

Need a doctor – and no surprises?

Use Care & Cost Finder

Life happens. When it does, we've got your back.

There's a lot to think about when you need care. Things like the best place to go and what's covered by your benefits. Care & Cost Finder helps you put an end to the guesswork.

Find a doctor, check quality and compare costs all in one place – online or on the go!

You can search for doctors, hospitals and other health care providers in your plan at anthem.com or with the Anthem Anywhere mobile app. You'll get important facts like office location, services provided, gender, languages spoken, patient ratings and if providers have received awards for high-quality care.

Care & Cost Finder includes costs for different kinds of care. You can compare doctors and costs side by side and get an estimate of what you'll pay based on your benefits.

It's easy to find, easy to use – and all in one place.



Ready to start using Care & Cost Finder?

Just register or log in to anthem.com today. Use the Anthem Anywhere app to get the same great information when you're on the go.

Find a Delta Dental Participating Dentist

Your Delta Dental plan allows you to visit any dentist you like. However, there are advantages to choosing a dentist who belongs to one of Delta Dental’s two dentist networks—Delta Dental PPO™ and Delta Dental Premier®. You can save the most money and receive the highest levels of coverage when you visit a Delta Dental PPO dentist. If you visit a dentist who does not participate in Delta Dental PPO, you can still save money if that dentist participates in Delta Dental Premier.

To find a participating dentist in your area, follow the simple steps below.

» Step 1

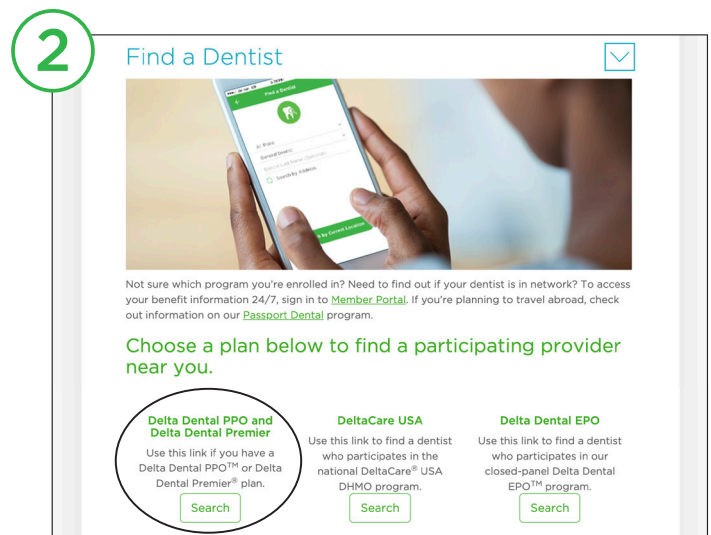
Visit www.deltadentalin.com.
Click one of the **Find a Dentist** links.

You may also go directly to
www.deltadentalin.com/findadentist.



» Step 2

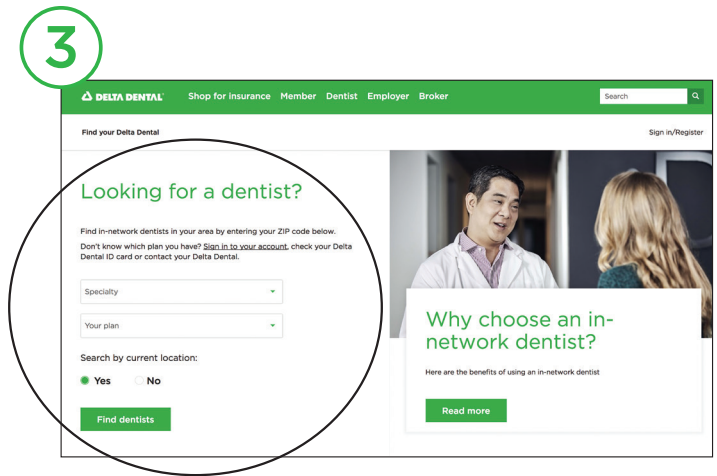
Select **Delta Dental PPO** and **Delta Dental Premier**.



» Step 3

The **Specialty** menu defaults to any dentist. If you want to search for a specific specialty, select the specialty from the drop-down menu. Then, select the **Your plan** menu and choose the appropriate network option for you.

- **Delta Dental PPO**—all providers who participate in Delta Dental PPO.
- **Delta Dental Premier**—all providers who participate in Delta Dental Premier.
- **Delta Dental PPO plus Premier**—all providers who participate in both Delta Dental PPO and Delta Dental Premier.



The search will display results that fit your criteria, and whether or not those providers also participate in other networks.

Next, select **Yes** to search by current location or **No** to search by address or ZIP code. *Choosing “Yes” may require you to change a location setting or you may need to go back and select “No” and manually enter your physical address if you receive an error message.*

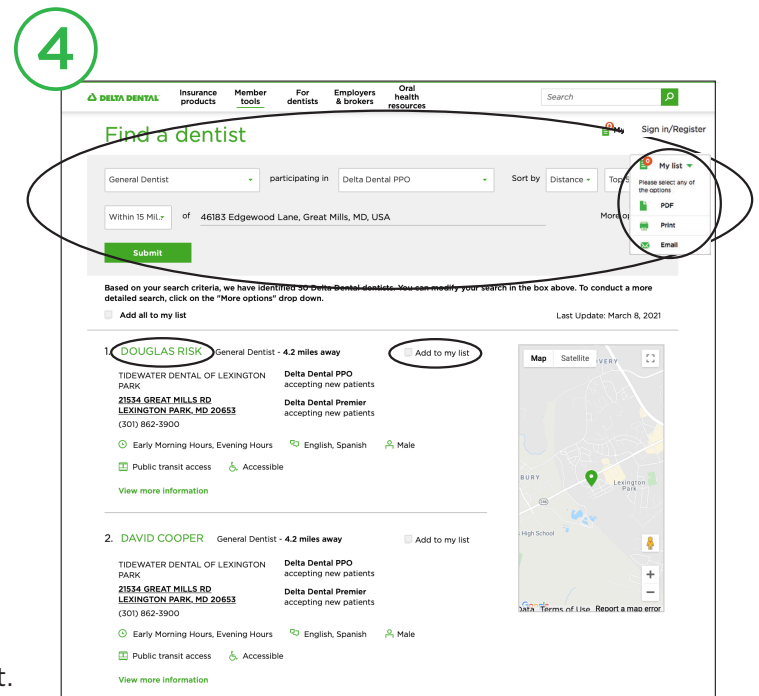
Select **Find dentists** to begin search.

