

Frequently Asked Questions

Fidelity Health Plan and Fidelity Health Savings Account for 2022

The questions in this document address five major topics: the Fidelity Health Plan, the Fidelity Health Savings Account (HSA), the Dental and Vision Flexible Spending Account (FSA), enrollment basics, and leaving the Company.

Fidelity Health Plan

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Leaving the Company, Death, and Disability

Updated August 2020

1. What is the Fidelity Health Plan?

The Fidelity Health Plan is a traditional preferred provider organization (PPO) medical plan that is similar to the HealthFlex plan, but with a high deductible. As a result, your premiums for the Fidelity Health Plan are significantly less than for HealthFlex and the HMOs. Enrollment in the Fidelity Health Plan is one of the key requirements to be eligible to establish a Fidelity Health Savings Account (HSA). Here's a quick snapshot of how the plan works:

	In-Network	Out-Of-Network*
Annual deductible	\$1,500—Individual \$3,000—Individual + Child(ren); Individual + Spouse; Individual + Family	\$3,000—Individual \$6,000—Individual + Child(ren); Individual + Spouse; Individual + Family
Coverage after deductible is satisfied	Plan pays 90% of cost of covered service; you pay 10% coinsurance	Plan pays 70% of reasonable and customary amount of covered service; you pay 30% coinsurance
Annual out-of-pocket maximum [†]	\$2,000—Individual \$4,000—Individual + Child(ren); Individual + Spouse; Individual + Family	\$4,000—Individual \$8,000—Individual + Child(ren); Individual + Spouse; Individual + Family
Coverage after out-of-pocket maximum is met	Plan pays 100% of cost of covered service	Plan pays 100% of reasonable and customary amount of covered service
Preventive care	Plan pays 100% of cost of covered service	Not covered [‡]
Preventive (long-term) prescription drugs	Plan pays 100% for generic and formulary brand, and 100% after copay of \$40 for non-formulary brand drugs	Plan pays 70% of cost of covered drug; you pay 30% coinsurance

* Out-of-network covered services are subject to reasonable and customary (R&C) guidelines. You are responsible for 100% of costs over R&C.

[†] Amounts that exceed R&C for out-of-network covered services do not count toward the annual out-of-pocket maximum.

[‡] Preventive care is not covered out-of-network, with the exception of prenatal care, which is subject to out-of-network plan provisions.

Plan and Coverage Features

2. How does the Fidelity Health Plan work?

In-Network

In-network preventive care is always covered at 100% with no copay.

You pay 100% of the cost of covered services, until you have satisfied your annual deductible. Then, the plan pays 90% of the cost of in-network covered services, and you pay the remaining 10% until you reach your annual out-of-pocket maximum. Once you have met your annual out-of-pocket maximum, the plan pays 100% of the cost of additional covered in-network services.

- The **annual deductible** is the amount you generally have to pay each year for non-preventive services before the Plan begins to pay benefits. The deductible is expressed as a dollar amount.
- **Coinsurance** is the amount that you pay for covered services, after you have paid the annual deductible. Coinsurance is expressed as a percentage.
- The **annual out-of-pocket maximum** is the maximum amount that you would have to pay out of your pocket each year for in-network covered services. Amounts paid toward the annual deductible and coinsurance apply toward the annual out-of-pocket maximum.

Out-of-Network

You pay 100% of the cost of covered services, until you have satisfied the out-of-network annual deductible. Then, the plan pays 70% of the reasonable and customary (R&C) amount (see [Q&A 4](#)) of the covered services, and you pay the remaining balance until you reach the annual out-of-pocket maximum. Once you reach the out-of-pocket maximum for out-of-network services, the plan will pay 100% of the R&C amount. If the out-of-network provider charges more than the R&C amount determined by UMR, you are responsible for paying the amount above the R&C.

With the exception of prenatal care, preventive care is not covered out-of-network.

3. What happens if I reach the out-of-pocket maximum?

Once you reach the out-of-pocket maximum for in-network services, the plan will pay 100% of covered services for the year. Once you reach the out-of-pocket maximum for out-of-network services, the plan will pay 100% of the reasonable and customary (R&C) amount. If the out-of-network provider charges more than the R&C amount determined by UMR, you are responsible for paying the amount above the R&C.

4. What does reasonable and customary mean?

The reasonable and customary (R&C) amount of a claim is based on the prevailing cost for corresponding treatments, services, or supplies for similar conditions in your geographic area, as determined by UMR, the claims administrator for the Fidelity Health Plan. The R&C amount may be different than the amount charged by an out-of-network provider.

5. Does the cost of the out-of-network services that I use apply to my in-network deductible? Is this true for the annual out-of-pocket maximum as well?

Yes. The cost of any covered services that you receive out-of-network applies to your annual in- and out-of-network deductibles. (Please note that any amounts above R&C would not apply to the annual deductible.) In addition, the cost of any in-network covered services applies to your annual out-of-network deductible as well.

The same rationale applies to the annual out-of-pocket maximums.

6. Are there costs that don't apply to the annual deductible and annual out-of-pocket maximums?

The costs associated with the following *covered* services do not apply to the annual deductible and out-of-pocket maximums:

- Amounts above [R&C](#) for covered services provided on an out-of-network basis
- Amounts above Plan limits for covered services
- Amounts paid for out-of-network claims that are not deemed medically necessary

In addition, preventive prescription drug copayments do not count toward the annual deductible, but do count toward out-of-pocket maximums.

This list is not intended to be exhaustive. Please contact Accolade at 844-287-3861 for specific coverage questions.

7. I cover one or more dependents on my plan. Are all my dependents required to meet the annual deductible and out-of-pocket maximum before the plan will pay benefits?

No. The deductible can be satisfied by you, your dependents, or a combination of you and your dependents. If you and/or your dependents have paid \$3,000 (the annual deductible amount) toward in-network services, any in-network services you and your dependents incur thereafter will be covered at 90% until you reach the out-of-pocket maximum.

The same applies to the out-of-pocket maximum. Expenses incurred by you and/or your dependents will apply to the out-of-pocket maximum.

8. If I satisfy my deductible or out-of-pocket maximum in December of the Plan year, do I have to satisfy the deductible and out-of-pocket maximum for the following year?

