

MAILING INFORMATION GOES HERE

Your Health Care Spending Card Debit MasterCard®

An easy way to pay from your FSA

Your plan includes this health care spending card that you can use to help pay for many eligible expenses. You can use it by phone, online or any place that accepts MasterCard®.

Card highlights:

- It's connected to your flexible spending account (FSA).
- There's no need to write checks or submit claim forms.
- Use it for eligible medical, dental, vision and pharmacy expenses.
- Use it for eligible dependent care expenses (if it applies).



Step 1: Activate your card today

Remove this card to see instructions on how to activate the card(s), or just follow the instructions listed on the card. **See back for Terms and Conditions.**

Before you can use your card:

- Call 1-866-755-2648
- Review the Terms and Conditions (listed on back)
- Sign the back of the card right away

Important information about your account.

Please keep this for your records.
It is part of your agreement with us.

This is your extra card.

We provide an extra card for a spouse or dependent covered under your plan.

- If not needed, please cut up and throw away
- Spouses and dependents must sign the back of their card



Step 2: Use your card

At the register or cashier

- This is not a credit card, but you will need to choose "credit" when making purchases.
- Most eligible expenses are now identified on your receipts.
- Keep all receipts of your purchases and payments for your records.

At the doctor, dentist, eye doctor, clinic, hospital or other care provider

- Pay your copayments when you visit your provider.
- If you have a dependent care FSA, pay for day care at care providers that accept MasterCard.

At the pharmacy, supermarket or other retail store

- Pay your prescription copayment or out-of-pocket responsibility.
- Pay for eligible over-the-counter (OTC) supplies and materials. **Please note:** The card will be rejected if purchasing OTC medicines, even when prescribed. You may purchase another way, using cash or credit card. If it is an eligible expense under your plan, you can manually submit for reimbursement.

Get help 24 hours a day.



1-866-755-2648

- Learn your account balance.
- Report a lost or stolen card.
- Order extra cards, and more.



myuhc.com®

- Learn your account balance.
- Find a network doctor.
- Find a network pharmacy, and more.

Before using your card, consider:

- Did you activate your card?
- Do you have enough money in the account?
- Is the service or item eligible?



Your card does not store or share benefit information. It is only a payment device. If you have questions about your coverage, please review your official benefit information.

Health Care Spending Card Debit MasterCard® Agreement

The following terms and conditions apply to the Bank Card Account (as defined below). If you use the card (as defined below) or Bank Card Account on or after the date you receive this Agreement it will signify your acceptance of this Agreement.

1) Definitions.

In this Agreement, the words "you," "your" and "yours" mean the individual who participates in the Card Program. The words "we," "our" or "us" refer to OptumHealth Bank, Inc. (the "Bank"). "Bank Card Account" means the account at the Bank on which your Card is issued. "Agreement" means these terms and conditions, as they may be amended by the Bank from time to time. "Card" means the MasterCard card issued to you by the Bank under this Agreement. "Card Program" means the program under which you have requested us to issue you a Card to use in connection with the Plan (as defined below). "UnitedHealthcare" means UnitedHealthcare, Inc. or one of its affiliates.

2) How the Card Program Works.

As a participant in a health care flexible spending account or other eligible health reimbursement account sponsored by your employer (the "Plan"), you will accrue funds with your employer that can be used for eligible expenses of you and your eligible dependents. Your employer, through UnitedHealthcare, has arranged for you to participate in the Card Program. Under the Card Program, you have been issued a Card by the Bank. You may use the Card at locations that accept MasterCard cards to purchase eligible goods and services.

Your total purchases may not exceed the funds available for such expenditures under the Plan. You acknowledge that your employer has provided you with written guidelines as to what constitutes eligible expenses. You agree that the amounts owed on your Bank Card Account will be paid by electronically deducting the corresponding amount from the monies held by your employer and you authorize us to make such deductions in accordance with this Agreement. When you use the Card, you represent and warrant that you will not submit, and have not previously submitted, a claim for reimbursement for the same expenses under any other plan or program. You agree to save all invoices or receipts that are provided to you by merchants and service providers when you use the Card. You agree to provide a copy of any such receipt to us or UnitedHealthcare, promptly on request. If you fail to submit a receipt when it is requested, under IRS rules, the amount in question may not be excluded from your gross income for federal tax purposes or may otherwise result in financial penalties to you. Your use of the Card is subject to the terms and conditions of the Plan, as well as the terms and conditions of this Agreement. Your participation in the Card Program does not change the terms of the Plan. The issuance of the Card by the Bank is not a guarantee of coverage under the Plan. You acknowledge that the Bank is not a party to the Plan and cannot administer or adjudicate claims under the Plan or make any determination as to what constitutes an eligible expense.

