick access to your money.** When you need funds for qualified medical expenses, distributions into your HSA deposit account are a snap. Using our online portal, you can liquidate and transfer funds within three business days.

To get started in the Investment Account you must have a Pinnacle HSA with a minimum balance of \$2,000. Any balance over \$2,000 can be invested in increments of \$100 or more. You may set this limit higher if you want to keep a larger balance in cash available for use.

- When you use funds in the cash account for medical expenses, our system automatically moves money from your investment account within two business days to bring your cash balance back to \$2,000 (or the higher limit if you set one) available in cash for expenses.
- If you need to pay for a medical expense that exceeds the cash in your account, move money from your investments over to your cash account three business days in advance to ensure funds are available on your Health & Benefits debit card.

Some other great account features:

- Choose between automatic or one-time account contributions
- One-click access to fund prospectuses and Morningstar® fund reports

What mutual funds are available?

A diverse selection of mutual funds is available for account holders and is reviewed on a quarterly basis to ensure clients are offered attractive options. You can see a complete list of available funds in the consumer portal. Log into your account and select Accounts, Education, Fund Performance.

Pinnacle offers all of this for a low quarterly fee.***

* Clients selecting the HSA Investment Account are urged to carefully weigh the advantages and disadvantages of investing HSA funds in the Investment Options discussed above versus holding them in their Pinnacle Health Savings Account. Investors should carefully read the prospectus from each mutual fund selected before investing. There are no guarantees that the Investment will make money. Additional contributions above and beyond the yearly maximum HSA contributions cannot be made to an HSA account to replace any losses that result from investing. Investments made using the Pinnacle Bank Investment HSA are not deposits of or guaranteed by Pinnacle Bank, are not insured by the FDIC and may lose value. Please keep these factors in mind when considering this option.

** Please refer to the individual fund prospectus for further performance, expense and fee information.

*** We will deduct a custodial management fee from your investment account in an amount up to 1/16 of 1 percent (0.0625%) per quarter before the end of each calendar quarter. This equates to 0.25%, which is \$2.50 per \$1,000, annually.

Use this form to request your previous trustee/custodian to transfer all or a portion of assets from another HSA, Archer MSA or IRA into your Pinnacle Bank HSA. Complete each section and send the completed form to your previous trustee or custodian for processing. Transfers may take 3 to 6 weeks depending on your previous trustee/custodian's processing time.

If you have any questions about HSAs or completing this form, please contact our Client Service Center for Health & Benefits at 888-282-2605.

Transfer Process:

1. Complete all sections of this form
2. Email the completed form to HSATransfer@pnfp.com and list "Transfer Request" in the Subject Line. To ensure your form is sent securely please email HSATransfer@pnfp.com before sending the form and request a secure email be sent to you for your transfer form to be attached to.

*Required Fields

1. Consumer Information			
*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Day Telephone	
*Address			
*City	*State	*Zip	
Email Address			
2. Transferring Trustee/Custodian			
*Transferring Trustee/Custodian Name		*Contact Name	
*Address			
*City	*State	*Zip	
*Account Number or Identification			
3. Transfer Instructions			
3a. Originating Account Type: <input type="checkbox"/> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> IRA			
3b. Total Amount to Transfer:			
<input type="checkbox"/> Entire Account Balance		<input type="checkbox"/> Specific Dollar Amount \$ _____	
<input type="checkbox"/> Keep my account open			
<input type="checkbox"/> Close my account			
3c. Transfer by check, payable to "Pinnacle as HSA Administrator of" (Owners Name)			
3d. Mail check attached to this form to: Pinnacle Health & Benefits PO Box 2863 Fargo, ND, 58108-2863			

4. Important Information

Eligibility for HSA Transfer

You may only transfer funds into a Pinnacle Bank HSA from an HSA, Archer MSA or IRA. You may only transfer funds if you are the consumer of the transferring HSA, Archer MSA or IRA, the surviving spouse of a deceased consumer or the former spouse of the consumer who is receiving an interest in the HSA, Archer MSA or IRA pursuant to a divorce or separation agreement.

One-Time Transfer from a Roth or Traditional IRA to an HSA

IRA transfers count toward and are limited to your maximum HSA contribution for the year. The amount of your IRA transfer is not allowed as a deduction. Your funds will be returned in the event that the deposit amount, when added to your total cumulative year-to-date contribution, exceeds the maximum annual contribution threshold as determined by the IRS. Generally, only one transfer may be made during the lifetime of an individual.

Penalties may apply if High Deductible Health Plan (HDHP) coverage does not continue for 12 months. This transfer option does not apply to SEP or SIMPLE IRAs.