Yes. The annual deductible and annual out-of-pocket maximum are administered on a calendar-year basis. There is no "carry over" provision under the Fidelity Health Plan. In other words, if you satisfy your deductible in December, and elect the Fidelity Health Plan for the following year, you will need to satisfy your annual deductible again before the Plan begins to pay benefits.

9. How is in-network preventive care covered?

In-network preventive care is always covered at 100% with no copayment or coinsurance.

10. What types of services are considered preventive?

The IRS defines which types of expenses may be considered preventive care. Examples of preventive care services include annual office visits and exams, well-child care, and age-appropriate immunizations and routine screenings, such as cholesterol and mammograms. It also includes all routine office visits and screenings for prenatal care. For a list of preventive medical care services, log on to FMRbenefits.com or call Accolade at 844-287-3861. For a list of covered preventive prescription drug expenses in 2022, you can contact CVS Caremark at 800-446-3709.

It is important to note that preventive care services are covered at 100% only when performed for preventive reasons. Any services provided as part of a diagnostic or treatment plan are subject to the deductible and coinsurance.

11. Does the Fidelity Health Plan cover pre-existing conditions?

Yes. There are no exclusions for pre-existing conditions.

Prescription Drug Coverage and Claims

12. How are non-preventive (short-term) prescription drugs covered?

Non-preventive drugs are subject to the [annual deductible](#), [coinsurance](#) and [annual out-of-pocket maximum](#) provisions, just like any other type of covered medical service. In other words, you will pay 100% of the cost of covered prescription drugs until your annual deductible is satisfied. Once you have satisfied the annual deductible, the plan will pay 90%, and you will pay 10% of the cost of any additional covered drugs until you meet your annual out-of-pocket maximum, provided that you use an in-network pharmacy or mail order through the Plan. Once you have met the in-network annual out-of-pocket maximum, the Plan pays 100% of the cost of covered prescription drugs.

13. How are preventive (long-term) prescription drugs covered?

There are no co-pays or coinsurance for generic or preferred brand preventive drugs. For non-preferred brand preventive drugs you pay a copayment until you meet your out-of-pocket maximum. Once you meet your out-of-pocket maximum, the Plan will pay 100% of the cost of covered non-preferred prescription drugs. Non-preferred preventive care drug copays do not apply to the annual deductible but do apply to the out-of-pocket maximum.

14. How are prescription drug claims processed under the Fidelity Health Plan?

Here is a summary of how the claims process works for prescription drug claims when purchased at a CVS Caremark network pharmacy:

- Present your ID card when you fill a prescription at your pharmacy.
- If the drug is non-preventive and you have not reached your annual deductible, your pharmacy will charge you the full cost of the prescription drug. If you have reached your annual deductible, your pharmacy will charge you 10% of the cost of the prescription drug, and the Plan will pay the other 90%. Once you reach your out-of-pocket maximum, the Plan will pay 100%.
- If the drug is a generic or preferred brand preventive drug there is no co-insurance or co-pay.
- If the drug is a non-preferred brand preventive drug, you pay a copay and the amount of the copay will be applied to your out-of-pocket maximum. Once you reach your out-of-pocket maximum, all preventive drugs are covered at 100%.

Eligibility

15. Who is eligible to enroll in the Fidelity Health Plan?

All regular employees regularly scheduled to work at least 20 hours per week who are eligible for coverage under a U.S.-based medical plan and COBRA participants can enroll in the Fidelity Health Plan.

16. I am a COBRA participant. Can I elect coverage under the Fidelity Health Plan?

Yes, you may elect coverage under the Fidelity Health Plan.

Network

17. What network can I use under the Fidelity Health Plan?

The UMR network determines in-network services under the Fidelity Health Plan. In New England, UMR has formed an alliance with Harvard Pilgrim. Therefore, UMR's network is the same as the Harvard Pilgrim network in MA, ME, and NH.

18. How do I find out if a doctor is in the network?

If you need help finding a provider, contact Accolade at 844-287-3861.

In the network search function, if you have the name of a provider (e.g., Dr. John Jones), use this information rather than the name of a provider group in the event that your doctor participates in one.

19. Do I need to choose a primary care physician (PCP)?

No. You are not required to choose a PCP under the Fidelity Health Plan.

20. Do I need a referral to see a specialist?

No. You do not need a referral to see a specialist.

How Fidelity Health Plan Medical Claims Are Processed

21. How are non-preventive in-network claims processed?

Here is a summary of how the claims process works for medical claims:

- Present your ID card when you receive care from a network provider (e.g., your physician, a hospital, or another health care facility).
- The provider notifies UMR that care has been provided and UMR will provide you with an Explanation of Benefits (EOB). The EOB describes how much of the expense you pay to your provider and how much the Plan pays.
- Your provider will send you a bill for your share of the cost for the service. You should not need to pay the provider at the time of service—wait until you receive the bill.

If you have not satisfied your annual out-of-pocket maximum, you will be responsible for your share of the network provider's bill. If you are using a network provider, you should wait to receive your EOB from UMR to verify what you owe prior to paying your provider's bill. The EOB will reflect the amount you should pay based on the discounted rate between UMR and your provider.

22. How do I file a claim for out-of-network services?

If you go to an out-of-network provider or pharmacy, you will need to pay the provider or pharmacy directly, and payment may be requested at the time you receive the service or prescription drug. Be sure to submit your claim to UMR for medical services and to CVS Caremark for prescription drugs. If covered, the allowable medical amount will count toward your deductible and out-of-pocket maximum.

23. If I owe a provider money, how do I make a payment?

If you owe payment to a provider, you can choose to pay out of your own pocket and then reimburse yourself from your Fidelity HSA®. Or, you can make a payment directly to the provider from your Fidelity HSA. In either case, you must first determine that the charge is a qualified medical expense and that you have sufficient funds in your Fidelity HSA. Withdrawals from your Fidelity HSA can be made by using your Fidelity HSA debit card, by directly requesting funds from your account or by writing a check from the HSA checkbook. You can also choose to pay the provider using funds outside your Fidelity HSA if you prefer to let your HSA funds grow on a tax-deferred basis.