» Step 4

Your results will be displayed. You can change your original search criteria for specialty, network, and address at the top of the page or sort your results by distance and number of results. By selecting **More options** you will see additional search criteria such as extended hours, accepting new patients, languages spoken and gender. You can also search for a specific dentist by name or office name. Once you have selected all of your search criteria, select the green **Submit** box to get your search results.

In addition to viewing your search results online, you can print or email your results, or view your results as a PDF under **My list**. To add dentists to your list, select the **Add to my list** or **Add all to my list** checkboxes.

Once you have added results to your list, select the down arrow to save as a PDF, print or email your list.



? Unsure of your plan type or looking for additional information?

Register or log in to Member Portal, Delta Dental's secure online tool for access to eligibility information, current benefits information, claims information and more.

Log in or create an account at www.memberportal.com.



LiveHealth Online

How to register in minutes
before you feel sick

Using LiveHealth Online, you can have a private and secure video visit with a board-certified doctor 24/7 on your smartphone, tablet or computer with a webcam. It's a quick and easy way to get the care you need with no appointments or long wait times.

When your own doctor isn't available, use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or other common health condition. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.¹



How to get started

Rather than waiting to sign up when you're not feeling well, register today so you're ready for a visit when you need one. To sign up, visit livehealthonline.com or download the free LiveHealth Online app to your mobile device. Next, you:

1. Choose **Sign Up** to create your LiveHealth Online account. Then enter information like your name, email address, date of birth and create a secure password.
2. Read the *Terms of Use* and check the box to agree.
3. Choose your location in the drop-down box of states.
4. Enter your birth date and choose your gender.
5. For the question "Do you have insurance?", select **Yes**. Be sure to have your Anthem member ID card handy to complete your insurance information. If you choose **No**, you can still enter your insurance information later.
6. For **Health Plan**, in the drop-down box, select **Anthem**.
7. For **Subscriber ID**, enter your identification number, which is found on your Anthem member ID card. Select **Yes** if you are the primary subscriber or **No** if you are not the primary subscriber.
8. Insert a service key if you have one. If you don't have a service key that's OK, this is optional and not required to register.
9. Select the green **Finish** button.

Your account securely stores your personal and health information

You can be confident knowing you can easily connect with doctors when you need to consult about certain conditions, share your health history, and schedule online visits at times that fit your schedule.

How to use LiveHealth Online for a video visit with a doctor



Questions about how to use LiveHealth Online?

Call toll free at 1-888-LiveHealth (548-3432) or email help@livehealthonline.com. If you send us an email, please include your name, email address and a phone number where we can reach you.

¹ Prescription availability is defined by physician judgment and state regulations. Visit the home page of livehealthonline.com to view the service map by state.

² Select a doctor licensed to practice in the state where you're physically located. If that doctor is seeing another patient, you can choose to go to an online waiting room or you can select another doctor who is available at that moment.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem.

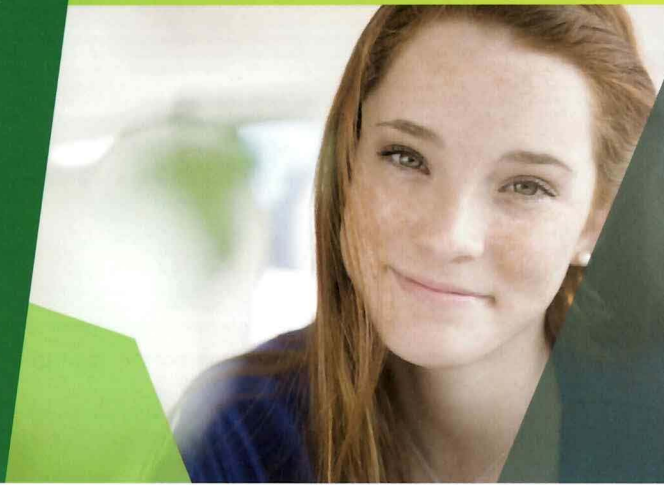
If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT). Healthy Alliance® Life Insurance Company (HALIC) and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



Health Savings Accounts

Start saving more on healthcare.



A Health Savings Account (HSA) is an individually-owned, tax-advantaged account that you can use to pay for current or future IRS-qualified medical expenses. With an HSA, you'll have the potential to build more savings for healthcare expenses or additional retirement savings through self-directed investment options¹.

How an HSA works:

- You can contribute to your HSA via payroll deduction, online banking transfer, or by sending a personal check to HSA Bank. Your employer or third parties, such as a spouse or parent, may contribute to your account as well.
- You can pay for qualified medical expenses with your Health Benefits Debit Card directly to your medical provider or pay out-of-pocket. You can either choose to reimburse yourself or keep the funds in your HSA to grow your savings.
- Unused funds will roll over year to year. After age 65, funds can be withdrawn for any purpose without penalty (subject to ordinary income taxes).
- Check balances and account information via HSA Bank's Member Website or mobile device 24/7.

Are you eligible for an HSA?

If you have a qualified High Deductible Health Plan (HDHP) - either through your employer, through your spouse, or one you've purchased on your own - chances are you can open an HSA. Additionally:

- You cannot be covered by any other non-HSA-compatible health plan, including Medicare Parts A and B.
- You cannot be covered by TriCare.
- You cannot be claimed as a dependent on another person's tax return (unless it's your spouse).
- You must be covered by the qualified HDHP on the first day of the month.

When you open an account, HSA Bank will request certain information to verify your identity and to process your application.

What are the annual IRS contribution limits?

Contributions made by all parties to an HSA cannot exceed the annual HSA limit set by the Internal Revenue Service (IRS). Anyone can contribute to your HSA, but only the accountholder and employer can receive tax deductions on those contributions. Combined annual contributions for the accountholder, employer, and third parties (i.e., parent, spouse, or anyone else) must not exceed these limits.²

2019 Annual HSA Contribution Limits

Individual = \$3,500
Family = \$7,000

2020 Annual HSA Contribution Limits

Individual = \$3,550
Family = \$7,100

According to IRS guidelines, each year you have until the tax filing deadline to contribute to your HSA (typically April 15 of the following year). Online contributions must be submitted by 2:00 p.m., Central Time, the business day before the tax filing deadline. Wire contributions must be received by noon, Central Time, on the tax filing deadline, and contribution forms with checks must be received by the tax filing deadline.

Catch-up Contributions

Accountholders who meet these qualifications are eligible to make an HSA catch-up contribution of \$1,000: Health Savings accountholder; age 55 or older (regardless of when in the year an accountholder turns 55); not enrolled in Medicare (if an accountholder enrolls in Medicare mid-year, catch-up contributions should be prorated). Spouses who are 55 or older and covered under the accountholder's medical insurance can also make a catch-up contribution into a separate HSA in their own name.