Excess Contributions

You are not permitted to transfer excess contributions from an HSA, Archer MSA or IRA to a Pinnacle Bank HSA. If any portion of your transfer is or becomes an excess contribution, it is your responsibility to notify Pinnacle and request a withdrawal of the excess contribution together with any net income attributable thereto.

Investments

Your HSA will be invested as provided under your HSA arrangement with Pinnacle Bank.

Additional Information about HSAs

See IRS Publication 969 Health Savings Accounts and other Tax Favored Health Plans for additional information about HSAs. This publication is available through the IRS website: www.irs.gov.

Direct Rollover

If you have already received a distribution from your HSA or IRA, you may be eligible to make a rollover into your Pinnacle Bank HSA (instead of a transfer). Rollovers can be deposited into your Pinnacle HSA via the HSA Contribution Form.

5. Acknowledgement


I hereby acknowledge that, due to the important tax consequences relating to transferring or rolling over funds to an HSA, I have been advised to see a tax professional. State tax laws may vary, and I agree that Pinnacle Financial Partners makes no representation as to the tax effect of this transfer under state law. I also acknowledge that my decision to transfer/rollover funds to my Pinnacle HSA is completely voluntary. I assume the responsibility for any consequences that my beneficiaries or I may experience relating to this transfer and I agree that Pinnacle shall in no way be responsible for those consequences. All information provided by me is true and correct and may be relied upon by the transferring trustee or custodian and Pinnacle.

6. Signature

I acknowledge that I have established an HSA with Pinnacle Bank and I have read and understand the Instructions, Important Information and Acknowledgement provisions that are included in this HSA Transfer Request Form. You acknowledge that this form may be electronically signed and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

*Consumer Signature

*Date

X 

Jeanine Comment
Bank Operations Manager

Authorized Signature of Pinnacle Bank as Custodian

IMPORTANT INFORMATION

This Health Savings Account (HSA) is a custody account with Pinnacle Bank serving as the custodian. Terms and conditions of the HSA are included in your HSA Agreement and Cardholder Agreement. Pinnacle deposit products that are held in the HSA are FDIC insured and subject to FDIC insurance limits. FDIC insurance is determined on end-of-day ledger balances in your deposit account, which may include funds deducted from your available balance for investment purchases that have not yet settled.

Non-deposit investment products, such as mutual funds, are not deposits or obligations of, or guaranteed by Pinnacle Financial Partners or any of its affiliates, nor are they insured by the Federal Deposit Insurance Corporation (FDIC), or any other government agency. Past returns of investment products do not guarantee future results. Mutual fund prospectuses provide detailed information about fund investment objectives and fees. Read a mutual fund's current prospectus carefully before investing. Pinnacle does not provide legal, tax or investment advice to HSA consumers. Contact a qualified accountant, attorney or investment adviser for tax, legal or investment advice.

FLEXIBLE SPENDING ACCOUNT



FLEXIBLE SPENDING ACCOUNT (FSA)

What is a Flexible Spending Account?

A flexible spending account (FSA) allows employees to put aside pre-tax dollars for qualified healthcare expenses. Unlike an HSA, account holders do not have to be covered by a high-deductible health plan (HDHP).

Funds do not roll over year to year, with the exception of an annual carryover amount or a grace period to incur eligible expenses if your employer offers one of these options.

Types of FSA include:

- A healthcare FSA for qualifying out-of-pocket medical expenses
- A limited purpose FSA (LPFSA) works with a qualified high-deductible health plan (HDHP) and health savings account (HSA) and only allows reimbursement for vision and dental expenses. (Note: healthcare FSA participants whose employers offer rollovers and who select an HDHP/HSA plan may convert their FSA to a LPFSA if their employer offers it.)
- A dependent care FSA allows pre-tax reimbursement of dependent care expenses, such as daycare, incurred by eligible dependents.

What is included with Pinnacle's FSA?

- Debit card access
- Secure online consumer portal access
- Pinnacle | Health & Benefits mobile app with eligible expense scanner and electronic shoebox for receipts

The Pinnacle | Health & Benefits debit card is "stacked." When you have more than one type of account (HSA, FSA, dependent, qualified transit), the card "knows" which account to pull from for each transaction.

FSA account holders may be prompted to provide a copy of the receipt for certain transactions in accordance with IRS regulations.

What are the 2022/2023 FSA contribution limits?*

FSA and Limited Purpose FSA	2022	2023
Maximum Annual Contribution Limit	\$2,850	TBA
Dependent Care FSA	2022	2023
Maximum Annual Contribution Limit; married and filing jointly or single parent	\$5,000**	TBA
Maximum Annual Contribution Limit; married and filing separate	\$2,500**	TBA

* Source: IRS.gov

** Your maximum annual contribution to a DCFSA may be subject to limitations based on factors such as you or your spouse's earned income or your employer's plan limit. Please consult your tax advisor for details.