24. Am I able to use the Fidelity Health & Wellness Centers if I am enrolled in the Fidelity Health Plan?

Yes. There is no charge for preventive care visits. Generally, all other visits for symptom care services will be provided at a cost of only \$50. This cost is most likely less than what your provider would charge. More cost details can be found at [FMRbenefits.com/Assets/58](https://www.fmrbenefits.com/Assets/58).

Account Basics

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

It's a tax-advantaged account that may be used with a high-deductible health plan to help pay for current and future qualified medical expenses such as deductibles, coinsurance, preventive care drug copayments, and other IRS-approved medical expenses not covered by a group health plan.

26. What are the advantages of a Fidelity HSA?

The Fidelity HSA provides you with the following advantages:

- The Company makes a contribution each year to the accounts of employees who are eligible individuals and who have opened a Fidelity HSA
- Triple tax-advantaged: No tax on contributions, no tax on earnings, no tax when withdrawn for qualified medical expenses
- Flexibility in how and when you use your HSA funds
- Portability—you take your account with you if you leave the Company or retire
- Opportunity to build a balance
- Balances are not subject to the "use it or lose it" rule
- Full range of investment options

27. Is the Fidelity HSA an employer-sponsored plan?

No. The Fidelity HSA is an individual brokerage account.

28. How does the Fidelity HSA work?

If you enroll in coverage under the Fidelity Health Plan and are an eligible individual who establishes a Fidelity HSA, the Company will contribute annually to your account according to the table below:

Salary	Individual	Individual + 1 or more dependents
Under \$50,000	\$1,000	\$2,000
\$50,000 - \$75,000	\$750	\$1,500
\$75,000 - \$150,000	\$500	\$1,000
\$150,000 - \$250,000	\$500	\$1,000
Over \$250,000	\$500	\$1,000
Part-Time	\$500	\$1,000

In addition to the Company’s contribution, you also may make contributions to your Fidelity HSA up to your maximum annual contribution amount. See [Q&A 47](#) for Company contribution amounts for those hired midyear.

You can use your Fidelity HSA funds to pay for current and future qualified medical expenses that you, your spouse, and dependents incur. Unused HSA funds carry over from year to year.

29. When is the 2022 Company contribution made to my Fidelity HSA?

If you are an employee who is an eligible individual and you complete the online account opening process by mid-December 2021, the Company will make its 2022 contribution in a lump sum in January 2022. If you complete the account opening process after mid-December 2021 (but prior to November 30, 2022), you will receive the Company contribution in a lump sum during the next administratively feasible payroll period.

30. What fees are associated with my Fidelity HSA?

There is an annual account maintenance fee for the Fidelity HSA; however, this fee will be paid on your behalf by Fidelity as long as you are an active employee. Once you are no longer an active employee at Fidelity, the annual account maintenance fee is waived. There may be other fees including stop payment fees on checks. Please call Fidelity at 800-544-3716 with questions about the annual any applicable fees.

31. Can I have more than one HSA?

Yes. You may have more than one HSA. However, your maximum annual contribution amount is an aggregate limit. So, if you have more than one HSA, contributions to all your HSAs from all sources must not exceed your maximum annual contribution limit.

HSA Eligibility

32. Who is eligible to establish a Fidelity HSA?

You can establish a Fidelity HSA if:

- You are enrolled in the Fidelity Health Plan
- You are not covered by a health plan that is not a high-deductible health plan
- You are not enrolled in Medicare
- You cannot be claimed as a dependent on another person’s tax return

33. What types of non-high-deductible health plan coverage will make me ineligible to establish and make contributions to a Fidelity HSA?

- Enrollment by your spouse in a health care flexible spending account, even if your spouse does not intend to use the account to be reimbursed for your expenses
- Enrollment in a medical plan other than the Fidelity Health Plan, such as the HealthFlex Plan or one of the HMOs
- Enrollment in a regular health care flexible spending account, such as Fidelity’s Health Care Flexible Spending Account (you can enroll in the Dental and Vision Flexible Spending Account, however, and still be eligible to establish and contribute to an HSA)
- Coverage provided under TRICARE
- Receipt of non-preventive care medical benefits from the Veterans Administration or one of its facilities, including prescription drugs, during the previous three months

34. Are there any types of non-high-deductible health plan coverage that I can have and remain eligible to establish and make contributions to a Fidelity HSA?

Yes. Your participation in the following types of coverage will not affect your eligibility to establish and make contributions to the Fidelity HSA:

- Enrollment in a limited-scope health care flexible spending account, such as Fidelity's Dental and Vision Flexible Spending Account
- Enrollment by your spouse in a limited-scope health care flexible spending account
- Insurance coverage for a specified disease or illness such as cancer, diabetes, asthma, or congestive heart failure
- Coverage for disability, dental, or vision care

35. If I enroll in the Fidelity Health Plan during annual enrollment for 2022 and I immediately complete the HSA account opening process, when can I begin making contributions to my HSA?

You can begin making contributions to your HSA account on January 1, 2022, which is also the effective date of your Fidelity Health Plan coverage if you enroll during Annual Enrollment.

36. Both my spouse and I work for Fidelity. Can we each establish a Fidelity HSA?

If you each enroll separately in the Fidelity Health Plan, you each may each establish a Fidelity HSA provided that you satisfy the other HSA eligibility requirements.

37. My spouse does not work at Fidelity. Can my spouse and I both have HSAs?

Yes, provided your spouse is also covered under a high-deductible health plan. However, please note that the opportunity to establish a Fidelity HSA is available only to Fidelity employees who elect coverage under the Fidelity Health Plan.

38. I provide medical coverage for my family, but file a joint federal income tax return with my spouse. Does this mean I am not eligible to establish a Fidelity HSA?

No, filing your federal income taxes jointly with your spouse does not mean that you are a dependent on your spouse's tax return. Provided that you satisfy the other HSA eligibility requirements and enroll in coverage under the Fidelity Health Plan, you will be eligible to establish a Fidelity HSA.

39. I have received VA disability benefits because of a military-related injury. Am I ineligible to establish a Fidelity HSA?