How can you benefit from tax savings?

An HSA provides triple tax savings.³ Here's how:

- Contributions to your HSA can be made with pre-tax dollars and any after-tax contributions that you make to your HSA are tax deductible.
- HSA funds earn interest and investment earnings are tax free.
- When used for IRS-qualified medical expenses, distributions are free from tax.

IRS-Qualified Medical Expenses

You can use your HSA to pay for a wide range of IRS-qualified medical expenses for yourself, your spouse, or tax dependents. An IRS-qualified medical expense is defined as an expense that pays for healthcare services, equipment, or medications. Funds used to pay for IRS-qualified medical expenses are always tax-free.

HSA funds can be used to reimburse yourself for past medical expenses if the expense was incurred after your HSA was established. While you do not need to submit any receipts to HSA Bank, you must save your bills and receipts for tax purposes.

Examples of IRS-Qualified Medical Expenses⁴:

Acupuncture	Gynecologist	Psychologist
Alcoholism treatment	Hearing aids and batteries	Smoking cessation programs
Ambulance services	Hospital bills	Special education tutoring
Annual physical examination	Insurance premiums⁵	Surgery
Artificial limb or prosthesis	Laboratory fees	Telephone or TV equipment to assist the hearing or vision impaired
Birth control pills (by prescription)	Lactation expenses	Therapy or counseling
Chiropractor	Lodging	Medical transportation expenses
Childbirth/delivery	(away from home for outpatient care)	Transplants
Convalescent home (for medical treatment only)	Nursing home	Vaccines
Crutches	Nursing services	Vasectomy
Doctor's fees	Obstetrician	Vision care (including eyeglasses, contact lenses, lasik surgery)
Dental treatments (including x-rays, braces, dentures, fillings, oral surgery)	Osteopath	Weight loss programs (for a specific disease diagnosed by a physician – such as obesity, hypertension, or heart disease)
Dermatologist	Oxygen	Wheelchairs
Diagnostic services	Pregnancy test kit	X-rays
Disabled dependent care	Podiatrist	
Drug addiction therapy	Prescription drugs and medicines (over-the-counter drugs are not IRS-qualified medical expenses unless prescribed by a doctor)	
Fertility enhancement (including in-vitro fertilization)	Prenatal care & postnatal treatments	
Guide dog (or other service animal)	Psychiatrist	

¹ Investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank. Investment losses which are replaced are subject to the annual contribution limits of the HSA.

² HSA funds contributed in excess of these limits are subject to penalty and tax unless the excess and earnings are withdrawn prior to the due date, including any extensions for filing Federal Tax returns. Accountholders should consult with a qualified tax advisor in connection with excess contribution removal. The Internal Revenue Service requires HSA Bank to report withdrawals that are considered refunds of excess contributions. In order for the withdrawal to be accurately reported, accountholders may not withdraw the excess directly. Instead, an excess contribution refund must be requested from HSA Bank and an Excess Contribution Removal Form completed.

³ Federal tax savings are available regardless of your state. State tax laws may vary. HSA Bank does not provide tax or legal advice. Please consult with a qualified tax or legal professional for tax related questions.

⁴ This list is not comprehensive. It is provided to you with the understanding that HSA Bank is not engaged in rendering tax advice. The information provided is not intended to be used to avoid Federal tax penalties. For more detailed information, please refer to IRS Publication 502 titled, "Medical and Dental Expenses". Publications can be ordered directly from the IRS by calling 1-800-TAXFORM. If tax advice is required, you should seek the services of a professional.

⁵ Insurance premiums only qualify as an IRS-qualified medical expense: while continuing coverage under COBRA; for qualified long-term care coverage; coverage while receiving unemployment compensation; for any healthcare coverage for those over age 65 including Medicare (except Medicare supplemental coverage).



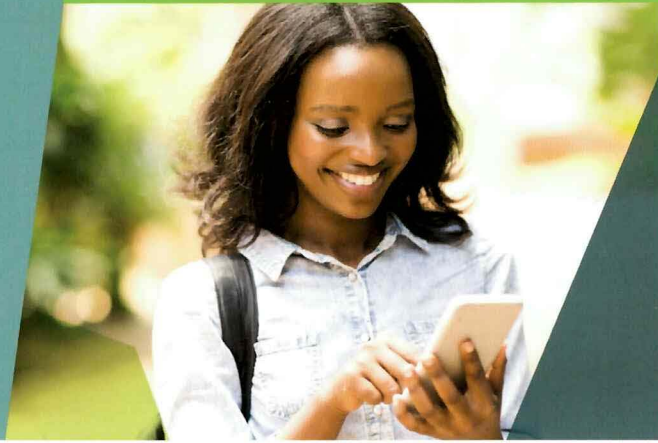
Please call the number on the back of your HSA Bank debit card or visit us at www.hsabank.com





HSA Bank Mobile

Health Savings in the Palm of Your Hand!



At HSA Bank, our goal is to help you Own Your HealthSM. HSA Bank Mobile is all about giving you the tools to take control and better manage your health accounts. Safe and secure, HSA Bank Mobile offers real-time access for all your account needs, 24 hours a day, seven days a week. It's simple, intuitive, and convenient.

Features & Benefits



Simple and secure login



Check account balances



View account activity



Review and verify IRS-qualified medical expenses



Make a payment from your account



File FSA/HRA claims with receipt images



Schedule HSA contributions



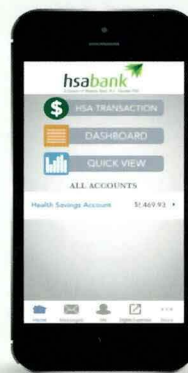
Enter and track expenses



Easy access to the Client Assistance Center

To get started, follow these three simple steps.

- 1 Create Your Username and Password**
Register on the Member Website.
- 2 Download HSA Bank Mobile**
At [Google Play](#) or the [App Store](#).
- 3 Login to HSA Bank Mobile**
Start managing your account on the go.



HSA Bank Mobile is compatible with iOS devices (iPhone, iPod Touch, iPad) and Android-powered devices.



While the HSA Mobile app is free to download, message and data rates may apply. Check with your mobile services provider for any charges that may apply for data usage on your mobile device. Please refer to the Online Services Agreement for further details regarding HSA Bank mobile banking services.

For assistance, please contact the Client Assistance Center



800-357-6246

www.hsabank.com | 605 N. 8th Street, Ste. 320, Sheboygan, WI 53081

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Linking a Personal Bank Account to your HSA

Linking a personal bank account to your HSA makes it easy to transfer funds between the two accounts. To get started, follow the simple steps below.