FLEXIBLE SPENDING ACCOUNT SUBSTANTIATION

Why do I need to provide a receipt for my Health Flexible Spending Account (FSA) card when it's my money?

The IRS categorizes a Health FSA as a "tax-advantaged account." Like any tax advantages you may claim on your Federal or State taxes (e.g., mortgage interest or student loan interest), the IRS requires documentation to confirm that you are eligible to receive those tax exemptions.

What information does the IRS require on a receipt?

- Patient or dependent's name
- Provider(s)' information (doctor name, hospital, pharmacy, daycare, etc.)
- Date of service
- Description of service or item purchased
- Your out-of-pocket cost

Health insurance carrier Explanation of Benefits (EOBs) are excellent receipts! You can download these from your carrier's website, and our Health & Benefits mobile app has an EOB Scanner that can recognize printed EOBs from a variety of carriers.

What happens if I cannot provide a receipt?

We understand that sometimes it might be difficult to get a receipt from a provider or pharmacy. We provide 60 days for you to submit your required documentation. We will send written reminders to you via email from donotreply@health.pnfp.com.

If we do not receive the required documentation after 60 days, or your claim is denied, we follow the IRS' rules.

We may:

- Put a temporary hold on your debit card
- Request repayment

Your employer may report unsubstantiated amounts as taxable income on your form W-2.

How can I submit my receipts?

With your Pinnacle | Health & Benefits FSA, you can:

- Scan and upload receipts via our mobile app (download at the Apple App Store or Google Play Store, search Pinnacle Health and Benefits)
- Use the EOB Smart Scanner in the mobile app on a printed EOB.
- Upload receipts via our online consumer portal at pnfp.com/hblogin
- Mailing or faxing a receipt? Please contact us for assistance!

Pinnacle | Health & Benefits Client Service Center:

(888) 282-2605 (M-F, 7 a.m.-7 p.m. CT)

Fax: 855-810-8224

P.O. Box 2863, Fargo, ND 58108-2863

Pinnacle Financial Partners does not offer tax or legal advice. Please consult your personal tax or legal advisor regarding your individual situation.

QUALIFIED MEDICAL EXPENSES

The following is a summary of qualified medical expenses. This list is intended as a guide and is not all inclusive.

If you have an HRA or FSA, your employer's plan may only reimburse certain expenses. Please refer to your Plan Document for confirmation of reimbursable expenses under your plan.

Items listed with an asterisk may qualify as Limited Purpose FSA dental and vision items.

For more information on IRS-qualified medical expenses, visit <https://www.irs.gov/forms-pubs/about-publication-502>.

Common IRS-Qualified Medical Expenses

- Acupuncture
- Ambulance
- Artificial limbs
- Artificial teeth*
- Bandages, wraps
- Birth classes*
- Birth control treatment
- Blood pressure monitor
- Blood sugar test kits/strips for diabetics
- Breast pumps and related products
- Chiropractic Care
- Contact lenses and solutions*
- Crutches
- Dental treatments
- Doctor's office visits and co-pays
- Drug addiction treatment
- Drug prescriptions
- Electronic body scans
- Eyeglasses Exam and glasses*
- Fluoride treatments*
- Feminine hygiene products
- Fertility treatment
- Flu shots
- Guide dogs
- Hearing aids and batteries
- Infertility treatment
- Inpatient alcoholism treatment
- Insulin and diabetic supplies
- Laboratory fees
- Laser eye surgery*
- Medical alert bracelet
- Medical records charges
- Medical testing devices
- Menstrual care products
- Midwife
- Nasal strips
- Occlusal guards to prevent teeth grinding
- Orthodontics*
- Orthotic Inserts
- Over-the-counter medicines and drugs (see below)
- Oxygen
- Physical therapy
- Pregnancy test kits
- Psychological care
- Special education services for learning disabilities (recommended by a doctor)
- Speech therapy
- Stop-smoking programs (including nicotine gum or patches, if prescribed)
- Sunscreen SPF 30+
- Surgery, excluding cosmetic
- Telephone or TV equipment for hearing or visual impairment
- Vaccines
- Vasectomy
- Wheelchair
- Vision exam*
- Walker, cane
- Wrist supports

This list is not comprehensive. The information provided is not intended to provide tax advice and does not guarantee reimbursement. For more detailed information, consult the official IRS Publication 502.