No, receipt of VA disability benefits will not make you ineligible to establish a Fidelity HSA. However, if you have received VA non-preventive medical or prescription drug services within the last three months, you generally will not be eligible to establish or make contributions to a Fidelity HSA until after a three-month period has passed since your most recent receipt of VA medical or prescription drug benefits. Please note that if you are eligible for VA medical benefits but only received medical care for preventive care or other disregarded coverage, your eligibility to establish or contribute to an HSA will not be affected.

40. Can I enroll in the Fidelity Health Plan and not establish a Fidelity HSA?

Yes. However, keep in mind that you will not receive the Company contribution for 2022 if you do not establish a Fidelity HSA by November 30, 2022.

41. Can I establish a Fidelity HSA if I do not enroll in the Fidelity Health Plan?

No. In order to establish a Fidelity HSA for 2022, you must first enroll in coverage under the Fidelity Health Plan.

42. I am Medicare eligible, but not enrolled in Medicare. Can I establish a Fidelity HSA?

Yes. Provided that you satisfy the other HSA eligibility requirements, you may establish a Fidelity HSA. Keep in mind that once you enroll in Medicare, you no longer will be eligible to contribute to your Fidelity HSA, but you will be able to use the funds already in your account.

43. I will be enrolling in Medicare during the year. What happens to my Fidelity HSA?

Once you enroll in Medicare, you no longer will be eligible to make contributions to your Fidelity HSA. In addition, your maximum annual contribution amount will be reduced based on the number of months you were eligible to contribute to your Fidelity HSA. See [Q&A 48](#).

After you enroll in Medicare, you can continue to use the funds in your Fidelity HSA for qualified medical expenses, including reimbursement for your Medicare premiums.

Contributing to an HSA

44. Who is eligible to receive the Company contribution?

You must be an active employee to be eligible to receive the Company contribution. Additionally, you must be enrolled in the Fidelity Health Plan, establish a Fidelity HSA, and continue to meet the eligibility requirements for an HSA. (See [Q&A 32](#) for eligibility criteria.) Individuals on COBRA, unpaid leave of absence, severance, or are part of a Voluntary Buy Out are not eligible to receive the Company contribution. Additionally, employees on long-term disability at the time Fidelity's Company contribution is made are not eligible for the contribution at that time. However, if the employee returns to work, is enrolled in the Fidelity Health Plan and is otherwise eligible to contribute to an HSA, he or she will receive the Company contribution for the current year as soon as administratively feasible.

45. Is the Company contribution prorated for employees hired or rehired midyear?

If you are hired or rehired midyear, the Company contribution will be prorated based on the number of months during the year you are covered by the Fidelity Health Plan as of the first day of the month.

46. How much can I contribute to my Fidelity HSA in 2022?

Provided that you satisfy the HSA eligibility requirements for the entire year, the maximum annual amount that can be contributed to your account from all sources (Company and employee contributions for 2022) is \$3,650 if you are enrolled in Individual Fidelity Health Plan coverage and \$7,300 if you are enrolled in Individual + Spouse, Individual + Child (ren), or Individual + Family Fidelity Health Plan coverage. Review below for details on contributions to your H.S.A:

	Fidelity 2022 Contribution* and Employee Maximum Contribution		
	Salary less than \$50,000	Salary between \$50 - \$75,000	Salary greater than \$75,000
Individual	\$1,000 Employer / \$2,600 Employee	\$750 Employer / \$2850 Employee	\$500 Employer / \$3100 Employee
Individual + Spouse	\$2,000 Employer / \$5,200 Employee	\$1,500 Employer / \$5,700 Employee	\$1,000 Employer / \$6,200 Employee
Individual + Child(ren)	\$2,000 Employer / \$5,200 Employee	\$1,500 Employer / \$5,700 Employee	\$1,000 Employer / \$6,200 Employee
Individual + Family	\$2,000 Employer / \$5,200 Employee	\$1,500 Employer / \$5,700 Employee	\$1,000 Employer / \$6,200 Employee
Total 2022 Annual Maximum**	\$3,650 Individual / \$7,300 Individual + 1 or More		

*Salary bands based on the Employees Base Pay or Benefit Base Rate. You must be an active employee to be eligible to receive the Company contribution. Employees on severance or an unpaid leave of absence are not eligible to receive the Company contribution. Provided you are enrolled in Fidelity Health Plan coverage and satisfy the HSA eligibility requirements for the entire year. Mid-year enrollment in the FHP will result in a pro-rated Employer contribution to your HSA.

If you will be age 55 or older during 2022, you can contribute an extra \$1,000 in catch-up contributions to your account. These catch-up contributions are in addition to the maximums listed above.

47. How do I calculate my maximum annual contribution if I do not satisfy the [HSA eligibility requirements](#) for the entire year?

If you are an eligible individual on the first day of the last month of your tax year (December 1 for most taxpayers), you are considered an eligible individual for the entire year and therefore can contribute the maximum annual amount based on your Fidelity Health Plan coverage level (Individual, Individual + Spouse, Individual + Child(ren), or Individual + Family) on that date. If you do not satisfy the HSA eligibility requirements on the first day of the last month of the tax year (December 1 for most taxpayers), your maximum annual contribution amount will be prorated. Please refer to the *Limitation Chart and Worksheet* in the Instructions for Form 8889 to determine your prorated contribution amount by going to irs.gov/pub/irs-pdf/i8889.pdf. You can also refer to [IRS Publication 969](#) or consult a tax advisor for more information.

48. What are some examples of when my maximum annual contribution amount will be prorated?

You will not be eligible to contribute the maximum annual contribution amount based on your coverage tier level if, on the first day of the last month of the tax year (December 1 for most taxpayers) you:

- Are covered under a non-high-deductible health plan (such as enrolling in a health care flexible spending account)
- Are enrolled in Medicare
- Are on a military leave of absence and have coverage under TRICARE
- Have a spouse who elects to contribute to a health care flexible spending account
- No longer have coverage under a high-deductible health plan

49. Can my Fidelity HSA contributions ever exceed my maximum annual contribution amount?

Yes. If you turn 55 or older in 2022, you can contribute an additional \$1,000. This is called a "catch-up" contribution.

50. Is my catch-up contribution amount prorated if I turn age 55 in the middle of the year?

No. It does not matter when you turn age 55; you will be eligible to contribute the entire catch-up amount to your account.