Add an External Bank Account

- 1 Log into the HSA Bank [Member Website](#).
- 2 Navigate to the "Banking" section of the "Profile" tab.
- 3 Click on "Add Bank Account," and enter the information related to your checking or savings account, along with your financial institution's name and address.
- 4 Click "Submit."

The screenshot shows the 'Banking / Add Bank Account' form. The form is divided into two main sections: 'Bank Account Information' and 'Bank Institution Information'. The 'Bank Account Information' section includes fields for 'Routing Number', 'Account Number', 'Confirm Account Number', 'Account Type' (set to 'Checking'), and 'Account Nickname'. The 'Bank Institution Information' section includes fields for 'Bank Name', 'Bank Address', and a 'Select a state' dropdown menu. There are 'Cancel' and 'Submit' buttons at the bottom of the form.

HSA bank will then send a small deposit to your personal account within two business days. Once the deposit is received in your external account, you will need to validate your banking information using the following steps:

Validate Banking Information

- 1 Navigate to the "Banking" section of the "Profile" tab.
- 2 Click on "Activate" under your bank account information.
- 3 Complete the activation process by entering the amount (\$.01 to \$1.99) that Webster Bank deposited into your account, and click "Submit." Your account will now be available for direct deposit.

The screenshot shows the 'Banking / Activate Bank Account' form. The form is titled 'Activation Details' and includes a 'Log in information' section. The 'Activation Details' section includes fields for 'Bank Name', 'Routing Number', 'Account Number', and 'Amount' (set to '\$ 0.00'). There are 'Cancel' and 'Submit' buttons at the bottom of the form.

For assistance, please contact the Client Assistance Center



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hsabank
own your health.



Seeking Reimbursement?

Don't forget to get a receipt or EOB



If you plan to seek reimbursement from your Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA) for an IRS-qualified medical expense, you need to have one of the following:

Detailed receipt from your pharmacy, doctor, or other healthcare provider.

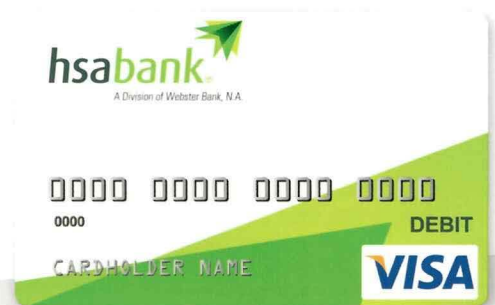
Explanation of Benefits (EOB) from your health plan.

Why?

Because we're required by the Internal Revenue Service (IRS) to ensure these accounts are used only for IRS-qualified medical expenses.

We'll ask for a receipt or an EOB when:

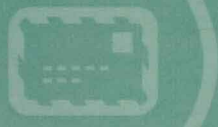
- You file a claim for reimbursement. This happens after you pay for an eligible expense out of pocket and then seek to be reimbursed from your account.
- Your HSA Bank Visa® Health Benefits Debit Card purchase of an eligible expense cannot be auto-substantiated.



How to Properly Submit a Receipt

In order for HSA Bank to approve a claim, you must submit a receipt or EOB with the following information.

- 1. Patient Name:** Name of person for whom product/service was purchased.
- 2. Provider Name:** Name of provider or merchant of service or product.
- 3. Date of Service:** Date service was performed or item purchased.
- 4. Type of Service:** Detailed description of service provided or item purchased.
- 5. Cost:** Amount paid for product/service and/or portion not covered by your insurance.



Submitting receipts without required information will result in claim denial.

When this happens, we'll notify you through the mail (or by email, if you choose) with instructions on how to re-submit your claim. Please be sure copies of receipts are legible. If we can't read the information, we won't be able to approve your claim.

1 Provider (Pharmacy) Name

2 Date of Purchase

3 Item or Service

4 Amount Paid

5 Patient's Name

Drug Company

Jackson, MN 55612
555.555.5555

CUSTOMER RECEIPT
08/12/2016 09:32 AM

MOST ITEMS CAN BE RETURNED WITHIN RETURN POLICY. BUT SOME ITEMS HAVE A RETURN POLICY LESS THAN 90 DAYS AS NOTES ON THE RECEIPT. GO TO DRUGCOMPANY.COM/RETURNS FOR DETAILS.

Oxcarbazepine
RX004733 \$40.00

Total: \$40.00

JOHN DOE
AMEX ACCT#*****0066
Change: \$0.00

Acceptable Receipt
This receipt has all the information needed for a claim.

ABC Pharmacy

TUESDAY, 8:52 AM

PLEASE TAKE OUR CUSTOMER SATISFACTION SURVEY ONLINE FOR YOUR CHANCE TO WIN A YEARS WORTH OF YOUR FAVORITE TOOTHPASTE.

SURVEY TO
71955537594733657

.....\$30.00
.....\$10.00

Total: \$40.00

JANE DOE
AMEX ACCT#*****2346
Change: \$0.00

FLEXIBLE SPENDING ACCT SUMMARY (FSA)
RX ELIGIBLE TOTAL \$30.00

Unacceptable Receipt
This receipt has the amount paid, provider's name and patient's name. It is missing other key information:
1. Date of purchase 2. Item or service

Debit Cards and Receipts

An added benefit of using your HSA Bank Visa® Health Benefits Debit Card for an IRS-qualified medical expense is the purchase is often auto-substantiated. This means the provider gives us the information we need to confirm your purchase.

There are times when we are still unable to verify your card was used for an eligible expense. When that happens, we'll send you a notice asking for a receipt or other documentation and instructions on how to re-submit.

Remember, debit card transactions may have to be validated or substantiated per IRS guidelines, so don't forget to keep your receipts.

How Are Debit Card Expenses Processed?

- When you use your debit card at a 100% IIAS-approved pharmacy, the eligible prescriptions should be automatically substantiated. The IIAS-approved pharmacy list is available at <https://www.sig-is.org/>. Vendors like Walmart, Target, Walgreens, and CVS are all approved vendors. Approved vendors will often identify any FSA- or HRA-eligible items on their receipts.
- HSA Bank may receive copay information based on your employer's medical, dental, or vision plan(s). These copay amounts will auto-substantiate debit card transactions at doctor's offices and other healthcare facilities or merchants. No documentation is required for these expenses.
- Any purchases that do not meet the above criteria will be subject to additional substantiation requirements.

