

Client Transition Guide

This way to —————> remarkable



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Introduction

This way to remarkable.

As a part of our ongoing mission to provide remarkable service and support for our clients and members, we've created this helpful transition guide to keep you informed at every step of the way.

In the near future, all transitioning clients will receive an email with detailed instructions on the implementation process along with details about the HealthEquity client portal, account features, invoicing methods, enrollment requirements, and more.

For assistance during the transition process, please contact HealthEquity Client Services at 866.711.4860 Monday through Friday from 7 AM to 7 PM Central Time or, if applicable, please contact your assigned Implementation Manager contact.

Using This Transition Guide

This guide contains information and resources to help clients navigate the transition of Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs), and Flexible Spending Accounts (FSAs), which include both Healthcare and Dependent Care Flexible Spending Accounts (DCFSAs), to HealthEquity's client portal.

For the purposes of this transition, HealthEquity is currently the custodian of either the client's HSA, and/or the administrators of client HRA and/or FSA program(s) as the parent company of Further. This guide will cover the transition of client and member HSAs, FSAs, and HRAs from the Further portal onto the HealthEquity portal.



Understanding HealthEquity

Who We Are and What We Offer

HealthEquity was founded in 2002 by trauma surgeon Dr. Steve Neeleman with the mission of making healthcare more accessible, affordable, and rational.

With a full suite of healthcare and financial products and services, HealthEquity helps members better save, manage, spend, and grow their pre-tax dollars through government-approved accounts. By helping consumers spend and save for healthcare expenses on a tax-advantaged basis, we secure better outcomes.

Our financial tools provide ways for members and clients to maximize their dollars in real time, while building greater wealth for the long run.



Benefits of HealthEquity

Our approach to helping clients and members begins with our mission of connecting health, wellness, and financial security for all members.

To do this, HealthEquity prioritizes the most critical needs of clients and members:



Financial Security

We deliver a robust suite of educational tools, materials, and guidance to make it easy for clients and members to maximize their benefit savings.



Healthcare Integration

With over 20,000 integrations and ecosystem connections, as well as 185 network partners, we connect with existing providers to make plan set up, ongoing administration, and future changes as easy as possible.



Benefits Experience

As the largest dedicated HSA administrators in the country, we use our experience to create customized and comprehensive solutions and flexible benefits that can adapt with organizations.¹



Member Support

With world-class customer satisfaction ratings, our Member Services team is always available 24/7 to help members navigate their options and get the answers they need quickly.



Lower-Cost Alternatives

We help members find coverage at the lowest cost to alleviate financial concerns for lower income families.

¹ Deviner, 2022 Year-End Report

Transitioning Client Accounts

By Your Side at Every Step

As the parent company of Further, clients can rest assured knowing the care and confidence they've previously experienced with their benefits aren't going to change when they transition to HealthEquity. Our full ecosystem of mobile-first digital tools, trusted guidance, and extended support is immediately at their disposal.

While the Transition Date represents the moment all accounts are accessible on the HealthEquity portal, access to historical information on the Further portal will continue through 2026. We encourage clients and members to download Further account records from the Further portal before this time.



Preparing for a Smooth Transition

What's Expected of Clients

To help us successfully transition client accounts, we will be assigning your organization specific tasks and deadlines. It is vital that clients follow and complete these assigned tasks outlined by HealthEquity.

Client Training

We've created three training webinars with critical information. It is important that client's register for and attend these webinars when they become available. Client-focused webinars include.



Transition Overview

▶ ⬇ 🔗



Onboarding

▶ ⬇ 🔗



**Renewals & Claims Funding
(FSA/HRA Only)**

▶ ⬇ 🔗

All webinars are available in either a scheduled or on-demand format and feature a Q&A session to address commonly asked questions. Scheduled webinars will include a live chat feature where attendees can ask HealthEquity Implementation Managers questions and get answers in real time.