3) Use of the Card.

You agree that you will only use the Card to pay for eligible expenses under the Plan and for no other purpose. You agree not to give the Card to anyone else or authorize anyone else to use it, except for eligible dependents covered under the Plan. To the extent not prohibited by law, if you use the Card for anything other than an eligible expense, you will be liable for any taxes, penalties and other expenses payable under applicable law and any expenses we, UnitedHealthcare or your employer may incur as a result of such impermissible use. Upon demand, you agree to reimburse us, UnitedHealthcare or your employer, as the case may be, for any such use for non-eligible expenses, or for any expenses that exceed the amount held by your employer. The Card is our property and is not transferable. You agree to surrender it upon our request. If you return anything you purchased with the Card, you agree to accept a credit to your Bank Card Account and not a cash refund. The Card is not a credit card and cannot be used to obtain credit. The bank does not allow for ATM withdrawals.

4) Important Information.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who becomes a bank customer. To comply with this law, upon request, you agree to furnish the Bank with current other information about you in order for the Bank to verify your identity.

5) Change of Name.

You agree to notify the Bank promptly, in writing, if you change your name or address. You may also notify the Bank by calling 1-866-755-2648.

6) Card Account Cancellation And Suspension.

The Bank may at any time close the Bank Card Account, or suspend or revoke your use of the Card. You can cancel the Bank Card Account by notifying the Bank in writing. No cancellation or suspension will affect your obligation to pay any amounts you owe under this Agreement. The Card and Bank Card Account automatically will be cancelled if you terminate your employment or your participation in the Plan.

7) Amendments To This Agreement.

The Bank can amend this Agreement or any of its provisions at any time upon notice to you. Any amendment will become effective on the date stated in the notice. The Bank may terminate the Program at any time. The Bank will notify you in the event of any termination.

8) Events Of Default.

You will be in default if you fail to meet any of your obligations under this Agreement or any other agreement with the Bank or any of its affiliates. In such event, the Bank may exercise any other legal rights it may have. If the Bank is required to take any legal action under this Agreement, you agree to pay the Bank's court and collection costs and attorney's fees and disbursements. If you are in default of this Agreement, or upon cancellation of the Bank Card Account, whether such cancellation was made by you or by the Bank, the Bank shall not be obligated to continue to provide services under this Agreement.

9) Arbitration.

Any claim or controversy that is not resolved by the parties shall, at the request of a party, be resolved by binding arbitration in accordance with the applicable commercial arbitration rules of the American Arbitration Association. In no event may arbitration be initiated more than one year following the date the dispute arose. Any arbitration proceeding under this Agreement shall be conducted in Salt Lake City, Utah. The arbitrators may construe or interpret but shall not vary or ignore the terms of this Agreement, shall have no authority to award extra contractual damages of any kind, including punitive or exemplary damages, and shall be bound by controlling law. Judgment upon an arbitration award may be entered in any court of competent jurisdiction. The parties acknowledge that because this Agreement affects interstate commerce the Federal Arbitration Act applies.

10) Miscellaneous.

The Bank can choose not to exercise or to delay enforcement of any rights under this Agreement without compromising them. This Agreement shall be binding upon and insure to the benefit of the parties hereto and their respective successors and permitted assigns. The Bank may assign the Bank Card Account and this Agreement and any rights or obligations under this Agreement to a third party without notice to you. You may not assign this Agreement. If any provision of this Agreement is held invalid or unenforceable, all other provisions of this Agreement shall remain in full force and effect. This Agreement shall be governed by and construed in accordance with the laws of the State of Utah and applicable federal law.

11) Program Administrator.