51. Can I make a catch-up contribution to my Fidelity HSA if my spouse turns age 55 or older in 2022?

No. You may only make a catch-up contribution to your account if you turn age 55 or older. If your spouse has an HSA and otherwise satisfies the HSA eligibility requirements, your spouse may make a catch-up contribution to his or her account.

52. Who is responsible for determining the maximum annual contribution amount?

The IRS has indicated that it is your responsibility to ensure that you do not contribute more to your Fidelity HSA than the maximum amount permitted during any tax year. To learn more about whether your contribution amounts may be further limited, you should refer to [IRS Publication 969](#) or consult your tax advisor.

53. Is there a minimum amount I must contribute to my Fidelity HSA each year?

No. Your contributions are optional.

54. How can I make contributions to the Fidelity HSA?

You can elect to make contributions to your Fidelity HSA with pre-tax dollars through automatic payroll deductions—just like you do with your medical premium and flexible spending account contributions. You elect your 2022 annual HSA contribution amount as part of your Annual Enrollment elections. You can also change your HSA contribution election at any time throughout the year by contacting the Benefits Center at 800-835-5099, prompt 1. (Note: The ability to change your HSA contribution election during the year is not currently available online.) The annual amount you choose to contribute generally is deducted in equal amounts from each paycheck throughout the year.

You can also make after-tax contributions to your Fidelity HSA by writing a check. You can report this after-tax contribution on your federal income tax return and you may be able to take a deduction for this contribution. Contact your tax advisor for more information.

55. Can I make a lump-sum contribution to my HSA?

Yes. You can make an after-tax lump-sum contribution to your HSA after your enrollment in the Fidelity Health Plan becomes effective and you otherwise meet the eligibility requirements for an HSA. You can report this after-tax contribution on your federal income tax return, and you may be able to take a deduction for this contribution. Contact your tax advisor for more information.

56. Is there a deadline for making 2022 after-tax contributions to my Fidelity HSA?

Yes. After-tax contributions to your Fidelity HSA for 2023 can be made up through your tax-filing deadline (excluding extensions), which generally will be April 15, 2023.

57. Can I make a rollover contribution into my Fidelity HSA?

Yes. You may make rollovers from Archer MSAs and other HSAs into your Fidelity HSA. Rollovers from 401(k), 403(b) and 457 plans are not permitted. A one-time contribution to an HSA from amounts distributed from an IRA as a direct trustee-to-trustee transfer is permitted.

58. Are there any time frames that apply to making a rollover contribution into my Fidelity HSA?

Yes. Your rollover must be completed within 60 days of the date you receive the distribution from your previous HSA custodian.

59. How often may I make a rollover contribution into my Fidelity HSA?

Under IRS rules, you may make only one rollover to your Fidelity HSA during a one-year period.

60. If I make a rollover contribution to my Fidelity HSA, does the amount I rolled over count toward my maximum annual contribution amount?

No. Rollover contributions to your Fidelity HSA are not taken into account when calculating your maximum annual contribution amount. However, a one-time transfer from an IRA is permitted and will count toward your maximum annual contribution amount.

Using Money in Your HSA

61. What types of expenses can be paid from my Fidelity HSA?

You can use HSA funds to pay for qualified medical expenses such as:

- Eligible out-of-pocket health care costs, such as deductibles, coinsurance amounts, and copayments
- Dental, vision, and preventive prescription drug copayments not covered by the Fidelity Health Plan or other group health plan
- IRS-approved medical expenses not covered by a group health plan, such as smoking-cessation programs
- COBRA premiums
- Long-term care insurance premiums, subject to certain limits described in [IRS Publication 502](#)
- Health care coverage premiums while receiving unemployment compensation

Individuals age 65 and older can use Fidelity HSA funds to pay for any expenses without penalty, however, regular income tax will be applied to payments for non-qualified medical expenses. Qualified medical expenses include premiums for Medicare Part A, Part B, Part C, and Part D as well as COBRA premiums. Premiums for Medigap policies as well as premiums for individual pre-65 health care policies (e.g., Fidelity Health Care Access Plan) are not qualified medical expenses.

62. When can I access the funds in my Fidelity HSA?

You can access the funds in your Fidelity HSA as soon as they are in your account. Keep in mind that withdrawals will only receive favorable tax treatment if used to pay for qualified medical expenses that are incurred **after** your account is established and your Fidelity Health Plan coverage becomes effective.

63. How can I access the funds in my Fidelity HSA?

You can access the funds in your Fidelity HSA in a variety of ways.

- First, you may request a distribution check by calling Fidelity at 800-544-3716.
- If you have fully activated your account, you may elect to receive a debit card and/or a checkbook from Fidelity to use to make withdrawals. The debit card is the default option.
- You can use your debit card or checkbook to pay your health care provider directly with funds from your Fidelity HSA, or you can pay the provider with other funds and write a check to reimburse yourself later.
- Finally, you can also use the bill pay feature and have Fidelity pay your providers directly from the account.

If you do not fully activate the features of your account, your Fidelity HSA can accept contributions and you can request distributions by calling an HSA service specialist, but you will not be able to request a HSA debit card, designate your beneficiaries, and access other important aspects of your account.

64. What if I have a medical expense that is greater than the balance in my Fidelity HSA?

You are still responsible for the expense. If you do not have the funds in your Fidelity HSA to cover the expense, you will have to cover it with other funds. Once sufficient funds are available in your Fidelity HSA, you can always make a withdrawal to cover that qualified medical expense.

65. What is a qualified medical expense?

A qualified medical expense is an expense that you, your spouse, or your dependent incurs for medical care, as defined by Internal Revenue Code Section 213(d), which is not covered by insurance. Expenses paid for medical care generally include amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease.

An expense for medical care that you, your spouse, or your dependent incurs will only be considered a qualified medical expense if it is incurred **after** your HSA is established and your Fidelity Health Plan coverage becomes effective.

66. Who is responsible for determining whether an expense is a qualified medical expense?

As the owner of the HSA, the IRS has indicated that you are responsible for determining whether an expense is a qualified medical expense.

