

WELCOME KIT 2024 - 2025



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 <u>pnfp.com/hblogin</u> (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 <u>pnfp.com/locations</u> to find an office near you.

Sincerely,

Matt Gt

Matt Proctor Manager Pinnacle | Health & Benefits

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) is an employer-sponsored account 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 contributions. 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. Participation in a Health or Medical FSA will disqualify you and anyone on your tax return from being able to make tax-exempt HSA contributions, even if you're otherwise eligible.

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 HSAs 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. A DCFSA is not designed to reimburse the medical, dental, and/or vision expenses of your qualified dependents.

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.

BlueCross BlueShield of Tennessee members may link their healthcare claims data to the Pinnacle | Health & Benefits portal. First, log into the portal at <u>pnfp.com/hblogin</u> and navigate to Tasks. Select "Link Healthcare Claims Data" to automatically share claims data with Pinnacle for use as substantiation for debit card swipes, to pay a provider or to request reimbursement.

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 than an 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.

HDHP

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

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	
<u>E</u> B	orgot Password → Enroll: <u>Personal</u> iusiness →	
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	SIGN INTO OTHER SYSTEMS	
	SIGN INTO OTHER SYSTEMS	
	ACH/Remote Deposit - Tennessee Credit Cards	
	ACH/Remote Deposit - Tennessee Credit Cards Dealer Floor Plan	
	ACH/Remote Deposit - Tennessee Credit Cards Dealer Floor Plan Elan Credit Card	
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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



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

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LOGIN	
S	ave Username 🚺
LOGIN WITH FA	ACE ID
	LOGIN WITH FA

STEP 2

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

Jser Identification	
Complete the information below to verify your identity.	P 'Required
First Name*	
Last Name*	
Zip Code*	
Please enter your 5 digit zip code	
SSN*	

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.

STEP 6

When prompted, please consider linking your BlueCross BlueShield of Tennessee healthcare claims data automatically to the Pinnacle | Health and Benefits portal for use as substantiation for debit card swipes, to pay a provider or to request reimbursement.

The claims records closely match your Explanation of Benefits (EOB) details. CPT codes and diagnosis codes are not included in your claims data.

CLIENT SERVICE CENTER FOR HEALTH & BENEFITS

Email: info@health.pnfp.com Phone: 888-282-2605 Monday-Friday, 7 a.m.-7 p.m. CT

BLUECROSS BLUESHIELD CLAIMS INTEGRATION

Your Pinnacle | Health & Benefits account is integrated with BlueCross BlueShield of Tennessee, which means your claim information will be sent securely to Pinnacle, and you will be able to view claims in your Pinnacle account.

BlueCross BlueShield Member Online Portal

- View balances, contributions and payments from your BlueCross BlueShield of Tennessee online member portal or mobile app
- Direct link to the Pinnacle | Health & Benefits portal

Pinnacle | Health & Benefits Online Portal and Mobile App

- Notification of new claims will appear in the Tasks section of your Pinnacle account
- Payments made for claims on file do not require an additional receipt
- Pay a provider directly, request reimbursement from a flexible spending account or reimburse yourself from a health savings account if you paid out-of-pocket.

V	Velcome, Jane (999999999-0)	Account Document.0	Center Help BCBSI.com	Log.Out
of Tennessee				۹
	CLAIMS & BAL	ANCES		
Spending Accounts Your spending accounts are a way to set give you real-time balance details for you (HTRA) or Plexible Spending Account @SA	aside tax-free money to help cove personal Health Savings Account.	r health care expenses thro (HSA), Health Reimbursen	ughout the year. We'll rent Artangement	
FSA This is a current view of your 1 Fiscalis Signarding Accurate Sis available Islance breaks down Paging Ansure Carros Naro Marco Anton Carros Naro Marco Anton Carros Dario Marto Anto Carros Part Neuro Marco Anton	keath Cara how your \$0.00 \$280.00 \$280.00 \$390.00 \$390.00 \$280.00 \$390.00	č- PSA Vlat Pirnach	PSA \$5,000,00 Peake Geodry Accurr Marcol Financial Partners	8
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DATE 🔻	EXPENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	SUBMITTED AMOUNT	STATUS	
+ 7/19/2022	Undefined	Xerxes Gilmore	Paradise Valley General H	\$18.52	\$	Pay
+ 7/14/2022	Undefined	Xerxes Gilmore	Smile Care Dental	\$23.41	\$	Рау
7/6/2022	Pharmacy	Clinton Gilmore	HealthNow Pharmacy	\$16.07	\$	Pay
7/2/2022	Medical	Clinton Gilmore	Valley Creek Clinic	\$15.87	\$	
9/1/2021	Pharmacy	Clinton Gilmore	HealthNow Pharmacy	\$15.62	\$	Pay
9/22/2020	Vision	Xerxes Gilmore	Elevated Eyecare	\$23.84	\$	Pay
+ 7/12/2020	Pharmacy	Clinton Gilmore	HealthNow Pharmacy	\$13.54	\$	Pay

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: <u>https://www.sig-is.org/</u>
- When you activate your card, please make sure to stay on the line until the end of the call to set up 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 set up 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 childcare 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 provides a simple and easy way to manage your accounts from anywhere your phone has connectivity. Our mobile app is designed to deliver the features you need most so you can manage your health and benefit accounts safely and securely 24 hours a day, seven days a week.

