



625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

Start saving today!

Get a **no cost** Health Savings Account from MVP.

Dear,

Thank you for choosing MVP Health Care® (MVP) for your health insurance needs. You are a valued customer and we want to make sure you get the most out of your high-deductible health plan (HDHP) from MVP.

Open a Health Savings Account (HSA) with MVP to save on out-of-pocket medical and pharmacy costs, **and MVP will cover your monthly HSA administration fees in full!**¹

Benefits of owning an HSA:

- ✓ **Contribute up to \$4,400/\$8,750** (individual/family) to your HSA in 2026.²
- ✓ **Double Tax Savings.** Funds grow tax free and are not taxed coming out of your account when used for qualified medical, dental, vision, and pharmacy expenses.
- ✓ **Funds rollover from year to year**, and you can contribute as long as you qualify.³
- ✓ **Invest funds in an HSA investment account** after the minimum balance is reached. Learn more about investment options here at mvphealthcare.wealthcareportal.com/Page/InvestmentLearnMore.⁴

Getting started is easy!

Complete the enclosed Health Savings Account Enrollment Request and send it back to MVP. Submission instructions are included on the form. After your HSA is activated, you can setup your online account to manage claims, choose your contribution amounts, and more!

If you have any further questions, please call the MVP Customer Care Center at the phone number listed on the back of your MVP Member ID card Monday through Friday, 8:30am – 5pm.

Sincerely,

MVP Health Plan, Inc.

Enclosures

¹No cost HSA available from January 1, 2026 – December 31, 2026. Restrictions may apply. An HDHP must be qualified to be eligible to pair with an HSA. To be qualified, the HDHP must meet the yearly minimum deductible and out-of-pocket maximum (OOPM) requirements. In 2026, the deductible minimum requirement is \$1,700/\$3,400 (individual/family) and the OOPM maximum requirement is \$8,500/\$17,000 (individual/family).

²You, your spouse, and any of your family members can make contributions to an HSA, up to the total maximum contribution amount. Individuals age 55 and over may make an additional \$1,000 for catch-up contributions.

³To open and/or make contributions to an HSA, you must have a qualified HDHP, can't be covered under a secondary health insurance plan, have a cost-share reduction applied to your plan, be enrolled in Medicare, or be covered on another person's health insurance plan as a dependent.

⁴If you have questions about Health Savings Account (HSA) investment accounts, please reach out to your financial institution for guidance. MVP is unable to provide financial advice.

Health Savings Account Enrollment Request

For MVP Health Care Individual High-Deductible Health Plan Members



Complete and submit this form if you are enrolled in an MVP Health Care Individual qualified High-Deductible Health Plan (HDHP) and would like to open a WealthCare Saver Health Savings Account (HSA) through MVP.

Primary subscribers only are eligible to enroll in a WealthCare Saver HSA through MVP. Dependent members on this plan who wish to enroll in an HSA, and meet the criteria above, should contact their local banking institution.

HSA Eligibility Requirements

To be eligible for an HSA, you must meet the following requirements as defined by the Internal Revenue Service (IRS):

- You must be covered by a qualified HDHP on the first day of the month in which the HSA is opened.
- You have no other health insurance coverage except what is permitted by the IRS, and you are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You cannot be claimed as a dependent on someone else's income tax return. Domestic partners and dependents are not eligible to use HSA funds unless they are a tax dependent of the account holder.
- You have not received Veterans Affairs (VA) benefits within the past three months, except for preventive care, unless you have a disability rating from the VA.
- You do not have a medical Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA). Alternative plan designs, such as a Limited Purpose FSA may be permitted.
- Only active members enrolled in a qualified HDHP can enroll in an HSA; spousal rules apply.

What Happens After Submitting this Form

Once this form is completed and submitted, MVP will confirm your personal information through your MVP Member ID, as required by the USA Patriot Act. This process is called the Customer Identification Program (CIP).

If your information did not pass CIP, WealthCare Saver will contact you to request additional information to confirm your identity. If you do not submit the documentation within the time frame allowed, your HSA will not be processed.

Please be sure to respond promptly if more information is requested.

Once your HSA is activated, you will receive your **MVP CareFund Debit Card** to use for qualified expenses.

Questions? We're here to help.

Call the MVP Flexible Benefits Department at **1-888-222-9931**.

