



Frequently Asked Questions About Your HSA

Thank you for choosing Vita to be your HSA provider. We want to make it easy for you to manage and maintain your **Health Savings Account**, so we've provided you with these frequently asked questions about Health Savings Accounts (HSA).

Eligible Expenses

Healthcare costs that qualify for payment using HSA funds include:

- Doctor Visits (including co-pays, deductibles, co-insurance, etc.)
- Dental and Vision Services
- Chiropractic Care
- Prescriptions
- Other expenses may also be eligible.

A list of HSA eligible expenses is available on the IRS Web site, www.irs.gov in IRS Publication 502.

Health Savings Account FAQs

1. What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a special tax-advantaged savings account similar to a traditional Individual Retirement Account (IRA) but designated for medical expenses. An HSA allows you to pay for current eligible health care expenses and save for future qualified medical and retiree health care expenses on a tax-favored basis.

HSAs provide triple-tax advantages: contributions, investment earnings, and qualified distributions all are exempt from federal income tax, FICA (Social Security and Medicare) tax and state income taxes (for most states).

Unused HSA dollars roll over from year to year, making HSAs a convenient and easy way to save and invest for future medical expenses. You own your HSA at all times and can take it with you when you change medical plans, change jobs or retire.

You may be able to invest your HSA funds that are not needed for near-term expenses, providing the opportunity for funds to grow. Investment options include money market accounts, mutual funds, etc. Check with your bank to learn about your options.

To be eligible to set up an HSA and to make contributions, you must be covered by a qualified "high-deductible health plan", or HDHP.

2. How does an HSA work?

1. To be eligible to contribute to an HSA, you must be covered by a qualified high-deductible health plan (HDHP) and have no other "first dollar coverage" (insurance that provides payment for the full loss up to the insured amount with no deductibles).
2. You may use your HSA to help pay for medical expenses covered under a high-deductible health plan, as well as for other common qualified medical expenses.
3. Unused HSA funds remain in your account for later, and may be eligible for investment in a choice of investment options, providing the opportunity for funds to grow. Check with your financial institution to see if this is an option for your account.

HSAs work in conjunction with an HDHP. All the money you (or your employer) deposit into your HSA, up to the maximum annual contribution limit, is 100% tax-deductible from federal income tax, FICA (Social Security and Medicare) tax, and in most states, state income tax. This makes HSA dollars tax-free. You can use these tax-free dollars to pay for expenses not covered under your HDHP until you have met your deductible.

The insurance company pays covered medical expenses above your deductible, except for any coinsurance; you can pay coinsurance costs with tax-free money from your HSA. In addition, you can use your HSA tax-free dollars to pay for qualified medical expenses that are not covered by the HDHP, such as dental, vision and alternative medicines.

Contributions

Tax-free contributions to your HSA can be made in a variety of ways, including:

1. Pre-tax payroll contributions, if available through your employer.
2. Online transfers – transfer funds directly to your HSA from your linked personal savings or checking account
3. Send a check to Vita for deposit into your HSA.
4. Rolling over or making a transfer from an existing IRA (Individual Retirement Account) to an HSA, but only once in your lifetime.

Distributions

Distributions from your HSA are used to pay for qualified medical expenses. This may be done by the following methods (please refer to your employer's Summary Plan

Description to determine which of the below options are available for your HSA plan):

1. Paying for purchases and medical services using your Vita Flex Debit Card.
2. Using online bill pay through your online HSA portal.
3. Requesting self-reimbursement through the online portal when you have already paid out-of-pocket for qualified expenses.
4. Paying with an HSA check.

How It Works

Your Health Savings Account allows you to save pre-tax income that you can use to pay for qualified short- and long-term medical expenses. It complements your High-Deductible Health Plan, giving you an additional method to save specifically for healthcare costs.

3. Who can have an HSA?

You must be:

1. Covered by a qualified high deductible health insurance plan (HDHP);
2. Not covered under other health insurance*;
3. Not enrolled in Medicare; and
4. Not another person's dependent.

*Note - "other health insurance" does not include coverage for the following: accidents, dental care, disability, long-term care, and vision care. Workers' compensation, specified disease, and fixed indemnity coverage is permitted.

4. How much can I contribute to my HSA?

For 2026, the maximum contribution for an eligible individual with self-only coverage is \$4,400 and the maximum contribution for an eligible individual with family coverage is \$8,750.

Individuals who are eligible individuals on the first day of the last month of the taxable year (December for most taxpayers) are allowed the full annual contribution (plus catch up contribution, if age 55 or older by year end), regardless of the number of months the individual was an eligible individual in the year.

