

Frequently Asked Questions

Fidelity Health Plan and Fidelity Health Savings Account

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

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Fidelity Health Plan

1. What is the Fidelity Health Plan?

The Fidelity Health Plan is a traditional PPO medical plan – 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. Here's a quick snapshot of how the plan works:

PLAN DETAILS		
	In-Network	Out-Of-Network*
Annual Deductible	\$1,500 – Individual \$3,000 – Individual +1 /Family	\$3,000 – Individual \$6,000 – Individual +1 /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 +1 /Family	\$4,000 – Individual \$8,000 – Individual +1 /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 Prescription Drugs	Plan pays 100% after co-pay of \$10 for generic, \$20 for formulary brand, or \$40 for non-formulary brand drugs	Plan pays 70% of cost of covered drug; you pay 30% coinsurance
<p>* Out-of-network covered services are subject to reasonable and customary (R&C) guidelines. You are responsible for 100% of costs over R&C.</p> <p>** Amounts that exceed R&C for out-of-network covered services do not count toward the annual out-of-pocket maximum.</p> <p>*** Preventive care is not covered out-of-network, with the exception of prenatal care which is subject to out-of-network plan provisions.</p>		

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 co-pay. The plan is designed to ensure that the high deductible does not discourage you from getting needed preventive care.

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 Amount of the cost of 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 reasonable and customary (R&C) amount. If the out-of-network provider charges more than the R&C amount determined by UnitedHealthcare, you are responsible to pay 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 (OOP) maximum?

Once you reach the OOP maximum for in-network services, the plan will pay 100% of covered services for the year. Once you reach the OOP 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 UnitedHealthcare, you are responsible to pay the amount above the R&C.

4. What does Reasonable & Customary mean?

The Reasonable and Customary (R&C) amount of a claim is based on the prevailing cost for a corresponding treatment, services, or supplies for similar conditions in your geographic area, as determined by UnitedHealthcare, the claims administrator for the Fidelity Health Plan. Consideration is given to the complexity and range of services provided when determining whether a charge is reasonable. 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 Reasonable & Customary 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.

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 [reasonable & customary](#) for covered services provided on an out-of-network basis
- Amounts above Plan limits for covered services

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 UnitedHealthcare (877-240-4016) for a more detailed list of covered services or a specific coverage question.

7. I am enrolled in individual + 1 or family coverage. Are all of 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 deductible amount) towards 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.

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. How is in-network preventive care covered?

There is no co-pay for [in-network preventive care](#). In-network preventive care is always covered at 100%. The plan is designed to ensure that the high deductible does not discourage you and your dependents from getting needed preventive care.

9. 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 by UnitedHealthcare 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.

10. What types of services are considered preventive?

In order for the Fidelity Health Plan to be considered a high-deductible health plan that can be used with an HSA, it can only pay for certain expenses, such as preventive care expenses before the deductible is satisfied. 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 pre-natal care.

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. How do I find out what's covered as preventive services under the Fidelity Health Plan?

An initial detailed list of preventive prescription drugs and preventive medical services can be found on www.fmrbenefits.com. For a list of preventive medical care services, go to www.myuhc.com (>benefits and coverage > what is covered as preventive), or call UnitedHealthcare at 877-240-4016. For a list of covered preventive prescription drug expenses, you can contact Medco at 866-383-7314 or go to www.medco.com.

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

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

Prescription Drug Coverage and Claims

13. How are non-preventive 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 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.

14. How are preventive prescription drugs covered?

You pay a copayment for preventive prescription drugs 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 prescription drugs. Preventive care drug copays do not apply to the annual deductible but do apply to the out-of-pocket maximum.

15. 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 Medco 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 deductible, your pharmacy will charge you the full cost of your non-preventive prescription drug. If you have reached your deductible, your pharmacy will charge you 10% of the cost of your non-preventive prescription drug and the Plan will pay the other 90%.
- In general, if the drug is preventive, 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 and non-preventive drugs are covered at 100%.

Eligibility

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

All benefits-eligible 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.

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

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

18. Can I enroll my eligible domestic partner or same-sex spouse in the Fidelity Health Plan, and then use the funds in my HSA to pay for their medical expenses?

You can enroll your eligible domestic partner or same-sex spouse in the Fidelity Health Plan; however, in accordance with federal law, expenses incurred by your domestic partner or same sex spouse are not considered qualified medical expenses eligible for favorable tax treatment in the HSA.