QUALIFIED MEDICAL EXPENSES

Common Over-the-Counter (OTC) Medicines

Examples include, but are not limited to:

- Acid controllers
- Acne medicine
- Aids for indigestion
- Allergy and sinus medicine
- Anti-diarrheal medicine
- Baby rash ointment
- Cold and flu medicine
- Eye drops*
- Feminine antifungal or anti-itch products
- Hydrogen peroxide or rubbing alcohol
- Hemorrhoid treatment
- Laxatives or stool softeners
- Lice treatments
- Motion sickness medicines
- Nasal sprays or drops
- Nicotine patches
- Ointments for cuts, burns or rashes
- Pain relievers, such as aspirin or ibuprofen
- Sleep aids
- Stomach remedies

Services That May Be Eligible with a Letter of Medical Necessity Completed

This list is not all-inclusive:

- Weight-loss program only if it is a treatment for a specific disease diagnosed by a physician (e.g., obesity, hypertension, heart disease)
- Compression hosiery/socks, antiembolism socks or hose
- Massage treatment for specific ailment or diagnosis
- CPR classes for adult or child
- Improvements or special equipment added to a home or other capital expenditures for a physically handicapped person

Ineligible Expenses

Listed below are some services and expenses that are generally not eligible for reimbursement.

This list is not all-inclusive:

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Breast enhancement
- Cosmetics and cosmetic surgeries
- Dental floss
- Deodorants
- Exercise equipment
- Hair re-growth supplies and/or services
- Health club membership dues
- Humidifier
- Lotion
- Low-calorie foods
- Mouthwash
- Petroleum jelly
- Shampoo and conditioner
- Spa salts
- Teeth whitening

This list is not comprehensive. The information provided is not intended to provide tax advice and does not guarantee reimbursement. For more detailed information, consult the official IRS Publication 502.

This form is to be completed for any consumer who wants to receive automatic reimbursement for orthodontia expenses. Payments are issued at the beginning of each month for which services are still being provided. If participating in automatic reimbursement for these expenses, the benefits debit card cannot be used to pay the provider.

Step 1: Consumer Information

*Required Fields

*Consumer Name (First, MI, Last)	*Employer Name
*Birth Date (MM/DD/YYYY)	*Social Security Number
	*Day Telephone
*Permanent Address	Email Address
*City	*State
	*Zip Code

Step 2a: Orthodontia Information

Please complete this section for the individual receiving orthodontic services/treatment. If you have multiple individuals receiving treatment, please submit each one on a separate form.

A.	B.
*Start date of treatment (mm/dd/yyyy)	*End date of treatment (mm/dd/yyyy)

*Person receiving orthodontic services/treatment	*Monthly Cost of Treatment
	\$

*Please select only one

	Contract Attached: I have attached a copy of the contract or payment plan for each qualifying dependent for which orthodontic services are being provided. Please skip Step 2b.
	Orthodontist Signature: My orthodontist has completed and signed Step 2b.
	Stop Automatic Orthodontia: I have previously enrolled in automatic reimbursement and request that it be stopped, effective _____ (mm/dd/yyyy).

Step 2b: Orthodontist Certification

I, _____, certify the information provided on this form is accurate and that services are being provided to the specified individual(s) through the dates indicated in Box A and Box B. I understand the purpose of my signature on this form is to eliminate the necessity for the participant to provide receipts for reimbursement purposes.

*Orthodontist Signature	*Date

Step 3: Participant Certification

To the best of my knowledge, the information provided is complete and accurate. I certify that the requests I am submitting are eligible expenses as defined by the IRS and that I have not been previously reimbursed for these expenses, nor am I seeking reimbursement from any other source. I understand that **Pinnacle Financial Partners**, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. I understand that I should retain a copy of all submitted documentation in the event of an IRS audit and that, pending approval, reimbursement will begin the first month following the date of my submission. You acknowledge that this form may be electronically signed and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

*Consumer Signature	*Date

Return the completed form and supporting documentation to: Pinnacle | Health & Benefits, P.O. Box 2863, Fargo, ND 58108-2863. You may also fax 855-810-8224. Please call our Client Service Center for Health & Benefits at 888-282-2605 with questions.

FLEXIBLE SPENDING ACCOUNT FAQs

When can I access my FSA funds?

Your funds will be available to you on the first day of the plan year. If you join the plan in the middle of a plan year, your funds are available on the first day you are actively enrolled. You will be able to utilize your entire FSA balance on day one.

How do I unfreeze my card?

If your card has been frozen, (e.g., a temporary hold has been placed on it), one of your prior FSA claims may require a receipt or a receipt you submitted may be missing required information. We suggest logging onto your consumer portal or contacting us for assistance.

Why was my card declined at a provider's office?

This can happen for a few reasons. Your card may have a temporary hold due to a past-due receipt. You may have tried to purchase an ineligible item. Your provider may have a terminal coding issue within their card machine. Please contact us if this occurs, and we can help determine the cause, as well as walk through next steps.

Why do I have to submit receipts?

The IRS requires that FSA claims and debit card swipes be substantiated by a third party (that's us) in order to confirm that the expense was eligible. If your provider gives you a completed statement of work, including dates of service and out of pocket cost, this is generally an acceptable receipt. You can also use a carrier explanation of benefits (EOB) as a receipt. Check out the section in this guide on 'Substantiation' for more information.