Easy-access Features

- Real-time access, intuitive app design and navigation
- Biometric login option available
- Available balances and account activity for all account types
- Settings for push notifications, email and text alerts
- Election summary and contributions toward annual maximum
- Investment graphs with account details including rate of return and performance*
- Available for Apple[®] and Android[™] mobile devices

Tap to take action

- Submit claims for eligible FSA, HRA, dependent care or transportation expenses or reimburse yourself for an HSA expense.
- Take a photo of a receipt and submit for a new or existing claim or store for later.
- Make an HSA contribution or distribution.
- View and manage HSA investments.*
- Scan a bar code to determine if a product is a qualified medical expense.
- Add and store provider information and pay providers.
- Report a lost or stolen debit card.

Download the Pinnacle | Health & Benefits app from the Apple App Store or Google Play. Your login credentials are the same for desktop portal and mobile app.



^{*} 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.

FLEXIBLE SPENDING ACCOUNT

FLEXIBLE SPENDING ACCOUNT (FSA)

What is a Flexible Spending Account?

An employer-sponsored flexible spending account (FSA) allows an individual to put aside pre-tax dollars for qualified health, vision, dental or dependent care expenses, reducing taxable income and saving for goods and services you already use.

Types of FSA

- A Health FSA is for qualifying out-of-pocket medical expenses including co-pays, coinsurance, expenses applied to deductibles, dental, vision, prescriptions, over-the-counter medications, and menstrual care products.
- A **Dependent Care FSA** is for pre-tax reimbursement of dependent care expenses while you are away at work, such as childcare for an eligible tax dependent under age 13 or an elderly tax dependent parent who requires care.
- A Limited Purpose FSA is for eligible dental and vision expenses ONLY. A LPFSA can be used alongside an HSA for additional pre-tax benefits for eligible expenses like orthodontia and Lasik.

How it Works

- Start by determining the annual election amount. Pre-tax contributions will be made in equal installments from your payroll.
- Pay for eligible medical, dental, vision, over the counter medications and menstrual care products with your Pinnacle | Health & Benefits "smart" debit card. The card knows which account type to pull from first.
- Upload and save receipts to the online portal or mobile app using the camera on your smartphone to use as documentation that your expense is FSA-eligible. Explanations of Benefits (EOBs) make good receipts, as they have all the required information: Patient and provider name, date and service, and amount.
- If you paid with another source, submitting a claim is simple. Use a receipt or EOB to submit a claim via the online portal, mobile app or U.S. Postal Service.
- Check claims status via the online portal, mobile app or phone call to the client service center.
- Use the mobile app's eligible expense bar code scanner to determine eligible purchases.

Annual IRS Contribution Limits?*

FSA and Limited Purpose FSA	2024	2025
Maximum Annual Contribution Limit	\$3,200	\$3,300
Dependent Care FSA	2024	2025
Maximum Annual Contribution Limit; married and filing jointly or single parent	\$5,000	\$5,000
Maximum Annual Contribution Limit; married and filing separate	\$2,500	\$2,500

* Source: IRS.gov

** Your maximum annual contribution to a DCFSA may be subject to limitations based on factors such as your 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. **BlueCross members** can log in at pnfp.com/hblogin, navigate to Tasks and select Link Claims Data for use in the Pinnacle | Health & Benefits portal as substantiation for debit card swipes, to pay a provider or to request reimbursement.

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.



Health & Benefits

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.

Α.	
*Start date of treatment (mm/dd/y	/ууу)

B. *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 for a Dependent Care FSA?

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 adult dependent (day)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 can reduce your taxable income for the year. Typically, account holders authorize their employer to withhold a specified amount from their paycheck each pay period for deposit into a DCFSA. *Please note that this account does not cover medical, dental, or vision expenses like a health or limited purpose FSA.

Who is Considered a Dependent

- Tax dependent under the age of 13 and lives with you for more than half the year.
- Spouse who is unable to care physically or mentally for themselves and lives with you for more than half the year.
- Any other tax dependent such as an elderly parent who is unable to physically or mentally care for themselves, lives with you for more than half the year and has a gross income of less than the maximum specified by the IRS.