Key Resources

For client transition to the HealthEquity portal, we've created a number of key resources to answer any questions clients or employees might have.

For Clients:

- Client Services Team
- Client Transition Guide
- Client Transition Website
- Client Help Center
- Renewals & Claims Funding (FSA/HRA Only)
- Transition Overview Webinar
- Onboarding Webinar
- Client Communications Library
- HSA Investment Guide
- Investment Lineup Comparison
- HSA Funding Options
- FAQs

For Members:

- Member Services Team
- Member Transition Guide
- Member Transition Website
- Member Help Center
- Transition Overview Webinar
- Onboarding Webinar
- Member Communications Library
- HSA Investment Guide
- Investment Lineup Comparison
- HSA Funding Options
- FAQs

Interacting with HealthEquity

Accessing Your Account on the HealthEquity Portal

Three and a half months before the assigned Transition Date, clients will receive an email with their credentials for their account on the HealthEquity portal. Existing HealthEquity clients will not need to create new accounts.

Once the transition is complete, HealthEquity's client portal will be the main source of new HealthEquity account information. It provides full visibility and control for viewing reports, paying invoices, managing account setup and funding, and banking arrangements.

Clients can also create and view account reports, manage contributions, review account setups, facilitate fee payments, add authorized users and more.



Transitioning HSAs

For information on transitioning member FSA & HRAs, please skip to page 18

Transitioning HSAs

We strive to deliver the helpful support and resources clients need to make sure each transition is a smooth one. Before we begin transitioning Further member HSA accounts to the HealthEquity portal, there are few important items clients should know.

HSA Blackout Period

To facilitate the transition of HSAs, there will be a “blackout period” during which HSA members will not be able to access HSA cash funds, use Further debit cards, or make any changes to their investments. HealthEquity will keep HSA members fully informed about the blackout period through various communication touchpoints but it’s important that clients are informed of the blackout period details and how it might affect HSA members.

The blackout period will begin approximately nine (9) calendar days before the transition and will last until the Transition Date.

If members have investments held in their HSA during the blackout period, they will be unable to direct or diversify those investments on the Further portal.²

We encourage members to carefully consider how this blackout period may affect their financial plan. To make investment changes before the blackout period starts, members can log on to the Further portal, select their account and ‘Visit Investment Site’ to access investments.



Important:

Any investments remaining in Further HSAs during the blackout period will be subject to market conditions, including the risk of a decrease in investment account value.

² Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, you should carefully consider the investment objectives, risks, charges and expenses of any mutual fund before investing. A prospectus and, if available, a summary prospectus containing this and other important information can be obtained by visiting the fund sponsor’s website. Please read the prospectus carefully before investing.

HSA Timeline

Here are some key milestones for a successful HSA transition.
For specific dates, please visit your transition website.

Milestone	Date
Clients are notified of the transition.	6 months before Transition Date
Changes and updates in the Further client portal disabled.	4 months before Transition Date
Clients receive HealthEquity portal credentials.	3.5 months before Transition Date
Members are notified of the transition.	3 months before Transition Date
Final day for client to enroll members on the Further portal.	1.5 months before Transition Date
HealthEquity begins mailing Card Packages. Packages include first time login instructions to the HealthEquity portal. For eligible members, packages also include new HealthEquity Visa® Card for the new plan year. ³	1 month before Transition Date
Members can make post-tax contributions on the HealthEquity portal.	
Final day for clients to process HSA contributions on the Further portal.	10 calendar days before Transition Date
Final day for members to make investment changes from Further HSA investment accounts. through the Further portal.	
Final day for members to use their Further debit card or request distributions from HSAs through the Further portal.	
HSA member blackout period starts.	9 calendar days before Transition Date
Member account balances and investment holdings, (if applicable), are transferred to the HealthEquity portal.	As of Transition Date
Member HSA blackout period ends. Funds and investments are now available in the HealthEquity portal.	As of Transition Date (first calendar date of the month)
Member's transaction history loads on HealthEquity portal.	1 week after Transition Date

³ This card is issued by The Bancorp Bank, N.A., pursuant to a license from Visa U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

HSA Contributions

For contribution files, clients with over 500 benefit-eligible employees can share existing member contribution files via a Secure File Transfer Protocol (SFTP) after the completion of annual open enrollment. Member accounts will be updated automatically.