Why It's Important to Respond Promptly to Notices

If, after sending out multiple reminders, we still don't have the required information, we may have to suspend the use of your debit card. When this happens, you may still pay for eligible expenses with cash, check, or credit card and then submit these claims for reimbursement.

For assistance, please contact the Client Assistance Center



800-357-6246

www.hsabank.com | 605 N. 8th Street, Ste. 320, Sheboygan, WI 53081



Investment Options For HSA Funds

HSA Bank provides unique opportunities to invest Health Savings Account (HSA) funds in self-directed investment options.¹ It's a great way to potentially grow HSA funds for healthcare expenses, or save funds as a nest egg for retirement.

Devenir Guided Portfolio Self-Directed Investment Program²:

Offers low-cost, no-load mutual funds, covering a range of asset classes.

- HSA Guided Portfolio tool used to select investment elections and realign your portfolio
- Auto-Rebalance timing feature to keep your portfolio allocation in line with your individual needs
- Quarterly performance review of mutual fund selections by SEC-registered investment advisors
- Online access to investment account history, balance information, future elections, trades, and much more through HSA Bank's Member Website
- Access to Morningstar[®] reports and other planning tools
- Devenir will charge a quarterly asset based fee which is calculated on the amount invested and deducted pro rata from the investment account; no commission on investment trades

TD Ameritrade Self-Directed Brokerage Option:

Offers a wide selection of investment choices, educational resources, and services.

- Stocks, bonds and thousands of mutual funds (trading fees apply)
- Online access to real-time data³, customizable charts, and one-click integrated trading
- Integrated, online access to trading, balance information, and much more through HSA Bank's Member Website
- Ability to place trades by website, telephone, mobile device, and broker
- Access to independent research tools, such as S&P and Morningstar[®]
- Trading fees may be applied by TD Ameritrade; additional fees vary by program, location or arrangement

HSA Bank does not provide brokerage/investment services; brokerage services are provided by TD Ameritrade, Inc., member FINRA/SIPC/NFA, and investment services are provided by Devenir. HSA Bank, TD Ameritrade, and Devenir are separate, unaffiliated companies and are not responsible for each other's services or policies. Self-directed investment accounts are the sole responsibility of the account owner. Carefully weigh the advantages and disadvantages of investing your HSA funds before doing so. HSA Bank and other business entities receive compensation for providing various services to the funds including an annual asset-based fee for services rendered in association with the investment account. Your ability to replace losses in the investment account may be limited by the annual contribution limits of your HSA. HSA Bank does not offer investment advice.

Investment accounts are not FDIC insured and they are not bank guaranteed. Investment accounts are not a deposit account, or an obligation of HSA Bank, and they may lose value. They are not guaranteed by any federal government agency. Performance data and ratings represent past performance and are not a guarantee of future results. Investment returns and principal value will fluctuate and investors' shares, when sold, may be worth more or less than their original cost.

You may incur a \$3.00 HSA Investment Service Fee which only applies to the brokerage investment option. This fee does not apply to the Devenir Mutual Fund Investment Program. You can avoid this fee if the HSA cash account balance is at or above the balance waiver amount of \$5,000. The Balance Waiver Amount reflects the minimum average daily balance that must be maintained in the HSA Bank cash account balance for the calendar month to prevent the HSA Investment Service Fee from being charged. Only the funds in the HSA Bank cash account balance are included in the balance waiver amount. The balance waiver does not include any investment balance.

¹You may begin investing once you have a minimum of \$1,000 in your HSA Bank cash account. Only HSA funds above \$1,000 in your HSA Bank cash account can be transferred to your investment account.

²Neither HSA Bank, nor Devenir Group, LLC, the third party, can provide investment advice to you on this program. Once you transfer funds from your HSA cash account to HSA investment account, these dollars are no longer covered by applicable FDIC or NCUA insurance. We recommend you speak with a licensed investment advisor or consult the prospectus should you have questions about any investment.

³Access to real-time market data is conditioned on acceptance of the exchange agreements. Professional access differs and subscription fees may apply. Research provided by unaffiliated third-party sources is deemed reliable to TD Ameritrade. However, TD Ameritrade does not guarantee accuracy and completeness and makes no warranties with respect to results to be obtained from use. TD Ameritrade does not recommend disabling the order preview screen when using the one-click feature. TD Ameritrade is not responsible for orders placed inadvertently. Past performance does not guarantee future results. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and the Toronto-Dominion Bank. Used with permission. HSA Bank receives compensation from TD Ameritrade for performing certain services.

SECURITIES AND INVESTMENTS: NOT FDIC INSURED - NO BANK GUARANTEE - MAY LOSE VALUE



Please call the number on the back of your HSA Bank debit card or visit us at www.hsabank.com





Health Reimbursement Arrangements (HRAs)

Offsetting out-of-pocket healthcare expenses



By allowing you to pay for some of your out-of-pocket healthcare expenses without going into your own pocket, an HRA can help optimize your healthcare finances.

HRAs are employer-funded accounts you use to reimburse yourself for IRS-qualified medical expenses not covered by your insurance plan. The money funded by your employer is not included in your wages as taxable income¹. To be eligible for an HRA, you must be enrolled in your employer-sponsored group health plan.

How an HRA works:

- Your employer funds your HRA (employees or third parties are not allowed to contribute).
- You can pay for IRS-qualified medical expenses with your Health Benefits Debit Card (if one is provided under your plan) directly to your medical provider, or pay out-of-pocket and submit a claim to HSA Bank for reimbursement.
- When submitting a claim, scan and upload your bill(s), Explanation of Benefits, prescription(s), and receipt(s) through HSA Bank's mobile app or Member Website.
- Once your claim is approved based on eligibility and availability of funds, reimbursement will be sent to you.
- Check your balances and account information via HSA Bank's Member Website or mobile device 24/7.
- Receive your reimbursements more quickly by signing up online for direct deposit to your personal checking or savings account. On the *Home Page*, under the *Profile* tab, click *Banking* on the left. Select *Add Bank Account*, enter your external account information, and click *Submit*.

Are you eligible for an HRA?

HRAs are established and funded solely by your employer. Therefore, self-employed persons are not eligible for an HRA. Employers may only offer an HRA to active employees in combination with an employer-sponsored group health plan². Plan designs vary so check with your Human Resources department or Plan Administrator for more information about your plan design.

Certain limitations may apply if you are a highly compensated participant (IRS publication 969).

Is there a limit to how much my company can contribute to my HRA?

The IRS does not place limits on HRA allocations, however, funds can only be used for eligible expenses.

How can you benefit from tax savings?

- The money available in your HRA is not considered income and is not taxed, as long as it is used for IRS-qualified medical expenses.