What does it mean to incur expenses?

The IRS considers expenses to be "incurred" at the time you receive medical care or dependent care – not when you are formally billed or actually pay for services. Only eligible expenses you incur within the plan year, including any employer-allowed grace period, are eligible for reimbursement.

Who qualifies as an eligible dependent?

An eligible dependent is any dependent for which an employee pays a provider to care for him/her while they are at work or looking for work. The dependent must be under the age of 13 or incapable of taking care of themselves and live in the employee's home for more than half of the year.

How often can I request reimbursements?

Reimbursements can be requested as often as qualified expenses are incurred. Expenses must be incurred during the plan year and the reimbursement must be requested before the end of the run-out period (or grace period if applicable).

What happens if I have money remaining in my account at the end of the year?

It is possible that your employer offers a carryover or "rollover" amount. Or your employer may offer a grace period for you to continue to spend your funds. If your employer doesn't offer these options, your unused funds would be forfeited at the end of the plan year or runout period for filing claims, if offered by your employer.

Can I change my election or stop contributing money to my FSA at any time during the plan year?

Though the Consolidated Appropriations Act allowed employers to offer participants the opportunity to change or stop their FSA contributions in plan years ending 2020 and 2021, federal regulations state that once you have enrolled in an FSA, you cannot change your election amount unless you have a qualifying life event. Your employer can give you a list of permitted change events.

Can I have an HSA if I have an FSA?

The IRS prohibits pairing an HSA with a healthcare FSA, but you can pair an HSA with a limited purpose FSA (LPFSA) to be used only for dental and vision expenses if your employer offers them. If your employer offers a rollover amount for your healthcare FSA and you decide to enroll in a high deductible health plan with HSA, you may be able to convert the rolled over healthcare FSA funds into a LPFSA if your employer offers it.

DEPENDENT CARE FSA

What is a Dependent Care FSA?

Child and dependent care is a significant expense for many American families. Contributing to a dependent care flexible spending account (DCFSA) allows you to pay for eligible dependent care expenses with pre-tax income. Doing so reduces your taxable income for the year. You authorize your employer to withhold a specified amount from your paycheck each pay period and deposit the money into a DCFSA. When you pay for dependent care, submit the receipt for reimbursement from your DCFSA.

Benefits:

IRS qualified dependent care expenses include:

- Babysitting (work-related)
- Before- or after-school programs
- Licensed nursery schools
- Qualified childcare centers
- Custodial elder care (work-related)
- Elder care (while you work, to enable you to work, or to look for work)
- Sick childcare
- Summer camps for dependent children under age 13
- Preschool tuition

This list is not meant to be all-inclusive. For a complete list of qualified dependent care expenses, see [IRS Publication 503](#).

What is included with Pinnacle's DCFSA?

- Debit card access
- Secure online consumer portal access
- Pinnacle | Health & Benefits mobile app with eligible expense scanner and electronic shoebox for receipts

The Pinnacle | Health & Benefits debit card is “stacked.” When you have more than one type of account (HSA, FSA, dependent care, qualified transit), the card “knows” which account to pull from for each transaction.

FSA account holders may be prompted to provide a copy of the receipt for certain transactions in accordance with IRS regulations.

The IRS sets the annual contribution limits for DCFSAs. You can contribute up to the maximums listed below:

What are the 2022/2023 DCFSA contribution limits?*

DCFSA	2022	2023
Maximum Annual Contribution Limit; married and filing jointly or single parent	\$5,000**	TBA
Maximum Annual Contribution Limit; married and filing separate	\$2,500**	TBA

* Source: IRS.gov

Note:

- FSAs are use-it-or-lose-it accounts. The funds you contribute don't roll over from year to year. Contribute what you know you will spend on eligible dependent care. If you think your dependent care plans may change, contribute conservatively.
- Dependent Care FSA funds are not available in advance. Reimbursements may not exceed the funds available in the account.
- You'll need to make sure all of your expenses qualify. This means tracking receipts, reimbursements, and other qualifying costs associated with your childcare and making sure that all childcare services you use are eligible for the funds in a dependent care FSA.

** Your maximum annual contribution to a DCFSA may be subject to limitations based on factors such as you or you spouse's earned income or your employer's plan limit. Please consult your tax advisor for details.

This form is to be completed each plan year and as changes occur when the participant wants to receive recurring reimbursement of dependent care expenses. Reimbursements will not be made prior to when the dependent care services are provided. Documentation must be retained for your records and provided to Pinnacle Financial Partners when requested to do so. Receipts can be uploaded through the participant portal or faxed to 855-810-8224. If any information on this request form changes during the plan year, you must submit an updated Recurring Dependent Care Request Form.