Clients with less than 500 benefit-eligible employees or do not have an existing file will upload individual funding allocations through the HealthEquity client portal.

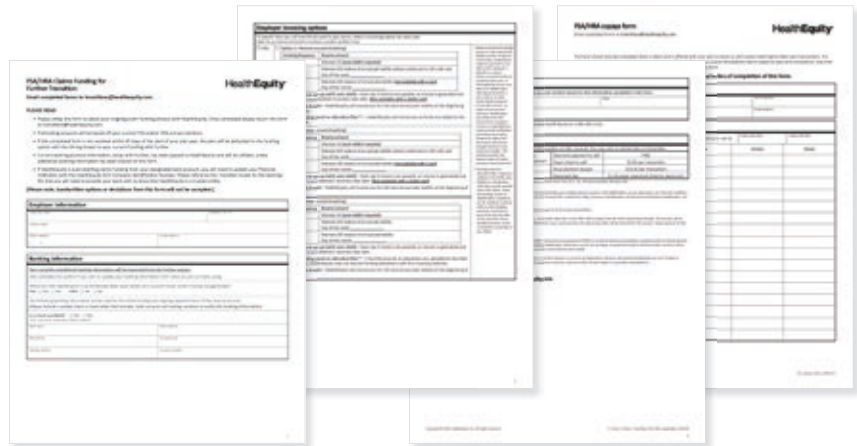


Transitioning FSAs & HRAs

For clients transitioning FSA and/or HRA accounts from Further to the HealthEquity portal, there are a number of important requirements and steps that must be taken in order to ensure a smooth transition.

Claims Funding Form

The Claims Funding Form is an important and essential part of the transition process. It designates exactly how clients choose to fund member claims, including detailed information about your organization's contacts, bank accounts, and additional invoicing options.

The image displays three overlapping screenshots of the HealthEquity Claims Funding Form. The top-left screenshot shows the 'Plan Information' section, which includes fields for plan name, employer name, and plan type. The middle screenshot shows the 'Funding Options' section, which includes a table for selecting funding methods and a section for bank account information. The bottom-right screenshot shows the 'Contact Information' section, which includes fields for primary and secondary contacts, their titles, and email addresses. The forms are branded with the HealthEquity logo.

Clients will need to sign and return a new Claims Funding Form via email to transitions@healthequity.com **no later than 45 days before the Transition Date**. Forms can be found under Transition Resources on your transition website.

Copays

If the client plan offers a debit card, please complete the Copay Form attached with the Claims Funding Form. The Copay Form must be completed prior to the plan effective date as we cannot retroactively match copays to past card transactions.

Any time there is a change to core medical plan design, please complete a new form.

Important:

If a completed form is not received within 45 days of the Transition Date, the plan will default to the funding option with the timing closest to the current funding with Further.

Funding Options

Claims funding is, quite simply, how your organization plans to fund your FSA/HRA member claims.

HealthEquity offers four options for claims funding:

- Reserve Account Invoicing
- Fully Funded
- Based on Allocations
- Pay as You Go

Of all of these funding options, the first two require what's known as prefunding. Prefunding refers to funding provided to HealthEquity in advance either as a percentage or in its entirety.

Reserve Account Funding

With this approach, clients choose to prefund a percentage of liability upfront based on their chosen funding frequency.

Clients can choose:

- 3% daily
- 10% weekly if the plan does not have a debit card
- 15% weekly if the plan includes a debit card
- 20% monthly (not available for plans with a card)

Invoices are generated based on the funding schedule. Clients have the choice to have invoices auto debited or to pay manually. If the auto debit option is selected, the invoice amount will be paid 2 business days after invoices are sent.