67. What resources are available to help me determine whether an expense is a qualified medical expense?

In general, more information on qualified medical expenses can be found in [IRS Publication 502](#). If a type of expense is not listed in IRS Publication 502, you can contact Internal Revenue Service by calling 800-829-1040 or sending an email to HSAinfo@do.treas.gov.

68. Is there a time limit for making withdrawals from my Fidelity HSA?

No. However, an expense for medical care will only be a qualified medical expense if it is incurred by you, your spouse, or your dependent(s) **after** you have established your HSA and your Fidelity Health Plan coverage becomes effective.

69. Can I make withdrawals from my Fidelity HSA for expenses incurred by my family members not covered by my medical coverage?

- Yes, if the expense is qualified and is not eligible for reimbursement by another health plan. Qualified medical expenses include those that you, your spouse, and your dependents incur after your Fidelity HSA is established. Dependents are: Your legal spouse, as evidenced by a marriage certificate, children up to age 19 or if a full-time student up to age 23, those for whom coverage is required by a Qualified Medical Child Support Order (QMCSO) and/or children with a disability.

individuals you claim as dependents on your federal income tax return.

70. Can I pay my medical premiums from my Fidelity HSA?

No. Only the following types of premiums are qualified medical expenses that may be paid from your Fidelity HSA:

- COBRA premiums
- Long-term care insurance premiums, subject to certain limits described in [IRS Publication 502](#)
- Health care coverage premiums while receiving unemployment compensation

Individuals age 65 and older can use HSA funds to pay for premiums for Medicare Part A, Part B, Part C, and Part D. Premiums for Medigap policies are not qualified medical expenses. Premiums for individual pre-65 health care policies (e.g., Fidelity Health Care Access Plan) are also not qualified medical expenses.

71. What happens to my HSA when I become enrolled in Medicare?

If you become enrolled in Medicare, you will no longer be eligible to make contributions, including catch-up contributions, to your Fidelity HSA. You can continue to pay for qualified medical expenses for you, your spouse, and your dependents.

In addition, if you are age 65 or older and are enrolled in Medicare, you can use funds in your Fidelity HSA to pay Medicare premiums, deductibles, copays, and coinsurance under any part of Medicare. You cannot use your account to purchase Medicare supplemental insurance or Medigap policies.

72. How does the Fidelity HSA coordinate with my medical coverage under the Fidelity Health Plan?

That is up to you. You can decide to reimburse yourself from your Fidelity HSA for qualified medical expenses that you, your spouse, or your dependents incur, such as deductible and coinsurance amounts that you pay under the Fidelity Health Plan. Or, you can preserve your Fidelity HSA funds for the future by paying for those costs out of your pocket. The choice is yours.

73. Where can I check the balance in my Fidelity HSA?

The balance in your Fidelity HSA will display on [Fidelity.com](https://www.fidelity.com) (Summary and Portfolio Positions pages) and on [NetBenefits](#) (home page), along with all your other Fidelity accounts. In addition, you will receive your Fidelity HSA statement integrated with your statement for your other Fidelity Brokerage accounts.

74. Is there a minimum amount for withdrawals from the Fidelity HSA?

No, there is no minimum amount for withdrawals from your Fidelity HSA at this time.

75. How are the funds in my Fidelity HSA invested?

You can invest your Fidelity HSA balance and the earnings grow federally tax-free. When your account is created your funds will automatically be contributed in an FDIC-insured deposited sweep position. After you activate your account, you can choose to have your core cash position changed to the Fidelity Government Cash Reserves (FDRXX) which could provide a greater return. (Note: Accounts opened prior to September 2009 already utilize Fidelity® Government Cash Reserves as the Core position.) You can choose to invest in a broad range of options, including the Fidelity HSA® Funds to Consider, which are a professionally selected lineup of funds with no minimums or transaction fees along with a full range of Fidelity mutual funds—over 5,000 additional mutual funds, individual stocks, bonds, CDs, and ETFs. Note that mutual funds may have minimum investment amount requirements. You may also invest a percent of your future payroll contributions into mutual funds held by your Fidelity HSA by using the automatic investing feature available within your account.

You could lose money by investing in a money market fund. Although the fund seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. An investment in the fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Fidelity Investments and its affiliates, the fund's sponsor, have no legal obligation to provide financial support to money market funds and you should not expect that the sponsor will provide financial support to the fund at any time.

Fidelity's government and U.S. Treasury money market funds will not impose a fee upon the sale of your shares, nor temporarily suspend your ability to sell shares if the fund's weekly liquid assets fall below 30% of its total assets because of market conditions or other factors.

76. How can I grow my Fidelity HSA balance?

The ability to grow your Fidelity HSA balance will depend on a number of factors, including:

- How much health care you use and whether you choose to withdraw funds from your Fidelity HSA to pay for qualified medical expenses
- Amount of annual contributions made to your Fidelity HSA by both you and the Company
- Length of time your HSA funds are invested
- How you invest your HSA funds

HSA Tax Considerations

77. What are the reporting requirements associated with a Fidelity HSA?

At the time you file your federal income tax return, you will need to complete [IRS Form 8889](#) to report contributions to your Fidelity HSA and any withdrawals from your account.

78. What are the federal tax advantages of a Fidelity HSA?

A Fidelity HSA offers the following tax advantages:

- Tax-advantaged contributions (from both you and the Company)
- Tax-free growth
- Tax-free withdrawals for qualified medical expenses

79. Am I taxed on the contribution the Company makes to my account?

No. You don't pay federal income tax or FICA tax on the money the Company contributes to your Fidelity HSA.

80. Will I pay state taxes on HSA contributions?

State tax treatment of HSAs varies and is evolving. To confirm how your state treats HSAs, please consult your state tax resource or a tax advisor.

81. What happens to the balance in my Fidelity HSA if I don't spend it by the end of the year?

Any balance in your Fidelity HSA that you don't spend in one year will carry over to the next year.

82. What happens if I withdraw funds from my Fidelity HSA for an expense that is not considered a qualified medical expense?