Step 1: Consumer Information

*Required Fields

<input type="text"/>			<input type="text"/>		
*Consumer Name (First, MI, Last)			*Employer Name		
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
*Birth Date (MM/DD/YYYY)	*Social Security Number			*Day Telephone	
<input type="text"/>			<input type="text"/>		
*Permanent Address			Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*City	*State	*Zip Code			

Updates or changes to your information can be made by logging into your account at <https://pnfp.com/hblogin>

Step 2: Auto-Dependent Care (DCA) Information

2a) Recurrence Status

*Please select only **one** to start, change or stop reimbursement.

<input type="checkbox"/>	Start Recurring DCA: Please begin recurring reimbursement of my dependent care expenses. I understand Pinnacle Bank will request receipts as proof that expenses have been incurred.	Effective Date (mm/dd/yyyy)
<input type="checkbox"/>	Change Recurring DCA Information: Please update my recurring reimbursement information with the provided information effective by the date specified in box A.	A.
<input type="checkbox"/>	Stop Recurring DCA: Please stop recurring reimbursement of my dependent care expenses effective by the date specified in box B.	B.

2b) Dependent's Information

*Dependent(s) Name(s)	*Dependent's Social Security Number	* Dependent's Date of Birth (mm/dd/yyyy)	*Start Date of Service (Must be within current plan year)	*End date of Service (Must be within current plan year)	*Service Type (Choose One)
					<input type="checkbox"/> Child Care <input type="checkbox"/> Adult Care**
					<input type="checkbox"/> Child Care <input type="checkbox"/> Adult Care**

**If choosing adult care as the service type, you must provide a letter from a doctor or a medical necessity form that identifies that the dependent is physically or mentally disabled and unable to selfcare.



Health & Benefits

Step 3: Dependent Care Provider Information and Signature (to be completed by the provider)

I certify the information provided below is accurate. I understand the purpose of my signature on this form is to eliminate the necessity for the participant to provide receipts for reimbursement purposes.

<input type="text"/>	\$ <input type="text"/> per <input type="checkbox"/> month <input type="checkbox"/> week	<input type="text"/>
*Provider's Name	*Cost per month/week (check one)	*Provider's Signature
<input type="text"/>	\$ <input type="text"/> per <input type="checkbox"/> month <input type="checkbox"/> week	<input type="text"/>
*Provider's Name	*Cost per month/week (check one)	*Provider's Signature

Step 4: Participant Certification

To the best of my knowledge, the information provided is complete and accurate. I certify that the requests I am submitting are eligible expenses as defined by the IRS and that I have not been previously reimbursed for these expenses, nor am I seeking reimbursement from any other source. I understand that Pinnacle Financial Partners, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. I have obtained or made reasonable efforts to obtain the provider's Tax ID (TIN), and I will include the TIN on IRS Form 2441, which I must attach to my federal income tax return. If there are any changes in the provided information, I understand it is my responsibility to notify Pinnacle. I understand that I should retain a copy of all submitted documentation in the event of an IRS audit. You acknowledge that this form may be electronically signed and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

By submitting this form, I certify the above.

<input type="text"/>	<input type="text"/>
*Consumer Signature	*Date

Return the completed form to: Pinnacle | Health & Benefits, P.O. Box 2863, Fargo, ND 58108-2863. You may also fax 855-810-8224. Please call our Client Service Center for Health & Benefits at 888-282-2605 with questions.

HEALTH REIMBURSEMENT ARRANGEMENT



HEALTH REIMBURSEMENT ARRANGEMENT FAQs

What is a Health Reimbursement Arrangement (HRA)?

The HRA is an employer-sponsored plan that can be used to reimburse a portion of you and your eligible family member's out-of-pocket medical expenses, such as deductibles, coinsurance and pharmacy expenses. It is not an insurance program, but a financial reimbursement plan funded entirely by your employer. Your employer has designated a specific dollar amount to credit to the account (either monthly or annual contributions).

Do I have to have health insurance to have a health reimbursement arrangement (HRA)?

HRAs are usually provided by employers to complement a higher-deductible health plan (HDHP), but can be paired with any type of health plan or offered alone. Once you have used your HRA funds, you pay all new and remaining expenses out of pocket.

Who can put money in my HRA?

HRAs are fully owned and funded by the employer.

How do I know how much is contributed to my HRA each plan year?

At the beginning of each plan year, your employer will notify you of the amount they will contribute to your HRA for that plan year.

Do I need to enroll each plan period?

Yes. All eligible employees must enroll each year during the open enrollment period. Your employer will instruct you on how to complete enrollment.

Can I be reimbursed for my dependents' medical expenses?

Yes, as long as your dependent meets the definition of a dependent as defined by the IRS and is included in your employer's plan.