Network

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

As with HealthFlex, UnitedHealthcare is the claims administrator for the Fidelity Health Plan. Both plans use the same network of providers who offer the same provider discounts. In New England, UnitedHealthcare has formed an alliance with Harvard Pilgrim. Therefore, UnitedHealthcare's network is the same as the Harvard Pilgrim network in MA, ME and NH.

20. How do I find out if a doctor is in the network on UnitedHealthcare's website, www.myuhc.com?

On www.myuhc.com, go to the Find Physician or Facility link under the Links and Tools Section. Choose the medical care or equipment type you are searching for and then on Step 2 of the Search Criteria page, select the Harvard Pilgrim Choice Plus network.

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

21. Do I need to choose a Primary Care Physician (PCP)?

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

22. 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

23. 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 UnitedHealthcare that care has been provided. You will receive an electronic alert to your email address when an Explanation of Benefits (EOB) from UnitedHealthcare is viewable at myuhc.com. The EOB describes how much of the expense you pay to your provider and how much the Plan pays. If you prefer paper, you can change your preferences online back to paper.
- 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 Health Statement from UnitedHealthcare to verify what you owe. The EOB will reflect the discounted cost of the covered service *negotiated* by UnitedHealthcare.

24. 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 UnitedHealthcare for medical services and to Medco for prescription drugs. If covered, the allowable medical amount will count toward your deductible and out-of-pocket maximum. Claim forms and instructions are available on myuhc.com.

25. What is the Health Statement that I will receive from UnitedHealthcare?

In addition to Explanation of Benefits that you will receive online every time you have a claim, if you are covered by the Fidelity Health Plan and have received services, you will receive a monthly Health Statement from UnitedHealthcare via paper mail summarizing all of your and your covered dependents claim activity for the month. If you prefer to view these statements online, you can change your preferences online at myuhc.com.

It is important to review your Health Statement from UnitedHealthcare prior to paying your provider bill. When you use an in-network provider, your Health Statement will always reflect the amount you should pay based on the discounted rate between UnitedHealthcare and your provider.

26. How are prescription drugs 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 Medco 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 your non-preventive prescription drug. If you have reached your deductible, your pharmacy will charge you 10% of the cost of your non-preventive prescription drug and the Plan will pay the other 90%.
- In general, if the drug is preventive, 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 and non-preventive drugs are covered at 100%.

27. If I owe the provider money, how do I make payment?

If you owe payment to the 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 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.

28. Am I able to use the Fidelity Health & Wellness Center (Boston and Smithfield locations) if I am enrolled in 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 (for 2013). This cost is most likely less than what your provider would charge. Refer to more cost details at <http://www.takecarehealthcenters.com/Fidelity/?section=charges>.

Fidelity Health Savings Account (HSA)

Account Basics

29. 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.

30. 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
- Tax advantages
- 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 "use it or lose it" rule
- Full range of investment options.

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

No, the Fidelity HSA is an individual brokerage account that employees who satisfy the HSA eligibility requirements may elect to establish as a customer of Fidelity Brokerage Services.

32. 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* \$500 to the accounts of employees who elect individual coverage and \$1,000 to the accounts of employees who elect individual + 1 or family coverage. 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 51](#) for Company contribution amounts for those hired mid-year.

You can use your Fidelity HSA funds to pay for current and future qualified medical expenses that you, your opposite-sex spouse, and dependents incur. However, in accordance with federal law, expenses incurred by your domestic partner or same-sex spouse are not considered qualified medical expenses eligible for favorable tax treatment in the HSA. Unused HSA funds carry over from year-to-year.

33. When is the 2013 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 2012, the Company will make its 2013 contribution in a lump sum in January 2013. If you complete the account opening process after mid-December 2012 (but prior to December 31, 2013), you will receive the Company contribution in a lump sum during the next administratively feasible payroll period.

34. What fees are associated with my Fidelity HSA?

In addition to the annual account maintenance fee (which the Company will pay on your behalf as long as you are an active employee), there are standard fees associated with the checking account feature of your Fidelity HSA. There is a \$15 fee for the following: check stop payment, returned check and outbound wire payments. Standard checkbooks are currently free; however Business and Executive style checkbooks are available at an additional cost. Fidelity HSAs are subject to low balance fees assessed on specific account positions. Additional fees and commissions may apply to specific investment options. Note: The HSA debit card and the use of this card are provided at no charge.