Prefunds are required before each new plan year.

Fully Funded

The Fully Funded option is exactly what it sounds like. HealthEquity invoices you for the total amount of the annual plan liability at the beginning of the new plan year. Prefunds are due upon the receipt of the invoice.

If auto-debit is set up, funds are debited two business days after the invoice is generated.

Based on Allocation

This option bases funding in coordination with a specific schedule and is only available for HRA and DCFSA plans.

For clients who select this option, HealthEquity invoices clients as deposits are added to each member account. Funds are due upon the receipt of an invoice.

For DCFSAs, HealthEquity can assume individual funding allocations according to the payroll calendar and annual election amount for each member. Clients can upload individual funding allocations through the client portal according to the payroll calendar.

For HRAs, the funding schedule is determined by each client as to how they wish to fund the account. If the HRA is client-funded, clients will upload individual funding allocations through the client portal and pay the funding invoice in order for funds to post to eligible member accounts.

No prefunding is required for this option.

If auto-debit is set up, funds are debited two business days after the invoice is generated.

Pay As You Go

This approach is a good fit for smaller group sizes and goes well with members-pay-first HRA plans.

No money is kept in reserve. Invoices are emailed to clients if claims are waiting to be paid. The invoice amount is pulled from each client's account via electronic funds transfer (EFT) two business days after invoices are emailed. All claims will be pending until funding is received at which time payments will be released. Claims pay once the EFT is posted to each client's Funding Ledger. Claims are approved and batched daily. All client ledger balances reflect \$0 when all funding batches are completed.

Must be set to auto debit. No cards are allowed with this type of funding. No prefunding is required.

HealthEquity Funding Invoices

To ensure funds are readily available to all members, we share a Funding Invoice Notification via email with the client organization's designated funding contact on a frequency determined by the signed FSA/HRA Claims Funding Form.

Each report details total funding owed from card expenditures and claim payments and is posted on the HealthEquity portal.

Year-End Reconciliation

At the end of each plan year, HealthEquity reconciles funding receipts to the weekly amounts due. This reconciliation balance is returned to the client (less any amounts owed to HealthEquity) as soon as administratively feasible, but no later than 90 days after the completion of Runout and any ancillary manual claims settlement.

Enrollment

If clients have an existing file with us today, we will map their existing file to the HealthEquity portal as part of the transition process.

Clients with over 500 benefit-eligible employees can share existing member enrollment files via Secure File Transfer Protocol (SFTP) after the completion of the annual open enrollment and member accounts will be created automatically.

Clients with less than 500 benefit-eligible employees can enter enrollments through our portal manually or via file upload. This includes clients previously sharing files via SFTP.

Member enrollments must be received either directly from the client's health plan partner, or uploaded directly to the HealthEquity portal using the enrollment template. Paper enrollment forms are not accepted. Employees who are not enrolled in the previous year's plan will need to be enrolled as new members within the HealthEquity client portal once credentials have been shared.

If clients have an HRA plan and the client or their health plan partner does not provide the information for members' dependents to HealthEquity, then clients will need to submit this information using the dependent template on the HealthEquity client portal.

Post Annual Enrollment

If clients wish to send enrollments to HealthEquity following the completion of annual open enrollment, please share member election amounts for the new plan year through the secure HealthEquity client portal via data entry or by utilizing the enrollment template.

Runout

The Runout associated with the prior plan year will continue to be administered through the Further portal.

Members need to submit any prior year claims to the Further portal through the end of the Runout period in order to spend down balances in those accounts.



Important:

Members should not use their new HealthEquity Visa® Card for any services that occurred in the prior plan year.⁴

⁴ This card is issued by The Bancorp Bank, N.A., pursuant to a license from Visa U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

Grace Period

If your plan offers a Grace Period, the Grace Period will be administered for the prior plan year through the Further portal.