What is an eligible health care expense?

Eligible expenses under an HRA plan are determined by your employer. Contact your human resources department for information about your HRA plan design and eligible expenses. Generally, the following expenses are eligible under an HRA plan:

- Health insurance deductibles
- Coinsurance and co-pays
- Other expenses included in IRS Publication 502—Medical and Dental Expenses as eligible or qualified expenses
- Some insurance premiums

Eligible expenses must be incurred by the employee and/or eligible members of the employee's family, and take place within the benefit plan year.

HEALTH REIMBURSEMENT ARRANGEMENT FAQs

Is there a minimum claim amount?

There is no minimum claim amount.

What's the maximum reimbursement amount from my HRA?

Your HRA benefit amount is determined by your employer. Most plans will reimburse eligible expenses up to the full available balance in your HRA. If your plan is based on an accrual, you'll only be reimbursed the amount that you've earned in the plan. Contact your benefits department for specific information about your plan design.

Do funds carry over at the end of the plan period?

Any unused amounts left in the accounts at the end of the plan period may or may not be carried over into the next plan period depending on your plan. You have access to these funds from year to year as long as you remain an eligible employee and carryover is permitted by your plan. You may even have access to funds after termination of employment, if permitted by the plan.

QUALIFIED MEDICAL EXPENSES

The following is a summary of qualified medical expenses. This list is intended as a guide and is not all inclusive.

If you have an HRA or FSA, your employer's plan may only reimburse certain expenses. Please refer to your Plan Document for confirmation of reimbursable expenses under your plan.

Items listed with an asterisk may qualify as Limited Purpose FSA dental and vision items.

For more information on IRS-qualified medical expenses, visit <https://www.irs.gov/forms-pubs/about-publication-502>.

Common IRS-Qualified Medical Expenses

- Acupuncture
- Ambulance
- Artificial limbs
- Artificial teeth*
- Bandages, wraps
- Birth classes*
- Birth control treatment
- Blood pressure monitor
- Blood sugar test kits/strips for diabetics
- Breast pumps and related products
- Chiropractic Care
- Contact lenses and solutions*
- Crutches
- Dental treatments
- Doctor's office visits and co-pays
- Drug addiction treatment
- Drug prescriptions
- Electronic body scans
- Eyeglasses Exam and glasses*
- Fluoride treatments*
- Feminine hygiene products
- Fertility treatment
- Flu shots
- Guide dogs
- Hearing aids and batteries
- Infertility treatment
- Inpatient alcoholism treatment
- Insulin and diabetic supplies
- Laboratory fees
- Laser eye surgery*
- Medical alert bracelet
- Medical records charges
- Medical testing devices
- Menstrual care products
- Midwife
- Nasal strips
- Occlusal guards to prevent teeth grinding
- Orthodontics*
- Orthotic Inserts
- Over-the-counter medicines and drugs (see below)
- Oxygen
- Physical therapy
- Pregnancy test kits
- Psychological care
- Special education services for learning disabilities (recommended by a doctor)
- Speech therapy
- Stop-smoking programs (including nicotine gum or patches, if prescribed)
- Sunscreen SPF 30+
- Surgery, excluding cosmetic
- Telephone or TV equipment for hearing or visual impairment
- Vaccines
- Vasectomy
- Wheelchair
- Vision exam*
- Walker, cane
- Wrist supports

This list is not comprehensive. The information provided is not intended to provide tax advice and does not guarantee reimbursement. For more detailed information, consult the official IRS Publication 502.

QUALIFIED MEDICAL EXPENSES

Common Over-the-Counter (OTC) Medicines

Examples include, but are not limited to:

- Acid controllers
- Acne medicine
- Aids for indigestion
- Allergy and sinus medicine
- Anti-diarrheal medicine
- Baby rash ointment
- Cold and flu medicine
- Eye drops*
- Feminine antifungal or anti-itch products
- Hydrogen peroxide or rubbing alcohol
- Hemorrhoid treatment
- Laxatives or stool softeners
- Lice treatments
- Motion sickness medicines
- Nasal sprays or drops
- Nicotine patches
- Ointments for cuts, burns or rashes
- Pain relievers, such as aspirin or ibuprofen
- Sleep aids
- Stomach remedies

Services That May Be Eligible with a Letter of Medical Necessity Completed

This list is not all-inclusive:

- Weight-loss program only if it is a treatment for a specific disease diagnosed by a physician (e.g., obesity, hypertension, heart disease)
- Compression hosiery/socks, antiembolism socks or hose
- Massage treatment for specific ailment or diagnosis
- CPR classes for adult or child
- Improvements or special equipment added to a home or other capital expenditures for a physically handicapped person

Ineligible Expenses

Listed below are some services and expenses that are generally not eligible for reimbursement.