The program administrator is identified in the plan document.

DISCLOSURES REQUIRED BY FEDERAL LAW

Business Days.

Our business days are Monday through Friday, except federal holidays.

Consumer Liability.

Tell us AT ONCE if you believe your Card has been lost or stolen. Telephoning is the best way of keeping your possible losses down. If you tell us within 4 business days, you can lose no more than \$0 if someone used your Card without your permission. (If you believe your Card has been lost or stolen, and you tell us within 4 business days after you learn of the loss or theft, you can lose no more than \$0 if someone used your Card without your permission.)

If you do NOT tell us within 4 business days after you learn of the loss or theft of your Card, and we can prove we could have stopped someone from using your Card without your permission if you had told us, you could lose as much as \$50.

Also, if the statement you receive from the Plan administrator shows transfers that you did not make, tell us at once. If you do not tell us within 90 days after the statement was mailed to you, you could lose as much as \$50 if we can prove that we could have stopped someone from taking the money if you had told us in time.

If a good reason (such as a long trip or a hospital stay) kept you from telling us, we will extend the time periods.

OptumHealth Bank will honor any state laws that give the customer more time to report a lost or stolen card or limit the customer's liability to a lesser dollar amount that provided in these terms.

Contact In Event of Unauthorized Transfers.

If you believe your Card has been lost or stolen or that someone may use your Card or Bank Card Account without your permission, call: 1-866-755-2648 or write: P.O. Box 550637, Fort Lauderdale, FL 33355.

Limitations on Transfers.

You may use your Card to pay for eligible expenses at places that have agreed to accept the Card. You may not use your Card at all locations that accept MasterCard cards. There is no limit on the number of transfers you can make using your Card. The dollar amount of transfers you make in a year will be limited to the annual amount available to you under the Plan. For security reasons, we may refuse to authorize a transaction with your Card even if you have funds available.

Fees.

OptumHealth Bank does not charge usage fees for this card.

Confidentiality.

We will disclose information to third parties about your Bank Card Account or the transfers you make with the Card:

- Where it is necessary for completing transfers, or
- In order to verify the existence and condition of your Bank Card Account for a third party, such as a merchant, or
- In order to comply with government agency or court orders, or
- As provided in this Agreement, our Privacy Policy, and the Plan, or
- If you give us your written permission.

Documentation.

You will not receive a monthly statement for the Bank Card Account. You can check your account balance and transactions at any time at www.myuhc.com, or by calling 1-866-755-2648.

Our Liability.

If we do not complete a transfer to or from your Bank Card Account on time or in the correct amount, according to this Agreement, we will be liable for your losses or damages. However, there are some exceptions. We will not be liable, for instance:

- If, through no fault of ours, you do not have enough available funds at your employer or under the Plan to make the transfer.
- If the system was not working properly and you knew about the breakdown when you started the transfer.
- If circumstances beyond our control (such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- The other exceptions stated in this Agreement.

In Case of Errors or Questions About Your Card.

Telephone us at 1-866-755-2648, or write us at P.O. Box 550637, Fort Lauderdale, FL 33355 as soon as you can, if you think a Card transaction on the statement from the Plan administrator or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 90 days after you received the FIRST statement on which the problem or error appeared.

- Tell us your name and Bank Card Account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit the monies held by your employer for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not provide this credit.

For errors involving new Cards, point-of-sale or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new Bank Card Accounts, we may take up to 20 business days to credit you for the amount you think is in error.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

In Case of Errors or Inquiries About Your Card.

ALL QUESTIONS ABOUT TRANSACTIONS MADE WITH YOUR CARD MUST BE DIRECTED TO THE BANK, AND NOT TO YOUR EMPLOYER OR PLAN ADMINISTRATOR. The Bank is responsible for issuing the Card and for resolving any errors in transactions made with your Card.

The transactions will appear only on the statements provided to you by the Plan administrator. SAVE THE RECEIPTS YOU ARE GIVEN WHEN YOU USE YOUR CARD, AND CHECK THEM AGAINST THE STATEMENT YOU RECEIVE FROM THE PLAN ADMINISTRATOR. If you have any questions about a Card transaction, call or write us at the telephone number or address indicated above.