- HSA holders can choose to save up to \$4,400 for an individual and \$8,750 for a family (HSA holders age 55 and older get to save an extra \$1,000 - and these contributions are 100% tax deductible from gross income).
- Minimum annual deductibles are \$1,700 for self-only coverage or \$3,400 for family coverage.
- Annual out-of-pocket expenses (deductibles, co-payments and other amounts, but not premiums) cannot exceed \$8,500 for self-only coverage and \$17,000 for family coverage.

| | Minimum Deductible | Maximum Out-of-Pocket | Contribution Limit | 55+ Contribution |
|--------|--------------------|-----------------------|--------------------|------------------|
| Single | \$1,700 | \$8,500 | \$4,400 | \$1,000 |
| Family | \$3,400 | \$17,000 | \$8,750 | \$1,000 |

* Catch-up contributions are allowed for those greater than 55 years of age (\$1,000 in 2026). Catch-up contributions can be made at any time during the year in which the HSA participant turns 55.

For more detailed information on HSAs and taxes, visit the U.S. Department of Treasury website at www.ustreas.gov or talk with your tax advisor.

5. What is a high-deductible health plan (HDHP)?

With a high-deductible health plan, you have the security of comprehensive health care coverage. Like a traditional plan, you are responsible for paying for your qualified medical expenses up to the in-network deductible; however, the deductible will be higher, and you can use HSA funds to pay for these expenses.

After the annual deductible is met, you are responsible only for a portion of your medical expenses through coinsurance or co-payments, just as with a traditional health plan. For 2026, the minimum HDHP deductible by law is \$1,700 for individuals and \$3,400 for families.

For 2026, the maximum out-of-pocket expenses by law (including deductible and co-payments, but not including premiums) cannot exceed \$8,500 for individuals and \$17,000 for families.

The deductible and maximum out-of-pocket expenses are indexed annually for inflation by the IRS and US Department of Treasury.

6. How do I know if my health plan is a "qualifying (or qualified)" high-deductible health plan (HDHP)?

The health insurer or your employer can verify the status of your coverage. In addition, the words "qualifying (or qualified) high-deductible health plan" or a reference to IRC (Internal Revenue Code) Section 223 will be included in the declaration page of your policy or in another official communication from the insurance company. An HDHP is a health insurance plan that generally doesn't pay for the first several thousand dollars of health care expenses (i.e., your "deductible") but will generally cover you after that.

It is important when selecting your HDHP that your insurance carrier verify and guarantee that the HDHP meets IRS regulations to ensure your HSA is qualified.

7. How do HSAs differ from health care Flexible Spending Accounts (FSAs)?

Both HSAs and FSAs allow you to pay for qualified medical expenses with pre-tax dollars. One key difference, however, is that HSA balances can roll over from year to year, while there is a limit on the amount of unspent FSA money that can be carried over if the Employer does not offer an FSA grace period.

You may choose to use a Limited Purpose FSA to pay for eligible health care expenses, and save your HSA dollars for future health care needs. You may use Limited Purpose FSA dollars to reimburse yourself for expenses that are not covered by your high-deductible health plan, such as:

- Vision expenses, including: Glasses, frames, contacts, prescription sunglasses, goggles, vision co-payments, optometrists or ophthalmologist fees, and corrective eye surgery
- Dental expenses, including: Dental care, deductibles and co-payments, braces, x-rays, fillings, and dentures

8. What are the tax advantages of owning an HSA?

Triple Tax Savings:

1. Contributions are tax-free
2. Earnings are tax-free
3. Withdrawals are tax-free when made for eligible medical care expenses

Three kinds of tax-favored contributions:

1. Employee contributions that are deductible over-the-line (i.e., deductible even by non-itemizers)
2. Employer contributions that are excluded from income and employment taxes.
3. Salary reduction contributions made through a Section 125 cafeteria plan.

All three forms of contributions are exempt from federal income taxes. Employer and salary reduction contributions (Section 125 cafeteria plan) are exempt from FICA and FUTA as well.

9. Why is my employer offering an HSA in conjunction with a qualified HDHP?

Offering an HSA is an excellent way to help you save for future medical expenses and pay for current expenses with tremendous tax advantages.

10. May I have more than one HSA?

Yes, you may have more than one HSA and you may contribute to them all, as long as you are currently enrolled in an HDHP. However, this does not give you any additional tax advantages, as the total contributions to your accounts cannot exceed the annual maximum contribution limit. Contributions from your employer, family members, or any other person must be included in the total.

11. Can I get an HSA even if I have other insurance that pays medical bills?

You're only allowed to have auto, dental, vision, disability and long-term care insurance at the same time as an HDHP. You may also have coverage for a specific disease or illness as long as it pays a specific dollar amount when the policy is triggered.

12. Can my HSA be used to pay premiums?

No, this would be a non-medical withdrawal, subject to taxes and penalty.