IRS-Qualified Medical Expenses

You use your HRA to reimburse yourself or pay for a wide range of IRS-qualified medical expenses, as permitted under your plan. An IRS-qualified medical expense is generally defined as products or services for healthcare services, equipment, or medications as defined under Section 213(d) of the Internal Revenue Code. Funds used for IRS-qualified medical expenses are always tax-free.

Qualified medical expenses from your HRA may include the following:

- Amounts paid for health insurance premiums (other than premiums paid through an employer's plan)
- Amounts paid for long-term care coverage
- Amounts not covered under another health plan

Examples of IRS-Qualified Medical Expenses³:

Please note, IRS-qualified medical expenses are defined by your employer's plan design. Please check with your employer.

Acupuncture	Gynecologist	Psychologist
Alcoholism treatment	Hearing aids and batteries	Smoking cessation programs
Ambulance services	Hospital bills	Special education tutoring
Annual physical examination	Insurance premiums ⁴	Surgery
Artificial limb or prosthesis	Laboratory fees	Telephone or TV equipment to assist the hearing or vision impaired
Birth control pills (by prescription)	Lactation expenses	Therapy or counseling
Chiropractor	Lodging (away from home for outpatient care)	Medical transportation expenses
Childbirth/delivery	Nursing home	Transplants
Convalescent home (for medical treatment only)	Nursing services	Vaccines
Crutches	Obstetrician	Vasectomy
Doctor's fees	Osteopath	Vision care (including eyeglasses, contact lenses, lasik surgery)
Dental treatments (including x-rays, braces, dentures, fillings, oral surgery)	Oxygen	Weight loss programs (for a specific disease diagnosed by a physician – such as obesity, hypertension, or heart disease)
Dermatologist	Pregnancy test kit	Wheelchairs
Diagnostic services	Podiatrist	X-rays
Disabled dependent care	Prescription drugs and medicines (over-the-counter drugs are not IRS-qualified medical expenses unless prescribed by a doctor)	
Drug addiction therapy	Prenatal care & postnatal treatments	
Fertility enhancement (including in-vitro fertilization)	Psychiatrist	
Guide dog (or other service animal)		

¹ HSA Bank does not provide tax advice. Consult your tax professional for tax-related questions.

² Employers may contribute to HRAs for retirees who are not enrolled in an employer-sponsored group health insurance plan.

³ This list is not comprehensive. For more detailed information, please refer to IRS Publication 502 titled, "Medical and Dental Expenses", which is available at www.irs.gov or by calling 1-800-TAXFORM. HSA Bank does not provide tax or legal advice. Please speak with a qualified tax or legal professional if advice is needed regarding your specific situation.

⁴ Insurance premiums only qualify as an IRS-qualified medical expense: while continuing coverage under COBRA; for qualified long-term care coverage; for coverage while receiving unemployment compensation; or for any healthcare coverage for those over age 65 including Medicare (except Medicare supplemental coverage).



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Healthcare Flexible Spending Accounts

Make sense of healthcare.

Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You contribute before-tax dollars to your FSA to reimburse yourself for eligible out-of-pocket medical expenses. That means you can enjoy tax savings and increased take-home pay. And that makes real sense.

An FSA is a tax-advantaged financial account that can be set up through your employer's cafeteria plan. An FSA allows you to designate a portion of your pre-tax earnings to pay for qualified expenses as established in the cafeteria plan, most commonly for qualified medical expenses, but also for dependent care. Your employer is also allowed to make contributions to your FSA, if desired, in order to offer a greater benefit to you. Since the money deducted from your paycheck for the FSA is not subject to Federal or state taxes, you can benefit from tax savings.¹

How a Healthcare FSA works:

- You determine an annual election amount to contribute to your FSA via payroll deduction, in equal installments, on a tax-free basis. Your employer may also choose to contribute to your FSA.
- You can pay for qualified expenses with your Health Benefits Debit Card directly to your medical provider, or pay out-of-pocket and submit a claim to HSA Bank for reimbursement.
- When submitting a claim, scan and upload your bill(s), Explanation of Benefits or prescription(s), and receipt(s) through HSA Bank's mobile app or your computer.
- Once your claim is approved based on eligibility and availability of funds, reimbursement will be sent to you.
- Check your balances and account information via HSA Bank's Member Website or mobile device 24/7.

Are you eligible for a Healthcare FSA?

Healthcare FSAs are established by your employer; therefore self-employed persons are not eligible for an FSA. Because they are self-employed, sole proprietors, partners, directors of corporations 2-percent shareholders of S corporations are not eligible for an FSA. An FSA may be offered together with other employer-provided benefits as part of your employer's cafeteria plan. You do not have to be covered under any other healthcare plan to participate, but your employer must generally sponsor a group health plan for its eligible employees.

Certain limitations may apply if you are a highly compensated participant or a key employee (IRS publication 969).

What are the annual IRS contribution limits?

The maximum amount you may contribute to an FSA through salary reduction is currently \$2,700. The amount may be less if determined by your employer's plan design. The limit is indexed for inflation and may change from year to year.

Funds that are not spent by the end of the plan year are forfeited, unless your employer offers a grace period. In the alternative, you may be able to carry over \$500 of unused funds.

How can you benefit from tax savings?

An FSA provides tax savings to you in several ways:

- Contributions made by your employer will be excluded from your gross income for Federal and most state income tax purposes.¹
- Withdrawals are tax-free when used for qualified medical expenses.
- Your annual FSA election deducted from your paycheck is not subject to Federal or most state taxes.¹

IRS-Qualified Medical Expenses

You can use your FSA to pay for a wide range of IRS-qualified medical expenses for yourself, your spouse, or tax dependents. Generally, an IRS-qualified medical expense pays for healthcare services, equipment, or medications as defined under Section 213(d) of the Internal Revenue Code. Funds used to pay for IRS-qualified medical expenses are always tax-free.