Because the prior plan year account and new account will be on separate systems, members will be responsible for managing which account will be used for claims incurred during the Grace Period.

Further debit cards will not work during the Grace Period. If members incur any eligible healthcare expenses during the Grace Period and wish to be reimbursed from the prior plan year account balance, members should pay for expenses out of pocket and submit a claim for reimbursement on the Further member portal. Once the prior plan year account balance is exhausted, any remaining unpaid expense amount can be submitted to the HealthEquity portal manually. Any unpaid portions of an expense will not automatically be applied to the new account.

If members are currently set up on Further to have claims automatically paid, then any claims incurred during the Grace Period that are passed on a file from their insurance carrier(s) to HealthEquity will be applied to the prior-year account as applicable. If the prior year's account balance is exhausted, they will be required to take action to have that claim paid from your new account on the HealthEquity portal. Once member accounts are transitioned to the HealthEquity portal, members will need to re-establish all auto payment settings.

All eligible healthcare expenses incurred and paid for using the new HealthEquity debit card will be applied to the new account and will not be eligible as a Grace Period expense.

Rollover

If your plan offers Rollover, any remaining balances eligible for Rollover will be available on the HealthEquity account approximately 45 days after the prior plan year Runout ends.

FSA/HRA Timelines & Milestones

Here are some key milestones for a successful transition.

Milestone	Date
Clients notified of the transition.	6 months before Transition Date
Claims Funding Form sent to clients.	5.5 months before Transition Date
Changes and updates in the Further portal disabled.	4 months before Transition Date
Onboarding Notice sent to clients.	3.5 months before Transition Date
Clients receive HealthEquity portal credentials.	
Clients can submit plan renewal and return Claim Funding Form.	3 months before Transition Date, must be completed 45 days before Transition Date
Members notified of the transition.	
Clients can begin submitting new plan year enrollments. Must complete plan year renewal for enrollments to be processed.	Starts 1.5 months before Transition Date, must be completed 30 days prior to Transition Date
HealthEquity begins mailing Card Packages. Packages include first time login instructions to the HealthEquity portal. For eligible members, packages also include new HealthEquity Visa® Card for the new plan year. ⁵	7 to 10 business days after enrollments are processed in the HealthEquity system
Last day to use Further debit card.	Last day of current plan year or through Grace Period if applicable
Transition complete. Clients and members are live on the HealthEquity portal.	As of Transition Date
Members submit prior plan year claims on Further.	Through end of Runout
If client plan has Rollover and/or HRA spenddown, applicable balances will be moved to the HealthEquity portal.	Approximately 45 days post Runout

⁵This card is issued by The Bancorp Bank, N.A., pursuant to a license from Visa U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

90 Days Before Renewal Date

HealthEquity Portal Credentials

Clients will receive their HealthEquity portal credentials roughly three and a half months before their Transition Date. Credentials will be sent out via two separate emails from HealthEquity@e.HealthEquity.com.

- One email will contain a username.
- One email will contain a temporary password.

Clients will be notified to log into the client portal and to complete the renewals process.

Plan Renewal

Clients will receive a notice either electronically or via direct mail that will provide details on the plan renewal process.

Important:

Failure to complete plan renewal on the HealthEquity portal **45 days before the Transition Date** will delay enrollments and prevent debit cards from being sent to members by the Transition Date.

Establish Banking Needs

Clients will need to establish new bank filters, also known as bank IDs, for the funding process by providing the bank remittance instructions to their Accounts Payable Department. It is also important clients do not remove existing filters during the transition process.

Important:

Runout and Grace Period will continue to be administered on the current portal. Please do not remove the existing banking filters as HealthEquity will continue with the client's current funding method to support this process.

60 Days Before Renewal Date

Renewals Reminder Notice

If no action has been taken on the renewal process by the 60-day mark, a Renewal Process Reminder notice is sent out to remind clients of the process and penalties.