Once you are no longer an active employee at Fidelity, you will be responsible for the annual account maintenance fee of \$36.

35. 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 of your HSAs from all sources must not exceed your maximum annual contribution limit.

HSA Eligibility

36. 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, and
- You cannot be claimed as a dependent on another person's tax return.

* Subject to change or elimination in the future at the Company's discretion.

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

- 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 Health Care HSA-Compatible Flexible Spending Account, however, and still be eligible to establish and contribute to an HSA)
- Enrollment by your opposite-sex 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
- Coverage under TRICARE
- Receipt of non-preventive care medical benefits from the Veterans Administration or one of its facilities, including prescription drugs, during the previous 3 months.

38. Are there any types of non-high-deductible health plan coverage that I can have that will not make me ineligible to establish and make contributions to a Fidelity HSA?

Yes, the following types of coverage will **not** make you ineligible to establish and make contributions to the Fidelity HSA:

- Enrollment in a limited scope health care flexible spending account, such as Fidelity's Health Care HSA-Compatible Flexible Spending Account
- Enrollment by your opposite-sex spouse in a limited scope health care flexible spending account
- Enrollment by your opposite-sex spouse in a post-deductible 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.

39. If I enroll in the Fidelity Health Plan during annual enrollment for 2013 and I immediately complete the HSA account opening process, when can I make begin making contributions to my HSA?

Even though your HSA account information will appear on NetBenefits® shortly after your application is approved, you are **not** eligible to contribute to your account until January 1, 2013 when your Fidelity Health Plan coverage becomes effective.

40. Both my spouse and I work for Fidelity, can we each establish a Fidelity HSA?

If you both enroll in coverage under the Fidelity Health Plan and do not cover each other as dependents, you each may establish a Fidelity HSA provided that you satisfy the other HSA eligibility requirements. The maximum Company contribution amount for Company couples is \$1,000.

41. 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. Please note, however, that the opportunity to establish a Fidelity HSA only is available to Fidelity employees who elect coverage under the Fidelity Health Plan.

If each spouse is age 55 or older, both spouses may make catch-up contributions to their HSAs. If only one spouse is age 55 or older, only that spouse is eligible to make a catch-up contribution to the HSA; the catch-up contribution may not be allocated among the spouses. For 2013, the catch-up contribution limit is \$1,000.

42. 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.

43. 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 (3) months, you generally will not be eligible to establish or make contributions to a Fidelity HSA until after a 3-month period has passed since your most recent receipt of VA medical or prescription drug benefits. Please note, 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 impacted.

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

Yes. Keep in mind, however, you will not receive the Company contribution for 2013 if you do not establish a Fidelity HSA by December 31, 2013.

45. 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 2013, you must first enroll in coverage under the Fidelity Health Plan.

46. If I elect coverage under the Fidelity Health Plan under COBRA, can I establish a Fidelity HSA?

Provided that you satisfy the other HSA eligibility requirements, you may establish a Fidelity HSA. However, COBRA participants who elect coverage under the Fidelity Health Plan and establish a Fidelity HSA will not be eligible to receive a Company contribution to their account.

47. 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 in your account.

48. 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 52.](#)

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.

49. Can I enroll my eligible domestic partner or same-sex spouse in the Fidelity Health Plan, and then use the funds in my HSA to pay for their medical expenses?

You can enroll your eligible domestic partner or same-sex spouse in the Fidelity Health Plan; however, in accordance with federal law, expenses incurred by your domestic partner or same sex-spouse are not considered qualified medical expenses eligible for favorable tax treatment in the HSA.

Contributing to an HSA

50. 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 36](#) for eligibility criteria). Individuals on COBRA, unpaid leave of absence and severance 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/she will receive the Company contribution for the current year as soon as administratively feasible.

51. Is the Company contribution prorated for employees hired or rehired mid-year?

If you are hired or rehired mid-year, 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.

52. How much can I contribute to my Fidelity HSA in 2013?

Provided 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) is \$3,250 if you are enrolled in individual Fidelity Health Plan coverage and \$6,450 if you are enrolled in individual + 1 or family Fidelity Health Plan coverage.