IRS qualified dependent care expenses include:

- Babysitting (work-related)
- Before- or after-school programs, including summer day-camps for dependents under age 13
- Licensed nursery schools, qualified childcare centers and pre-school tuition
- Adult care (while you work, to enable you to work, or to look for work)
- Sick childcare (work-related)

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

How it Works

- Determine the annual election amount. Pre-tax contributions will be made in equal installments from your payroll. Make sure the services you use are eligible DCFSA expenses.
- Pay for eligible dependent care services with your Pinnacle | Health & Benefits "smart" debit card (or use a separate pay source and submit your qualified DCFSA receipt for reimbursement).
- Store and submit receipts and check claim status in the Pinnacle | Health & Benefits online portal or mobile app.
- FSA account holders may be prompted to provide a copy of the receipt for certain transactions in accordance with IRS regulations.
- Recurring DCFSA expenses may be filed on the Recurring Dependent Care Request Form located in the Health & Benefits portal under Tools & Support > Documents & Forms or on page 28 of this Welcome Kit.

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

What are the 2024/2025 DCFSA contribution limits?*

DCFSA	2024	2025
Maximum Annual Contribution Limit; married and filing jointly or single parent	\$5,000**	\$5 <i>,</i> 000**
Maximum Annual Contribution Limit; married and filing separate	\$2,500**	\$2,500**

* Source: IRS.gov

Note:

- DCFSAs are use-it-or-lose-it accounts. The funds you contribute don't roll over from year to year.
- DCFSA funds are not available in advance. Reimbursements may not exceed the funds available in the account.
- ** Your maximum annual contribution to a DCFSA may be subject to limitations based on factors such as your or your spouse's earned income or your employer's plan limit. Please consult your tax advisor for details.

DEPENDENT CARE PAYMENT OPTIONS

What is a Dependent Care FSA?

This account is for eligible child and adult care expenses, including preschool, nursery school, day care, before- and afterschool care and summer day camp, needed while you're at work or looking for work. The care must be for a qualifying child who is your dependent and who was under age 13 when the care was provided or an adult dependent who is not physically or mentally able to care for themselves and lived with you for more than half the year. For a complete list of qualified dependent care expenses, see <u>IRS Publication 503</u>. Dependent Care FSA funds are not available in advance. Reimbursements may not exceed the funds available in the account. There are three ways to access your funds:

1. Debit Card

Use your Pinnacle Health & Benefits card to pay for qualified dependent care expenses at providers that accept cards. Ask for a receipt that lists the dependent's name, the provider, dates of service and amount paid, as it is required. For expenses that repeat regularly, you can submit a recurring reimbursement form.

2. Recurring Reimbursement Form

Complete this one-time each plan year and get reimbursed for expenses each time you get paid. Link a personal bank account to your Dependent Care account to have funds direct deposited into your personal checking or savings account to receive your dependent care funds automatically, within three business days of each payroll posting to your dependent care account. This is a great option, if you have regular payments to a daycare provider and want immediate access to your dependent care funds. The Recurring Reimbursement Form can be found on the Tools & Support tab of your online account. *www.pnfp.com/HBlogin*

3. File a Claim Online or in the Mobile App

You have the option to file claims individually, as they are incurred, by accessing your account online or through the mobile app. You can request a payment to a provider directly, or reimburse yourself by check or direct deposit into a personal bank account you have linked to your Dependent Care account.

- Scan and upload receipts via our mobile app (download at the Apple App Store or Google Play Store, search Pinnacle Health and Benefits)
- Upload receipts via our online consumer portal at www.pnfp.com/HBlogin

With dependent care accounts instead of having to provide a receipt you also have the option of filing a manual claim with your provider's signature and the dates and cost of service included.

How Do I Add a Bank Account for Direct Deposit?

- Sign in online at www.pnfp.com/HBlogin
- Hover over "Accounts" directly underneath the Pinnacle | Health & Benefits Logo at the top
- Click on Banking/Cards under profile
- Click on the hyperlink for "Add Bank Account" in the Bank Accounts section on the left
- Follow instructions to add routing number, account number, and bank name and address, and click submit

After this is complete, we will check to see if your account add can be verified by your bank in real-time, if not we will let you know a micro-deposit between .01-.99 will be sent to your account within 1-3 business days that once received you can then sign back into your Pinnacle online access and verify the deposit to approve the account.

Still have questions? Let us know how we can help!

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.



Recurring Dependent Care Request Form

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

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



Step 2: Auto-Dependent Care (DCA) Information

2a) Recurrence Status

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

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)
Change Recurring DCA Information : Please update my recurring reimbursement information with the provided information effective by the date specified in box A.	Α.
Stop Recurring DCA: Please stop recurring reimbursement of my dependent care expenses effective by the date specified in box B.	В.

2b) Dependent's Information

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

	\$ per 🗆 month 🗔 week	
*Provider's Name	*Cost per month/week (check one)	*Provider's Signature
	\$ per □ month □ week	
*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.

*Consumer Signature

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.

*Date