This list is not all-inclusive:

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Breast enhancement
- Cosmetics and cosmetic surgeries
- Dental floss
- Deodorants
- Exercise equipment
- Hair re-growth supplies and/or services
- Health club membership dues
- Humidifier
- Lotion
- Low-calorie foods
- Mouthwash
- Petroleum jelly
- Shampoo and conditioner
- Spa salts
- Teeth whitening

This list is not comprehensive. The information provided is not intended to provide tax advice and does not guarantee reimbursement. For more detailed information, consult the official IRS Publication 502.

QUALIFIED TRANSPORTATION ACCOUNT



QUALIFIED TRANSPORTATION ACCOUNT

What is a qualified transportation account?

Qualified transportation accounts (QTAs) allow employees to set aside pre-tax funds for eligible transportation and parking expenses related to their work commute.

Benefits:

- Contributions to a QTA are pre-tax, thus reducing your taxable income
- Easy access to your QTA funds using your Pinnacle | Health & Benefits debit card
- Mobile app for checking balance or transactions
- Flexibility to change elections monthly, use a second payment source for any amount in excess of available funds, or make a post-tax contribution to use your Pinnacle | Health & Benefits debit card
- Integration with your other Pinnacle | Health & Benefits accounts (funds are stacked on one debit card)

What is included with Pinnacle's QTA?

- Debit card access
- Secure online consumer portal access
- Pinnacle | Health & Benefits mobile app

What are the 2022/2023 QTA contribution limits?*

The IRS sets maximum monthly pre-tax deduction and spending limits, which adjust annually. These limits reflect the maximum allowed pre-tax contribution and reimbursement amounts per calendar month. Unused amounts can be carried over.

QTA	2022	2023
Parking - monthly limit	\$280	TBA
Transit and Vanpooling - monthly limit	\$280	TBA

* Source: IRS.gov

Note:

- If you have both a parking account and a transit account, each account is entirely separate, and funds cannot be transferred from one to the other.
- Transit and/or parking benefits are limited to employee expenses only. Reimbursement is not allowed for spouse or dependent transit or parking expenses.

QUALIFIED TRANSPORTATION ACCOUNT FAQs

What is a qualified transportation account (QTA)?

A qualified transit account (QTA) allows you to set aside pre-tax funds for qualified mass transit or vanpooling and parking expenses associated with your commute to work. The funds are deducted from your payroll on a pre-tax basis, which reduces your taxable income.

What is a qualified mass transit expense?

A qualified mass transit vehicle may be publicly or privately operated and includes bus, rail, or ferry. Qualified expenses include:

- Transit passes
- Tokens
- Fare cards
- Vouchers
- Similar items entitling you to ride a mass transit vehicle to or from work

What is vanpooling?

Vanpooling is transport by a commuter highway vehicle with a seating capacity of at least seven adults, including the driver. To qualify as a van-pooling vehicle, at least 80% of the vehicle mileage must be from transporting employees between their homes and workplaces, with employees occupying at least one-half of the vehicle's seats (not including the driver's seat).

What is a qualified parking expense?

Parking expenses incurred at or near your work location are qualified parking expenses. Qualified expenses include payments to:

- Parking meters
- Parking garages
- Parking lots

What expenses are NOT eligible for QTA?

- Tolls
- Gas
- Mileage
- Parking at or near your home
- Business travel other than transporting you between home and workplace
- Personal commuting expenses

Who can use your commuter funds?

Your commuter funds can only be utilized by you, the employee. Your spouse and/or dependents are not eligible to spend your commuter funds.

QUALIFIED TRANSPORTATION ACCOUNT FAQs

Do I get a debit card?

Yes, Pinnacle | Health & Benefits will provide a debit card within 7-10 business days after enrollment. If you have other Pinnacle | Health & Benefits accounts (e.g., HSA, FSA) they will be “stacked” on a single debit card. When you use the card, funds are drawn from the appropriate account based on expense type.

Can I change my election?

Yes. Elections are deducted monthly. To change your election, please contact your employer’s human resources team. They will notify Pinnacle of your new election and adjust your payroll deduction accordingly.

Can I submit manual claims for transit expenses?

No. Per IRS regulations, manual claims for reimbursement for transit expenses are no longer permitted. You are permitted to file a manual claim only if you are unable to use your Health & Benefits debit card to purchase a voucher or similar item that may be exchanged for a transit pass. You can find the Transportation/Parking Reimbursement Request form under “Tools & Support” in your consumer portal.

Can I submit manual claims for parking expenses?

Yes. Per IRS regulations, documentation for parking expenses is not required. Log in to the consumer portal to file a claim for electronic reimbursement for your qualified parking expenses. You may also use the Transportation/Parking Reimbursement Request form found under “Tools & Support.”