If there is no other factor that will reduce your maximum annual contribution amount, \$2,750 generally will be the maximum amount you can contribute to your Fidelity HSA if you have individual coverage under the Fidelity Health Plan:

\$500 Company contribution + \$2,750 your contribution = \$3,250 maximum annual contribution

If there is no other factor that will reduce your maximum annual contribution amount, \$5,450 generally will be the maximum amount you can contribute to your Fidelity HSA if you have individual +1 or family coverage under the Fidelity Health Plan:

\$1,000 Company contribution + \$5,450 your contribution = \$6,450 maximum annual contribution

If you will be age 55 or older during 2013, 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.

If both you and your spouse have HSAs, the maximum annual contribution for family coverage is split equally between both HSAs unless you and your spouse agree upon a different division.

53. 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 or individual +1/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 <http://ftp.irs.gov/pub/irs-pdf/i8889.pdf>. You can also refer to [Publication 969](#) or consult a tax advisor for more information.

54. 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 an opposite-sex spouse who elects to contribute to a health care flexible spending account
- No longer have coverage under a high-deductible health plan.

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

Yes, if you turn 55 or older in 2013, you can contribute an additional \$1,000. This is called a "catch-up" contribution.

56. 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.

57. Can I make a "catch-up" contribution to my Fidelity HSA if my spouse turns age 55 or older in 2013?

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.

58. 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 with your tax advisor.

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

No. Your contributions are optional.

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

You can elect to make your contributions to your Fidelity HSA with pretax dollars through automatic payroll deductions—just like you do with your medical premium and flexible spending account contributions. You elect your 2013 annual HSA contribution amount as part of your Annual Benefits Enrollment elections. You can also change your HSA contribution election at any time throughout the year by contacting HR Solutions 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. If you make after-tax contributions to your HSA, you may take an above-the-line deduction for your contribution amounts when you file your federal income tax return. An above-the-line deduction means that your after-tax contributions to your Fidelity HSA will reduce your gross income used to determine your federal income tax liability. You are not required to itemize your deductions in order to receive the above-the-line deduction.

61. 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. If you make an after-tax contribution to your HSA, you may take an above-the-line deduction for your contribution amounts when you file your federal income tax return. Contact your tax advisor for more information.

62. 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.

63. Are there any timeframes 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.

64. Is there a deadline for making 2013 after-tax contributions to my Fidelity HSA?

Yes, after-tax contributions to your Fidelity HSA for 2013 can be made up through your tax filing deadline (excluding extensions), which generally will be April 15, 2014.

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

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

66. 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. The transfer amount will count toward your maximum annual contribution amount.

67. As a COBRA participant, will I receive the Company contribution to the HSA?

No, COBRA participants are not eligible to receive the Company contribution to the HSA. See [Q&A 50](#) for more information about eligibility for the Company contribution.

Using Money in Your HSA

68. 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 over can use Fidelity 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 are also not qualified medical expenses (e.g., Fidelity Health Care Access Plan).

69. 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.

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

During the account opening process, you will be asked whether you would like to receive a debit card and/or a checkbook from Fidelity to use to make withdrawals from your Fidelity HSA. 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. You may also request a distribution check by calling Fidelity at 800-544-3716. In any case, you must first determine that the charge is a qualified medical expense and that you have sufficient funds in your Fidelity HSA. To be sure you get the benefit of the negotiated rates that UnitedHealthcare (UHC) has with network providers, you should wait until the claim has been processed through UHC before you pay your provider.

71. 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 assets. Once sufficient funds are available in your Fidelity HSA, you can always make a withdrawal to cover that qualified medical expense.

72. What is a “qualified” medical expense?

A qualified medical expense is an expense that you, your opposite-sex spouse or your dependent incur for medical care, as defined by Internal Revenue Code Section 213(d) that is not covered by insurance. However, in accordance with federal law, expenses incurred by your domestic partner or same-sex spouse are not considered qualified medical expenses eligible for favorable tax treatment in the HSA. 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 opposite-sex 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.

73. 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.

74. 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, which is available at [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

Examples of expenses that are qualified medical expenses that are found in Publication 502 include:

- Prescription drugs
- Insulin
- Physician office visits
- Physical therapy
- Chiropractic services
- Vision and dental care

Examples of expenses that are **not** qualified medical expenses, as listed in Publication 502, include:

- Surgery for purely cosmetic reasons
- Health club dues
- Illegal operations or treatment
- Maternity clothing
- Toothpaste, toiletries, cosmetics
- Over-the-counter medication incurred on or after January 1, 2011

75. If a type of expense is not listed in IRS Publication 502, how can I determine whether it will be a qualified medical expense?