Important:

If the client's completed Claims Funding Form is not received **45 days before the start date of the plan year**, the plan will default to the funding option with the timing closest to the current funding date with Further.

30 Days Before Plan Renewal Date

Final Renewal Process Reminder

This notice is sent out if no action has been taken on the renewals process by the 30-day mark.

Important:

If member enrollment information is not received **30 days before the start date of the plan year**, the HealthEquity debit cards will not be delivered to members until after the Transition Date.

Payment Options

Payment Options

Tax ID No:
52-2383166

Payment Options

Client bank account information on the Further portal will automatically transfer to the HealthEquity portal during the transition. Upon receiving HealthEquity portal credentials, clients may elect to update banking information; however, should clients elect to change bank accounts following the transition, new accounts must be prenoted beforehand.

While HealthEquity's standard payment option is ACH Debit, we also provide several options for your team to make payments to accounts.

Please refer to the client transition website for a copy of the HealthEquity W9 document.

To Pay by ACH Debit:

HealthEquity should be added to the client's bank account filter immediately after signing the Order Form, (if applicable), and Claims Funding Form.

Administrative fees will be debited from the client's designated bank account under the HealthEquity ACH Company Identification Number. Please ensure to communicate the following to the client financial institution:

1943351864 (FSA)

1522383166 (HRA)



Payment Options

To Pay by ACH Credit or Wire Transfer:

Please note the following eligibility requirements and instructions for obtaining approval for payments by credit or wire transfer.

Eligibility Requirements:

- Clients with 1,000 eligible employees or 500 healthcare accounts with no annual fee.
- For clients that do not meet these requirements, an annual fee of \$350 must be paid in full before funds can be pushed via wire or ACH.

Instructions for Approval:

- Please contact HealthEquity and request the Employer Request to Push Funds form.
- This form must be completed and returned to HealthEquity to begin the approval process.

Clients will still be required to upload an invoice online to allocate how to distribute the funds when we receive a wire. Please note there is no option to select wire when creating the invoice. Therefore, to allocate funds being transferred by wire, please select "Check." Checks and wires are interchangeable on the "Payments and invoices" page.

Send HealthEquity the ACH credit or wire transfer payments to:

Wells Fargo, N.A.,
420 Montgomery St.
San Francisco, CA 94104
Routing # 121000248
Account # 4122286842

To Pay by Check

Both funding and fees can be paid by a paper check. Please be aware that funds are not available until the check is cleared. Timing for a client's check to clear will be based on their financial institution. Please allow up to 3-5 business days for this process.

Please refer to the client transition website for a copy of the HealthEquity W9 document.

Member Experience with HealthEquity

Member Communication and Education

Member satisfaction is our main priority.

At HealthEquity, we know first impressions are everything. Which is why we put such a high priority on delivering the right messages for our members at the right time and in the right way.

To view all communications we're sending to transitioning members, visit your transition website.

Member Transition Resources

To aid in transitioning members to our HealthEquity portal, we've created resources designed to inform, connect and transition member accounts in a simple and easy manner. These include the [member transition guide](#), [member transition website](#) and [member transition website](#).

The two webinars to aid members in transitioning to our HealthEquity portal are

Transition Overview Webinar:

This webinar provides an overview of the transition process, ensuring members are well-prepared for the changes ahead.

Onboarding Webinar:

This webinar helps members gain insights into the onboarding process and the HealthEquity portal.

In the coming weeks, we will notify clients and members when registration for these webinars is available.

After The Transition

Once the transition is complete, members can access accounts, resources, tools and more on their member portal.

Portal Onboarding Webinar

This 30-minute webinar walks new members through the member portal and reviews the tools and resources at their disposal.

HealthEquity Visa® Cards

Visa® cards will only be issued if available per client plan design and/or funding options selected on the Claims Funding Form.⁶

If selected, HealthEquity automatically issues one debit card to members enrolled in a Healthcare account. The new card will arrive approximately fifteen (15) business days after HealthEquity receives and processes enrollment information.