Exceptions: No penalty or taxes will apply if the money is withdrawn to pay premiums for

1. Qualified long-term care insurance; or
2. Health insurance while you are receiving federal or state unemployment compensation; or
3. Continuation of coverage plans, like COBRA, required under any federal law; or
4. Medicare premiums.

13. Can I use the money in my HSA to pay for medical care for a family member?

Generally, yes. Qualified medical expenses include unreimbursed medical expenses of the accountholder, his or her spouse, or dependents.

14. What is a qualified medical expense?

A qualified medical expense is one for medical care as defined by Internal Revenue Code Section 213(d). The expenses must be primarily to alleviate or prevent a physical or mental defect or illness, including dental and vision. Most expenses for medical care will fall under IRC Section 213(d).

However, some expenses do not qualify. A few examples are:

- Surgery for purely cosmetic reasons
- Health club dues
- Illegal operations or treatment
- Maternity clothes
- Toothpaste, toiletries, and cosmetics

HSA money cannot generally be used to pay your insurance premiums.

*See IRS Publications 502 ("Medical and Dental Expenses") and 969 ("Health Savings Accounts and Other Tax-Favored Health Plans") for more information.

15. What happens to my HSA if I quit my job or otherwise leave my employer?

Your HSA is portable. This means that you can take your HSA with you when you leave and continue to use the funds you have accumulated. Funds left in your account continue to grow tax-free. If you are covered by a qualified HDHP you can even continue to make tax-free contributions to your HSA.

Distributions from your HSA used exclusively to pay for qualified expenses for you, your spouse, or dependents are excluded from your gross income. Your HSA funds can be used for qualified expenses even if you are not currently eligible to make contributions to your HSA.

Upon termination, you may be offered to leave your HSA in an account with your former employer or you may transfer it to another custodian. Maintenance fees may be charged by your former employer if you leave your HSA in place.

16. How and when can money be taken out of an HSA?

Account holders may make a withdrawal (also known as a distribution) at any time. Distributions received for qualified medical expenses not covered by the high deductible health plan are distributed tax-free. Distributions can be requested via your debit card, by logging into your online account at www.vitaflex.net, or by contacting Vita Concierge at (650) 966-1492 or help@vitamail.com to request the Distribution form.

Unless individuals are disabled, age 65 or older, or die during the year, they must pay income taxes plus an additional percentage (determined by the IRS) on any amount not used for qualified medical expenses. Individuals who are disabled or reach age 65 can receive non-medical distributions without penalty but must report the distribution as taxable income.

17. How are distributions from my HSA taxed after I am no longer eligible to contribute?

If you are no longer eligible to contribute because you are enrolled in Medicare benefits, or are no longer covered by a qualified HDHP, distributions used exclusively to pay for qualified medical expenses continue to be free from federal taxes and state tax, and excluded from your gross income.

18. What happens to the money in my HSA after I reach age 65?

At age 65 and older, your funds continue to be available without federal taxes or state tax (for most states) for qualified medical expenses; for instance, you may use your HSA to pay certain insurance premiums, such as Medicare Parts A and B, Medicare HMO, or your share of retiree medical coverage offered by a former employer. Funds cannot be used tax-free to purchase Medigap or Medicare supplemental policies.

If you use your funds for qualified medical expenses, the distributions from your account remain tax-free. If you use the monies for non-qualified expenses, the distribution becomes taxable, but exempt from the 20 percent penalty. With enrollment in Medicare, you are no longer eligible to contribute to your HSA. If you reach age 65 or become disabled, you may still contribute to your HSA if you have not enrolled in Medicare.

19. What risks are there with an HSA?

Any funds that you keep in the cash account of your HSA are FDIC insured up to \$250,000. Once a minimum amount is in your cash account, you have the option to make investments via your online portal. As with any investments, these are not FDIC insured.

20. How do I make investments?

Please refer to the HSA Investment Options document for a listing of investments available to you along with their return rate. Via your investment portal, you may choose which mutual funds you wish to purchase and sell. You may use your investment portal to review your investments as well as update the percentage allocated to each mutual fund you have chosen.

21. What fees are involved?

Your HSA Administrator may charge service fees for administration and/or services. Please contact them for a list of applicable fees. Please refer to the Custodial Agreement with Healthcare Bank for any instances of fees that may be charged. Any fees associated with investments will be shown in the mutual fund prospectus.

More Helpful Information

On the [Vita website](#), you may find links that connect you to helpful information supplied by Vita.

You can also find additional information on Health Savings Accounts at the following resource:

- U. S. Department of the Treasury - [Health Savings Accounts \(HSAs\)](#)

If you have any further questions about your account or the HSA online portal, please contact Vita Concierge at (650) 966-1492 or help@vitamail.com.