You can contact the HSA Information Line at the U.S. Department of Treasury by calling 202-622-4472 and leaving a voice mail. In addition, you may wish to send an email to HSAinfo@do.treas.gov.

76. 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 opposite-sex spouse, or your dependent(s) *after* you have established your HSA and your Fidelity Health Plan coverage becomes effective. However, in accordance with federal law, expenses incurred by your domestic partner or same-sex spouse are not considered qualified medical expenses eligible for favorable tax treatment in the HSA.

77. Can I take a withdrawal from my Fidelity HSA to pay for a qualified medical expense that was incurred in a prior year?

Yes, you can take a withdrawal to pay or reimburse for expenses incurred in any prior year as long as the expense was incurred **after** you established your Fidelity HSA and your Fidelity Health Plan coverage is effective.

78. What happens if I take a withdrawal for an expense that is not a qualified medical expense?

You pay regular income tax and a 20% penalty on amounts withdrawn from your Fidelity HSA that are not for qualified medical expenses. The penalty does not apply to amounts withdrawn after your death, disability, or attainment of age 65. It is your responsibility to ensure 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.

79. 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 opposite-sex spouse and your dependents incur after your Fidelity HSA is established. Dependents are individuals you claim as dependents on your federal income tax return. However, in accordance with federal law, expenses incurred by your domestic partner or same-sex spouse are not considered qualified medical expenses eligible for favorable tax treatment in the HSA.

80. 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 over 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 are also not qualified medical expenses (e.g. Fidelity Health Care Access Plan).

81. 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 opposite-sex spouse and dependents. However, in accordance with federal law, expenses incurred by your domestic partner or same-sex spouse are not considered qualified medical expenses eligible for favorable tax treatment in the HSA.

In addition, if you are 65 and over 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.

Once you reach age 65, distributions for expenses other than qualified medical expenses will still be considered taxable income; however, they will no longer be subject to the 20% penalty.

If you are currently enrolled in Medicare, you are not eligible to open an HSA.

82. 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 opposite-sex spouse, or your dependent(s) incur such as deductible and coinsurance amounts that you pay under the Fidelity Health Plan. However, in accordance with federal law, expenses incurred by your domestic partner or same-sex spouse are not considered qualified medical expenses eligible for favorable tax treatment in the HSA. Or, you can preserve your Fidelity HSA funds for the future by paying for those costs out of your pocket. The choice is yours.

83. 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 and Savings & Retirement pages), along with all of your other Fidelity accounts. In addition, you will receive your Fidelity HSA statement integrated with your statement for your other Fidelity Brokerage accounts.

84. 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.

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

You can invest your Fidelity HSA balance and the earnings grow federally tax free. Your funds automatically will be deposited in an FDIC insured deposit sweep position (note accounts opened prior to September 2009 utilize Fidelity Cash Reserves as the Core position). You can choose to invest in a broad range of options including a full range of Fidelity mutual funds, up to 4,000 additional mutual funds, individual stocks, bonds, CDs and ETFs. Note that mutual funds may have minimum investment amount requirements.

86. 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, and
- How you invest your HSA funds.

HSA Tax Considerations

87. 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.

88. 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.

89. 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.

90. Will I pay state taxes on HSA contributions?

State tax treatment of HSAs varies and is evolving. It depends on where you live. To confirm how your state treats HSAs, you should consult your state tax resource or a tax advisor.

91. 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.

92. 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 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.

93. 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?

The amount can be repaid to your Fidelity HSA if there is clear and convincing evidence that the amount was withdrawn as a result of a reasonable "mistake of fact." At this time, the repayment must be made to your Fidelity HSA within 60 days of the date you receive the withdrawal. If the withdrawal is repaid under these circumstances, it will be treated as a rollover contribution; it will not be included in your income and will not be subject to the 20% penalty. In addition, the repayment will not be subject to the 6% excise tax on excess contributions. Please note, however, that once you use this method of correction, you will not be permitted to make another rollover to your account during the next 12-month period. In addition, this method of correcting a mistaken withdrawal will not be available to you if you already have made a rollover to your account in the previous 12 months.