Examples of IRS-Qualified Medical Expenses:²

Acupuncture	Gynecologist	Psychologist
Alcoholism treatment	Hearing aids and batteries	Smoking cessation programs
Ambulance services	Hospital bills	Special education tutoring
Annual physical examination	Laboratory fees	Surgery
Artificial limb or prosthesis	Lactation expenses	Telephone or TV equipment to assist the hearing or vision impaired
Birth control pills (by prescription)	Lodging (away from home for outpatient care)	Therapy or counseling
Chiropractor	Nursing home	Medical transportation expenses
Childbirth/delivery	Nursing services	Transplants
Convalescent home (for medical treatment only)	Obstetrician	Vaccines
Crutches	Osteopath	Vasectomy
Doctor's fees	Oxygen	Vision care (including eyeglasses, contact lenses, lasik surgery)
Dental treatments (including x-rays, braces, dentures, fillings, oral surgery)	Pregnancy test kit	Weight loss programs (for a specific disease diagnosed by a physician – such as obesity, hypertension, or heart disease)
Dermatologist	Podiatrist	Wheelchairs
Diagnostic services	Prescription drugs and medicines (over-the-counter drugs are not IRS-qualified medical expenses unless prescribed by a doctor)	X-rays
Disabled dependent care	Prenatal care & postnatal treatments	
Drug addiction therapy	Psychiatrist	
Fertility enhancement (including in-vitro fertilization)		
Guide dog (or other service animal)		

¹ State tax exemption may not be available in every state. HSA Bank does not provide tax advice. Consult your tax professional for tax-related questions.

² This list is not comprehensive. It is provided to you with the understanding that HSA Bank is not engaged in rendering tax advice. The information provided is not intended to be used to avoid Federal tax penalties. For more detailed information, please refer to IRS Publication 502 and the FSA chapter of IRS Publication 969. Publications are available at irs.gov or by calling 1-800-TAXFORM. If tax advice is required, you should seek the services of a professional.



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Dependent Care Flexible Spending Accounts

Work without worry.



A Dependent Care Flexible Spending Account (FSA) helps employees set aside and pay for dependent care expenses such as after-school care or adult daycare for qualifying dependents through pre-tax payroll deductions. Dependent care expenses must be for the purpose of allowing the employee and their spouse, if married, to work.

A qualifying dependent is:

- A tax dependent of the employee who is under age 13.
- Any other tax dependent of the employee, such as an elderly parent, who is physically or mentally incapable of self-care and has the same principle residence as the employee.
- A spouse who is physically or mentally incapable of self-care and has the same principle residence as the employee.

How a Dependent Care FSA works:

- You can put money into your Dependent Care FSA via payroll deduction, in equal installments. Your employer may also choose to contribute to your FSA.
- You can pay for eligible dependent care expenses with your Health Benefits Debit Card directly to your provider, or pay out-of-pocket and submit a claim to HSA Bank for reimbursement.
- When submitting a claim, scan and upload your receipt(s) with HSA Bank's mobile app or your computer.
- Once your claim is approved based on eligibility and availability of funds, reimbursement will be sent to you.
- Check balances and account information via HSA Bank's Member Website or mobile device 24/7.

What are the annual IRS contribution limits?

The Internal Revenue Service limits the amount an employee can put into a Dependent Care FSA. The current limits are:

- up to \$5,000 per year, if married and filing a joint return, or a single parent.
- up to \$2,500 per year, if married and filing separately.

How can you benefit from tax savings?

A Dependent Care FSA provides tax savings to you in several ways:¹

- Contributions made by you and your employer will be excluded from your gross income.
- Withdrawals are tax-free for eligible dependent care expenses.

Eligible dependent care expenses

After-school care	Adult daycare	Au pair
The cost of after-school care (i.e., following the end of the school day) is reimbursable. The primary purpose must be for care of the child and not for education.	The person must be a qualifying person for the FSA employee; expenses cannot be attributable to medical care; and the qualifying person must regularly spend at least eight hours each day in the employee's home.	Amounts paid to an au pair are reimbursable. This includes contract fees, background fees, and up-front fees as long as the agency requires them and the au pair has been hired. Note: pre-paid fees are pro-rated throughout the contract period.

Did you know?

- Under IRS guidelines, employees can only be reimbursed for dependent care that has already taken place.
- Employees can only be reimbursed for the amount they have already contributed to their Dependent Care FSA.
- Unlike the Healthcare FSA, the full amount of the dependent care election is not available January 1st.

For additional information, refer to Publication 503 on the IRS website at www.irs.gov.

¹ HSA Bank does not provide tax advice. Consult your tax professional for tax-related questions.



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Limited Purpose Flexible Spending Accounts

Make sense of healthcare.

Using a Limited Purpose Flexible Spending Account (LPFSA) is a great way to stretch your benefit dollars. You contribute before-tax dollars to your LPFSA to reimburse yourself for eligible out-of-pocket vision and dental expenses. That means you can enjoy tax savings and increased take-home pay. And that makes real sense.

An LPFSA is a tax-advantaged financial account that can be set up through your employer's cafeteria plan. An LPFSA allows you to designate a portion of your pre-tax earnings to pay for qualified expenses as established in the cafeteria plan for dental and vision expenses. Since the money deducted from your paycheck for the LPFSA is not subject to Federal or most state taxes, you can benefit from tax savings.¹

How a Limited Purpose FSA works:

- You determine an annual election amount to contribute to your LPFSA via payroll deduction, in equal installments, on a tax-free basis.
- You can pay for vision and dental expenses with your Health Benefits Debit Card directly to your provider, or pay out-of-pocket and submit a claim to HSA Bank for reimbursement.
- When submitting a claim, scan and upload your receipt(s) or Explanation of Benefits through HSA Bank's mobile app or your computer.
- Once your claim is approved based on eligibility and availability of funds, reimbursement will be sent to you.
- Check your balances and account information via HSA Bank's Member Website or mobile device 24/7.

Are you eligible for a Limited Purpose FSA?

Limited Purpose FSAs are established by your employer; therefore self-employed persons are not eligible for an LPFSA. An LPFSA may be offered together with other employer-provided benefits as part of your employer's cafeteria plan. You do not have to be covered under any other healthcare plan to participate, but your employer must generally sponsor a group health plan for its eligible employees.

LPFSA employee pre-tax contributions do not reduce New Jersey wages subject to income tax. Certain limitations may also apply if you are a highly compensated participant or a key employee (IRS publication 969).

What are the annual IRS contribution limits?

The current annual contribution as set by the IRS is \$2,700. This includes payroll deductions. The amount may be less if determined by your employer's plan design. The limit is indexed for inflation and may change from year to year.

Funds that are not spent by the end of the plan year are forfeited, unless your employer offers a grace period. Alternatively, if permitted under your employer's plan design, you may be able to carry over up to \$500 of unused funds.

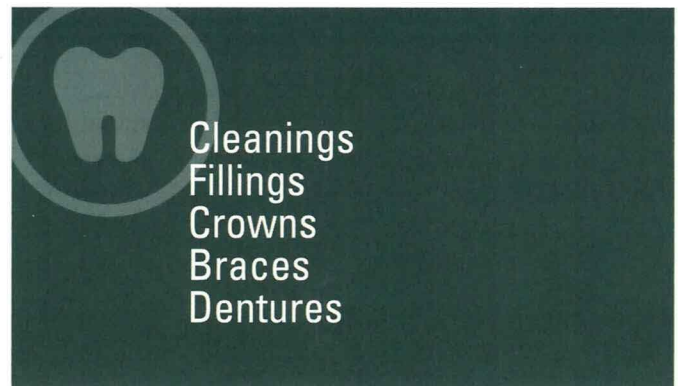
How can you benefit from tax savings?