Although the initial card package will have only one card, card owners can login to their account online and order additional cards for spouses and dependents. Eligible members are allotted a maximum of up to three free additional or replacement cards. Additional cards may be assessed a \$5.00 fee.

Expiring Further debit cards

For Further debit cards expiring within 45 days of your Transition Date, no new card will be issued. If a member's Further debit card is expiring more than 45 days prior to your Transition Date, Further will automatically reissue a new card to the mailing address on file.

Further debit cards for new hires

For new hires whose Further benefits for the current plan year begin within 45 days of your Transition Date, Further debit cards will not be issued. Instead, members may choose to pay for eligible medical expenses out-of-pocket and submit a claim for reimbursement.

Lost/Stolen Further debit cards

Further will continue to issue new cards in Lost/Stolen situations until 10 days prior to your Transition Date. At that point, cards can be marked as Lost/Stolen, but no new card will be issued.



⁶This card is issued by The Bancorp Bank, N.A., pursuant to a license from Visa U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

Fees & Interest Rates

Client Fees

HealthEquity shares monthly costs for services including implementation, recurring monthly service fees, fees for customized projects, and member service fees for all current HealthEquity products (HSA, HRA, FSA). These are known as administrative fees and are billed on one single invoice.

- Monthly administrative fees are based on the member count as of the 1st of the month.
- Administrative fee invoices are sent via email on the 5th business day of every month from AccountsReceivable@Healthequity.com.
- Invoice reports are available on the HealthEquity client site providing all the details and reference information needed to support the invoice.
- Clients can choose to have administrative fees paid automatically via the client portal.



Security, Compliance, and Legal Considerations

Customer Identification Program (CIP)

HealthEquity's partners require us to adhere to the US Patriot Act, which requires, in part, the verification of each member's identity before they can begin using their HSA.

Requirements Include:

- Social Security Number (SSN), name and either date of birth (DOB) or address must match for the account to pass CIP.
- Additional documentation such as a valid Social Security card, birth certificate, driver license, or utility bill may also be requested.

HealthEquity monitors CIP status and client's can access real-time individual status on the client portal.

Existing members and employees will have their current account information, including demographic information, transitioned to HealthEquity and will not be required to complete the CIP process. Newly-enrolled and/or unverified members will need to be verified through the CIP process.

Reviewing Plan Details and Amendments

Following the transition, clients and members will be able to review plan details, documents and resources on their HealthEquity portal.

For details and documents in relation to their previous Further accounts, members and clients should have access to their Further portal accounts through 2026. We encourage clients and members to download and save their account history for their records before this time.

Security Protocols

HealthEquity employs cutting-edge technology to enforce strict security protocols on all operating systems, data exchanges, websites, and emails. We maintain government and industry-standard security levels by utilizing access controls to restrict data availability as required by the Health Insurance Portability and Accountability Act (HIPAA).

We will never share information with unauthorized parties, and you can trust that your organization's and members' information is secure.

Email Whitelisting

Receiving HealthEquity Communications

HealthEquity emails are sent to email addresses provided by the client or extracted from the HealthEquity systems of record.

HealthEquity email communications are processed through “do not reply” email boxes. It is noted in the communications that responses sent to such email addresses will not be received, reviewed or otherwise processed.

Although HealthEquity sends emails in accordance with Spam laws, your Spam filter may occasionally consider an email to be Spam. Please follow the steps below so these important communications can reach you and your members.

Action Items

Send a message to your IT group requesting them to allow emails from the below IP addresses to pass through the company’s mail server. If you do not whitelist at the IP level, please add @HealthEquity.com to your safe senders.