IRS rules govern how you maintain and use your Fidelity HSA. The IRS does not restrict you from withdrawing funds for any reason, but because an HSA is intended to cover health care expenses, you pay income tax and a possible 20% penalty on funds withdrawn for reasons other than to pay for qualified medical expenses. The penalty does not apply to funds withdrawn after your death, disability, or when you reach age 65. It is your responsibility to ensure that your withdrawals from the HSA are for qualified medical expenses. Fidelity does not monitor or manage withdrawals. It is strictly between you and the IRS.

83. What happens if I make a withdrawal from my Fidelity HSA for an expense that I reasonably, but mistakenly, thought was a qualified medical expense?

If you return money to your HSA:

- It will not be included in your income
- It will not count toward your annual contribution limit
- It will not be subject to the 20% penalty that is associated with withdrawals from an HSA that are not used for qualified medical expenses
- It will not be subject to the 6% excise tax on excess contributions

If applicable, a corrected Form 1099-SA (reporting HSA distributions) will be mailed to you. For more information, please see Q&A 37 of [IRS Notice 2004-50](#), or consult with your tax advisor regarding your individual situation.

84. What happens if the contributions to my Fidelity HSA exceed my maximum annual contribution?

If the total amount contributed to your Fidelity HSA from all sources (Company and employee) exceed your maximum annual contribution amount, the excess amount will be subject to income tax and a 6% excise tax unless the excess contribution is withdrawn from your account, along with earnings thereon, by the due date (including extensions) for filing your federal income tax return.

85. How is the money in my Fidelity HSA taxed when I use it after retirement?

After you reach age 65, you can withdraw amounts from your Fidelity HSA for purposes other than qualified medical expenses without incurring the 20% penalty. Keep in mind, however, that those withdrawals will be subject to income tax.

86. What kinds of records do I need to keep?

You are responsible for keeping records and receipts to prove your withdrawals are for qualified medical expenses. As required by law, Fidelity Brokerage Services will report withdrawals from your Fidelity HSA to you and to the IRS on IRS Form 1099-SA. If your tax return is audited by the IRS, you might be asked to provide receipts for distributions from your Fidelity HSA.

HSAs and the Retiree Health Reimbursement Plan (RHRP), 401(k) plan, and IRAs

87. If I receive credits for the RHRP, will that impact my eligibility to establish or contribute to an HSA?

No.

88. If I contribute to an HSA, will that impact my eligibility to receive or access RHRP credits?

Contributing to an HSA will not impact your eligibility to receive RHRP credits. However, if you leave the Company and become eligible to access your RHRP credits, you cannot do so in a plan year that you have made contributions to an HSA. You must wait until the following plan year.

89. Can I have both a Fidelity HSA and an IRA?

Yes. The Fidelity HSA and the IRA are completely independent of each other.

90. Does the amount I contribute to my Fidelity HSA affect the amount I can contribute to the 401(k) plan?

No. Contributions that you may make to your Fidelity HSA and the 401(k) plan are completely independent.

Dental and Vision Flexible Spending Account (FSA)

91. What is the Dental and Vision Flexible Spending Account?

The Dental and Vision Flexible Spending Account is a type of flexible spending account (FSA) that can only be used to pay for eligible dental and vision expenses. It is designed for people enrolling in the Fidelity Health Plan who establish an HSA.

92. Who can enroll in the Dental and Vision FSA?

It is designed for people enrolling in the Fidelity Health Plan who establish an HSA. Although any benefits-eligible employee can enroll, those enrolling in a plan other than the Fidelity Health Plan likely will find the regular Health Care FSA to be much more flexible and provide reimbursement for a more comprehensive list of eligible expenses.

93. Why would I enroll in the Dental and Vision FSA?

You can use the Dental and Vision FSA to pay for eligible dental and vision expenses with pre-tax dollars. These types of expenses can also be reimbursed from your Fidelity HSA.

However, you could choose to use the Dental and Vision FSA in the following scenarios:

- If you wish to save the funds in your Fidelity HSA, you can use your Dental and Vision FSA to pay for these expenses on a pre-tax basis.
- Or, if you expect your eligible dental and vision expenses to exceed the amount you have in your Fidelity HSA, you may wish to use the Dental and Vision FSA to pay for the excess expenses on a pre-tax basis.

If you intend on using a combination of the Dental and Vision FSA and your Fidelity HSA to pay for eligible dental and vision expenses, you may want to consider using the money in your Dental and Vision FSA first, since a portion of this account is subject to the "use it or lose it" rule, while unused money in your Fidelity HSA will carry over from year to year. If you have a **Health Flexible Spending Account (FSA)**, you can automatically rollover any unused funds in calendar year 2021 into calendar year 2022. For calendar year 2022, you can automatically rollover up to \$550 in unused funds (any amount over \$550 for calendar year 2022 will be subject to the "use it or lose it rule" .-If you select the Fidelity Health Plan next year and are eligible for an HSA contribution any unused FSA money will automatically roll over to the Dental and Vision FSA.

94. How do I determine what dental and vision services are eligible for reimbursement under Dental and Vision FSA?

To determine if a dental or vision expense is eligible for reimbursement under the Dental and Vision FSA, refer to [IRS Publication 502](#), or speak with your tax advisor.

95. How much can I contribute to the Dental and Vision FSA?

For 2022, you can contribute up to \$2,750 annually. However, be sure that the amount you contribute to the account takes into consideration the fact that you have limited opportunity to use the account—it can only be used for reimbursement of eligible dental and vision expenses.

Please note that unlike the Fidelity HSA, you cannot change your contribution amount for the Dental and Vision FSA during the year without a qualified Change in Status. For more information, please refer to the Benefits Overview section of *Benefits at Fidelity: Your Summary Plan Description* which is available on [NetBenefits](#). You may also request a copy by calling the Benefits Center at 800-835-5099, prompt 1.

96. Can I have both a Dental and Vision FSA and a Fidelity HSA?

Yes. Participation in the Dental and Vision FSA is not considered a non-high-deductible health plan coverage, and therefore does not impact your eligibility to establish an HSA.

The Dental and Vision FSA can only be used for eligible dental and vision expenses. It cannot be used for medical expenses. Any contributions that you do not use for eligible expenses incurred in 2022 will be forfeited. Keep this in mind when planning your Dental and Vision FSA contributions for 2022.