An LPFSA provides tax savings to you in several ways:

- Withdrawals are tax-free when used for qualified vision and dental expenses.
- Your annual LPFSA election deducted from your paycheck is not subject to Federal or most state taxes.

IRS-Qualified Vision and Dental Expenses

The list of eligible dental and vision expenses include:²



¹ HSA Bank does not provide tax advice. Consult your tax professional for tax-related questions.

² This list is not comprehensive. It is provided to you with the understanding that HSA Bank is not engaged in rendering tax advice. The information provided is not intended to be used to avoid Federal tax penalties. For more detailed information, please refer to IRS Publication 502 titled, "Medical and Dental Expenses," Catalog Number 15002Q. Publications can be ordered directly from the IRS by calling 1-800-TAXFORM. If tax advice is required, you should seek the services of a professional.



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Life is
better in
focus.™

Get access to the best in eye care and eyewear with PURDUE UNIVERSITY and VSP® Vision Care.



As a VSP member, you have access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP network doctor, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

See why we're consumers' #1 choice in vision care³.

Contact us. 800.877.7195
vsp.com

Your VSP Vision Benefits Summary



PURDUE UNIVERSITY and VSP provide you with an affordable eye care plan.

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$5	Every calendar year
Prescription Glasses		\$10	See frame and lenses
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Computer Vision Care (Employee Only)			
Computer Vision Exam	<ul style="list-style-type: none"> Evaluates your needs related to computer use 	\$5 for exam and glasses	Every calendar year
Frame	<ul style="list-style-type: none"> \$90 allowance for a wide selection of frames \$110 allowance for featured frame brands 20% savings on the amount over your allowance 	Combined with exam	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and occupational lenses 	Combined with exam	Every calendar year
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	Glasses and Sunglasses		
	<ul style="list-style-type: none"> 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening		
	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction		
	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.

Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Contacts	up to \$105
Single Vision Lenses	up to \$30				

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us. [800.877.7195](tel:800.877.7195) | vsp.com

1. Brands/Promotion subject to change.

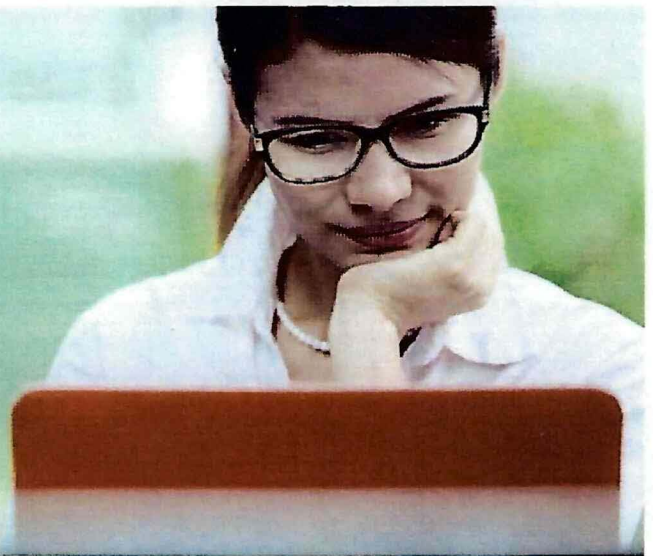
2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

3. Blueocean Market Intelligence National Vision Plan Member Research, 2014

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VSP Computer VisionCareSM



Nearly 80% of people who regularly use a computer or tablet have symptoms of eye trouble.¹ And, with the number of hours being spent on mobile devices, those numbers are expected to increase.

The most common office-related complaint, Computer Vision Syndrome (CVS), is a condition that develops from spending hours on computers and digital devices. Many people aren't aware they're experiencing CVS, which may include one or more symptoms:

- Neck and shoulder pain
- Headaches
- Fatigue
- Irritated eyes
- Blurred or double vision
- Loss of focus

Combat CVS with the right eye care and eyewear.

With VSP Computer VisionCare, you have access to:

- a comprehensive eye exam that can detect eye health issues, such as CVS;
- eyewear specifically designed for using a computer or digital devices to help reduce eyestrain and fatigue.²

Your Computer VisionCare Coverage with a VSP Doctor*

Eye Exam	<ul style="list-style-type: none"> • An annual, fully covered comprehensive eye exam³ • Exam specifically designed to detect eye health and vision issues caused by regular computer and digital device use
Eyewear	<ul style="list-style-type: none"> • Frames and lenses fully covered up to your annual retail allowance³ • Up to 20% savings on the amount above your retail frame allowance³ • Savings on additional pairs of prescription glasses

*Register and log on to vsp.com to review your benefit information. Based on applicable laws; benefits may vary by location.



70-75%

OF COMPUTER USERS
COULD BENEFIT

from the use of
computer glasses.⁴

Learn more. vsp.com | 800.877.7195

1. The Vision Council, DigitEYEzed: The Daily Impact of Digital Screens on the eye health of Americans, 2013 2. Your prescription for computer glasses will be different from other prescription glasses. 3. Less any applicable copay 4. American Optometric Association

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JOB#19460CM 11/14



Save Up to 60% on Brand-name Hearing Aids

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000, and few people have hearing aid insurance coverage.

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too.

In addition to great pricing, TruHearing provides you with:

- Three provider visits for fitting and adjustments
- 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid

Plus, with TruHearing you'll get:

- Access to a national network of more than 3,800 hearing healthcare providers
- Straightforward, nationally-fixed pricing on a wide selection of the latest brand-name hearing aids
- Deep discounts on batteries shipped directly to your door

Best of all, if you already have a hearing aid benefit from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or, call 877.396.7194 with questions.

TruHearing™

Here's how it works:

Contact TruHearing.

Call **877.396.7194**. You and your family members must mention VSP.

Schedule exam.

TruHearing will answer your questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is solely responsible for the products or services offered by them. Savings based on a survey of national average retail hearing aid prices compared to average TruHearing pricing. Actual customer savings will vary. Three follow-up visits must be used within one year after the date of initial purchase. Forty-five-day trial and hearing aid returns, repairs, and replacements subject to provider and manufacturer fees. For questions regarding fees, contact TruHearing customer service. Not available in the state of Washington.

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