94. 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.

95. 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.

96. 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)s, and IRAs

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

No.

98. 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.

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

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

100. Does the amount I contribute to my Fidelity HSA affect the amount I can contribute to the 401(k) feature under the Profit Sharing Plan?

No. Contributions that you may make to your Fidelity HSA and the 401(k) feature under the Profit Sharing Plan are completely independent.

Health Care HSA-Compatible Flexible Spending Account (FSA)

101. What is the Health Care HSA-Compatible Flexible Spending Account?

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

102. Who can enroll in the Health Care HSA-Compatible FSA?

It is designed for people enrolling in Fidelity Health Plan who establish an HSA. However, any benefits-eligible employee can enroll, but 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.

103. How much can I contribute to the Health Care HSA-Compatible FSA?

For 2013, you can contribute up to \$2,500 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, and preventive prescription drug copays only. Any money not used for eligible expenses incurred during the plan year will be forfeited.

Please note that unlike the Fidelity HSA, you cannot change your contribution amount for the Health Care HSA-Compatible 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 HR Solutions.

104. Can I have both a Health Care HSA-Compatible FSA and a Fidelity HSA?

Yes. Participation in the Health Care HSA-Compatible FSA is not considered another non-high-deductible health plan coverage, and therefore does not impact your eligibility to establish an HSA.

The Health Care HSA-Compatible FSA can only be used for eligible dental and vision expenses and preventive prescription drug copays. It cannot be used for medical expenses. Any contributions that you do not use for eligible expenses incurred in 2013 will be forfeited. Keep this in mind when planning your Health Care HSA-Compatible FSA contributions for 2013.

- 105. How do I determine what dental and vision services are eligible for reimbursement under Health Care HSA-Compatible FSA?**
To determine if a dental or vision expense is eligible for reimbursement under the Health Care HSA-Compatible FSA, refer to [IRS Publication 502](#), or speak with your tax advisor.
- 106. Why would I enroll in the Health Care HSA-Compatible FSA?**
You can use the Health Care HSA-Compatible FSA to pay for eligible dental and vision expenses and preventive prescription drug copays with pretax dollars. These types of expenses can also be reimbursed from your Fidelity HSA.
- However, you could choose to use the Health Care HSA-Compatible FSA in the following scenarios:
- If you wish to save the funds in your Fidelity HSA, you can use your Health Care HSA-Compatible FSA to pay for these expenses on a pretax 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 Health Care HSA-Compatible FSA to pay for the excess expenses on a pretax basis.
- If you intend on using a combination of the Health Care HSA-Compatible FSA and your Fidelity HSA to pay for eligible dental and vision expenses or preventive prescription drug copays, you may want to consider using the money in your HSA-Compatible FSA first, since this account is subject to the federally required “use it or lose it” rule, while unused money in your Fidelity HSA will carry over from year to year.
- 107. Who provides administrative services for the Health Care HSA-Compatible FSA?**
Similar to Fidelity’s other FSAs, WageWorks provides claims administrative services for the Health Care HSA-Compatible FSA. For more information, please call WageWorks at 877-WageWorks (877-924-3967).
- 108. Is the debit card feature available for the Health Care HSA-Compatible FSA?**
No. While the Health Care HSA-Compatible Flexible Spending Account (FSA) has been designed to help you pay for a range of dental and vision care expenses, industry-wide technology restrictions do not currently support the use of a debit card for preventive prescription drug copays. There are three ways you can use your account to pay or be reimbursed for eligible expenses. Go to www.wageworks.com to learn about these options.
- 109. Can I transfer my balance from the Health Care HSA-Compatible FSA into my Fidelity HSA?**
No. You are not allowed to transfer amounts from your Health Care HSA-Compatible FSA to your Fidelity HSA. These accounts are completely independent of one another.