Health Savings Account Enrollment Request

For MVP Health Care Individual High-Deductible Health Plan Members



Submitting a Completed Form

- Scan and email this form to **myspendingaccounts@mvphealthcare.com**
- Fax: **315-234-6146**

Section 1: MVP Member Information *(please print)*

Member Name *(first, middle, last)*

MVP Member ID No.

Phone No.

Email

Section 2: Authorization

By completing and signing this Enrollment form, I acknowledge that I have enrolled in an Individual High-Deductible Health Plan and hereby grant permission to MVP Health Care, its affiliates, and its subsidiaries (collectively, the “MVP”) to provide certain information that can personally identify me as a member to MVP banking partner(s) for the purpose of the banking partner(s) to establish a Health Savings Account (HSA) in my name, or to provide me with information about HSA opportunities available at the bank(s). The personal information that will be shared consists of my name, date of birth, address, Social Security number, and email address.

Additionally, under penalties of perjury, I certify that: (1) the number shown above is my correct MVP Member ID number; (2) I am a United States resident (including U.S. resident alien); and (3) I am **not** subject to backup withholding because I am exempt from backup withholding, or because I have **not** been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am **no longer subject to backup withholding** (the IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding; you should consider contacting a tax advisor if you are unsure if you are subject to backup withholding).

I attest that the information I have provided on this form is true to the best of my knowledge.

I have read and agree to this authorization.

Member Name *(print)*

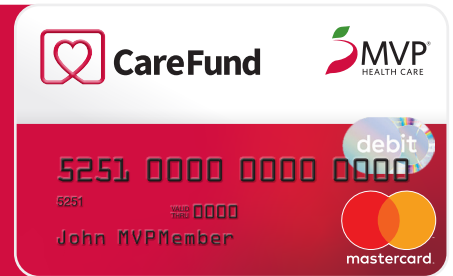
Signature

Date

Questions? We're here to help.

Call the MVP Flexible Benefits Department at **1-888-222-9931**.

Getting Started with Your MVP Health Care® Spending Account



Thank you for choosing MVP as your spending account administrator!

You can use your MVP CareFund Debit Card to pay for qualified out-of-pocket medical expenses. Plus, your online account gives you real-time access to account information, balances, and transactions.

Set Up Your Online Account

Get started at mvphealthcare.wealthcareportal.com. To register, you will need to provide your First Name, Last Name, and Zip Code. If this combination is not unique, you may need information from your MVP Member ID card. Enter your Employer ID and Employee ID to complete the registration process.

What is my Employer ID?

Your Employer ID is the **Group#** preceded by “MVP”, i.e., MVP123456.

If you do not have an MVP Member ID card, call the MVP Flexible Benefits Department at the phone number on the back of your MVP CareFund Debit Card.

What is my Employee ID?

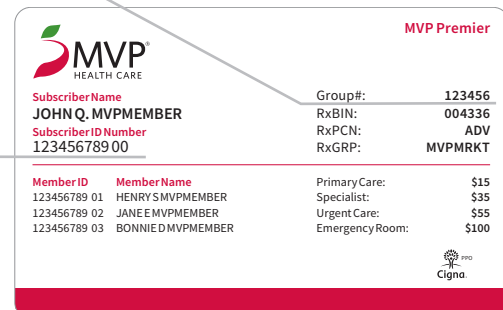
Your Employee ID is a combination of the **Group#** and the first nine digits of your **Subscriber ID Number**, with a forward slash between the two numbers, i.e., 123456/123456789.

Download the myHealthSpend Mobile App



The myHealthSpend mobile app provides all the services of your online account and you can use the *Check Item Eligibility* feature to see if an item qualifies for reimbursement out of your spending account. Although your MVP WealthCare Portal and myHealthSpend login credentials are the same, you must set up your online account before using the mobile app.

Message and data rates may apply.



Need more information?

Please contact the MVP Flexible Benefits Department at the phone number on the back of your MVP CareFund Debit Card.

MVP CareFund Debit Mastercard is issued by The Bancorp Bank, Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. The Bancorp Bank is not affiliated in any way with your Benefit Plan and or plan documents, and does not endorse, sponsor, or administer your Benefit Plan. This card cannot be used everywhere Debit Mastercard, Maestro, and NYCE cards are accepted. This card cannot be used at any ATM or to obtain cash. Refer to your Plan documentation for details on use.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.