- | | | |
|------------------|---------------|----------------|
| • 168.245.38.109 | • 69.89.50.42 | • 69.89.57.23 |
| • 168.245.36.114 | • 69.89.50.43 | • 69.89.57.183 |
| • 69.89.51.1 | • 69.89.57.22 | • 69.89.48.183 |

If you have questions about email communication or require additional assistance, please contact your Service Delivery Team or contact HealthEquity Client Services.



Support

Welcome to Remarkable

After helping over 120,000 employers make the switch to HealthEquity, we know smooth transitions start with strong partnerships. During the transition, our teams are ready to answer your questions and guide you to the answers you need to make your transition simple and easy.

Thank you for your patience and support during this time.

Client Services

Via telephone:
Mon-Fri: 7am-7pm CT
866.711.4860

Member Services

Via telephone:
24/7 Support for members
844.351.6856



Glossary



Dependent Care Flexible Spending Account (DCFSA)

Dependent Care Flexible Spending Accounts are accounts that employees can put money into that they can use to pay for certain out-of-pocket health care costs for eligible dependents such as preschool, summer day camp, before- or after-school programs, and child or elder day care specifically incurred to allow the account owner to work. Funds are pre-tax and members can contribute up to the IRS maximum.

- Pays for preschool, summer day camp, before- or after-school programs, and child or elder day care specifically incurred to allow the account owner to work
- Funds are pre-tax
- As soon as the account is funded, the member can use their balance to pay for many eligible dependent care expenses
- Members can contribute up to the maximum limit as defined by the Internal Revenue Service (IRS)



Flexible Spending Account (FSA)

An arrangement that allows employees to set aside pre-tax earnings to pay for expenses not covered by their insurance or benefit plans, as a part of a cafeteria plan. The employee forfeits all unspent funds at the end of the plan year unless the employer allows a rollover or Grace Period.

- Your FSA is governed by IRS regulations that detail who is eligible to use the account and where and how the money can be used.
- Your FSA is a great way to save on hundreds of eligible expenses like prescriptions, copayments, over-the-counter (OTC) items, and other qualified medical expenses for qualified dependents
- Pays for eligible healthcare, dental and vision care expenses that aren't paid by an insurance plan
- Funds are withheld pre-tax
- The member's total annual election amount is available on day one of your plan year
- Members can contribute up to the IRS maximum as permitted by plan design



Health Reimbursement Arrangement (HRA)

An employer-owned and funded account that reimburses employees for qualified medical expenses, such as copayments, deductibles, vision care, prescriptions, long-term care, medical insurance, and most dental expenses. Neither the employee nor the employer pays tax on reimbursements.

- Funded solely by the plan sponsor
- Contributions are excludable from income and are not part of the account owner's tax burden



Health Savings Account (HSA)

An individually-owned account that reimburses qualified medical expenses, such as copayments, deductibles, vision care, prescriptions, long-term care, medical insurance, and most dental expenses. Coverage under an HSA-Qualified health plan and no other impermissible coverage is required.

Neither the individual nor the employer pays tax on distributions if they are for qualified medical expenses. Distributions for non-qualified expenses are taxed and subject to a penalty (the penalty is waived for distributions after age 65 and in other limited circumstances).

- Account holder and employer can both contribute to the HSA
- Account holders use funds to pay for qualified medical, dental and vision costs
- Funds may be invested in mutual, index, and target date funds offered by a custodian
- Always paired with a qualified high-deductible health plan
- Unused funds roll over from year to year
- Account holders retain all contributed funds even if they change jobs or health plans



Limited-Purpose Flexible Spending Account (LPFSA)

A Limited-Purpose Flexible Spending Account is an account members can put money into that they can use to pay for a limited amount of out-of-pocket healthcare costs such as eligible dental and vision care expenses that aren't covered by an insurance plan. Funds are contributed pre-tax and are compatible with an HSA.

- Pays for eligible dental and vision care expenses that aren't covered by an insurance plan
- Funds are contributed pre-tax
- The member's total annual election amount is available on day one of the new plan year
- Compatible with an HSA