Enrollment Basics – Fidelity Health Plan and Fidelity HSA

- 110. How do I enroll in the Fidelity Health Plan?**
During Annual Benefits Enrollment for 2013 (September 19 through October 10, 2012), you can enroll in the Fidelity Health Plan by logging on to [NetBenefits](#) or by calling HR Solutions at 800-835-5099, prompt 1.
- 111. How do I establish a Fidelity HSA?**
After you have elected to enroll in the Fidelity Health Plan during Annual Benefits Enrollment, you will be able to apply to open the HSA immediately from the NetBenefits enrollment tab. You should see a link to the HSA with instructions on how to apply online. Shortly after you complete the online account opening process, you will see your account information displayed on [NetBenefits](#) and [Fidelity.com](#). Please note you are not eligible to contribute or take withdrawals for expenses incurred until after your Fidelity Health Plan coverage becomes effective.
- 112. How will I know if my Fidelity HSA has been established for January 1, 2013?**
You will receive a New Account Profile confirming that your account has been established. Please note, 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 occur after the account has been established on NetBenefits *and* your Fidelity Health Plan coverage becomes effective.
- 113. When will Fidelity make the Company contribution to my Fidelity HSA?**
Company contributions are expected to be made in January. However, you must have completed the account opening process by mid-December 2012 to receive the Fidelity contribution in January of 2013. If you complete the account opening process after that date, you will receive the Company contribution at the next administratively feasible payroll period.
- 114. What happens if I don’t establish my Fidelity HSA until mid-year?**
If you do not complete your online Fidelity HSA application on a timely basis, you may miss the first one or more payroll cycles for automatic payroll deduction contributions to your Fidelity HSA. Once you open your account your per pay period contribution will be re-amortized to ensure 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.
- 115. What is the deadline for establishing the Fidelity HSA in order to receive the 2013 Company contribution?**
You must complete the account opening process by December 31, 2012 in order to establish your account so that you may receive the 2013 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.

- 116. By what date in 2012 do I need to complete the account opening process to ensure that my account is established by January 1, 2013?**
In order to have your Fidelity HSA established by January 1, 2013, you need to complete the online account opening process by December 31, 2012. Depending on what you choose during the account opening 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.
- 117. When will I receive the debit card or checkbook for my Fidelity HSA?**
Your debit card or checkbook should arrive at your mailing address 1 to 2 weeks after account set-up.
- 118. How do I enroll in Health Care HSA-Compatible FSA?**
During Annual Benefits Enrollment for 2013 (September 19 through October 10, 2012), you can enroll in the Health Care HSA-Compatible FSA by logging on to NetBenefits or by calling HR Solutions at 800-835-5099, prompt 1.
- Indicate the annual amount you wish to contribute, up to \$2,500. 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, and preventive prescription drug copays only. Any money in the account that is not used for eligible vision and dental expenses or preventive prescription drug copays during the plan year will be forfeited.
- 119. 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 HR Solutions at 800-835-5099, prompt 1 (Note: the ability to change your HSA contribution election during the year is not currently available online).

Leaving the Company, Death and Disability

- 120. 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.
- Keep in mind that once you leave the Company, you are responsible for paying the annual account maintenance fee, which is currently \$36 per year.
- 121. 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 your spouse 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 Brokerage Services 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.
- 122. Where do I get more information about the Fidelity HSA?**
For eligibility and enrollment information go to NetBenefits. For investments, transaction or account balances, go to Fidelity.com or call 800-544-3716.

Before investing in any mutual fund, please carefully consider the investment objectives, risks, charges, and expenses. For this and other information, call or write Fidelity for a free prospectus or, if available, a summary prospectus. Read it carefully before you invest.

The materials presented in this Frequently Asked Question document contains general information regarding the terms of the Fidelity Health Plan and the Health Care HSA-Compatible 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 Health Care HSA-Compatible 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.

The information provided in this document is general in nature. It is not intended, nor should it be construed as legal or tax advice. In addition, the information is not intended or written to be used, and cannot be used, for the purpose of (a) avoiding penalties under the Internal Revenue Code; or (b) promoting, marketing or recommending to another party any transactions or matter addressed herein. The establishment and ongoing administration of a Fidelity HSA is a taxpayer responsibility. As a result, you are encouraged to consult your tax advisor before establishing a Fidelity HSA. You are encouraged to become familiar with the information available from the U.S. Department of Treasury, which can be found on the Treasury web site at www.treas.gov/offices/public-affairs/hsa. You also are encouraged to review information available from the IRS web site at irs.gov. You can find [IRS Publication 969](#), Health Savings Accounts and Other Tax-Favored Health Plans, and IRS Publication 502, Medical and Dental Expenses (including the Health Coverage Tax Credit), online, or you can call the IRS to request a copy of each at 800-829-3676.