97. How do I enroll in the Dental and Vision FSA?

During Annual Enrollment, you can enroll in the Dental and Vision FSA by logging on to [NetBenefits](#) or by calling the Benefits Center at 800-835-5099, prompt 1.

Indicate the annual amount you wish to contribute, up to \$2,750. However, be sure that the amount you contribute to the account takes into consideration the fact that you have limited opportunity to use the account—it is intended for your eligible dental and vision expenses only.

Note: Your election in this program carries over from one year to the next, so be certain to review this election annually.

98. Who provides administrative services for the Dental and Vision FSA?

Similar to Fidelity's other FSAs; HealthEquity|WageWorks provides claims administrative services for the Dental and Vision FSA. For more information, please call HealthEquity|WageWorks at 877-WageWorks (877-924-3967).

99. Is the debit card feature available for the Dental and Vision FSA?

Yes.

100. Can I transfer my balance from the Dental and Vision FSA into my Fidelity HSA?

No. You are not allowed to transfer amounts from your Dental and Vision FSA to your Fidelity HSA. These accounts are completely independent of one another.

101. How do I enroll in the Fidelity Health Plan?

During Annual Enrollment for 2022, you can enroll in the Fidelity Health Plan by logging on to [NetBenefits](#) or by calling the Benefits Center at 800-835-5099, prompt 1.

102. How do I establish a Fidelity HSA?

When you elect the Fidelity Health Plan during Annual Enrollment, you can open an HSA by agreeing to the Terms and Conditions that display at the end of the enrollment process. Shortly after you complete the online account opening process, your account information will display on NetBenefits and Fidelity.com. Please note that you are not eligible to contribute or take withdrawals for expenses incurred until after your Fidelity Health Plan coverage becomes effective, which will be January 1 for annual enrollment elections.

103. What happens if I don't establish my Fidelity HSA until midyear?

If you do not complete your online Fidelity HSA application on a timely basis, you will not receive the Company contribution to your account until the account is established, and you may miss opportunities for automatic payroll deduction contributions to your Fidelity HSA. Once you open your account, your per pay period contribution will be reamortized to ensure that you hit your annual contribution amount. In addition, you will not be able to withdraw funds from your Fidelity HSA for qualified medical expenses incurred prior to the date your account is established.

104. What is the deadline for establishing the Fidelity HSA in order to receive the 2022 Company contribution?

You must complete the account opening process by November 30, 2022, in order to establish your account so that you may receive the 2022 Company contribution. Keep in mind that any expenses you incur prior to establishing your account will not be considered qualified medical expenses for taking a withdrawal from your Fidelity HSA.

105. By what date in 2020 do I need to complete the account opening process to ensure that my account is established by January 1, 2022?

In order to have your Fidelity HSA established by January 1, 2022, you need to complete the online account opening process by December 31, 2020. Depending on what you choose during the account activation process, Fidelity Brokerage Services will send you a debit card or checkbook. You will also be able to see your account on [Fidelity.com](#) and [NetBenefits](#).

106. How will I know if my Fidelity HSA has been established for January 1, 2022?

You will receive a New Account Profile confirming that your account has been established. Please note that while you can view your HSA account on [NetBenefits](#) shortly after you complete the account opening process, expenses will not be considered qualified medical expenses unless they are incurred after the account has been established on NetBenefits and your Fidelity Health Plan coverage becomes effective.

107. When will I receive the debit card or checkbook for my Fidelity HSA?

Your debit card or checkbook should arrive at your mailing address one to two weeks after you have fully activated your account.

108. Can I change my Fidelity HSA contribution amount during the year?

Yes. If you are contributing through payroll deduction, you can start, stop, or change the amount you are contributing to your Fidelity HSA at any time during the year by contacting the Benefits Center at 800-835-5099, prompt 1. (Note: The ability to change your HSA contribution election during the year is not currently available online.)

109. What happens to the money in my Fidelity HSA if I leave the Company?

Your Fidelity HSA balance is yours. You can keep your account with Fidelity, and continue to have access to the funds in your account, or you can choose to transfer it to another institution.

After you leave the Company, you may make contributions to your account by writing a check, if you have coverage under a high-deductible health plan and continue to satisfy the other HSA eligibility requirements.

Even if you don't maintain coverage under a high-deductible health plan following your termination, you may still withdraw funds from your account to pay for qualified medical expenses.

110. What happens to the money in my HSA if I die or become disabled?

If you die, any balance remaining in your Fidelity HSA will become the property of your named beneficiary of the account. If your spouse is your named beneficiary, the account can be registered in your spouse's name once he or she completes a

Fidelity HSA application. If someone other than your spouse is your named beneficiary, your Fidelity HSA will cease to be an HSA on the date of your death and the fair market value of the assets in your account will be includible in your named beneficiary's gross income. For additional details, please call Fidelity Investments Health Savings Accounts at 800-544-3716.

If you become disabled, you can withdraw money from your Fidelity HSA. If you are disabled, withdrawals that are not for qualified medical expenses are subject to income tax, but not the 20% penalty.

111. Where do I get more information about the Fidelity HSA?

For eligibility and enrollment information, go to [NetBenefits](#). For investments, transactions, or account balances, go to [Fidelity.com](#) or call 800-544-3716.

Before investing in any mutual fund, consider the investment objectives, risks, charges, and expenses. Contact Fidelity for a prospectus or, if available, a summary prospectus containing this information. Read it carefully.

Investing involves risk, including risk of loss.

The materials presented in this Frequently Asked Questions document contains general information regarding the terms of the Fidelity Health Plan and the Dental and Vision Flexible Spending Account, which are sponsored by FMR LLC and its affiliated companies ("Fidelity" or the "Company"). The benefits described in this document are available only to benefits-eligible employees. The language used in this document is not intended to create, nor is it to be construed to create, a contract between Fidelity and any one of its employees and former employees. In the event the content of this document and any oral or written representations made by any person regarding the Fidelity Health Plan, the Dental and Vision Flexible Spending Account, or any other plans sponsored by the Company, conflicts or is inconsistent with the provisions of the applicable plan document(s), the provisions of the applicable plan document(s) are controlling and will govern. Fidelity reserves the right to change, suspend, withdraw, amend, modify, or terminate the plan(s), in whole or in part, at any time.

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