



Health Savings Account Fee and Rate Schedule

Interest Rate and Monthly Fees

INTEREST RATE		
Tier	Interest Rate	APY
\$0.01 - \$499.99	0.050%	0.050%
\$500 - \$2,499.99	0.100%	0.050% - 0.100%
\$2,500 - \$9,999.99	0.150%	0.100% - 0.150%
\$10,000 - \$24,999.99	0.350%	0.150% - 0.351%
\$25,000 and above	0.500%	0.351% - 0.501%

*Interest rates are variable and subject to change

MONTHLY FEES	
Monthly Service Charge for average monthly balance of \$3,000 or less	\$2.25
Paper statement (per statement)	\$1.25

One or more of these fees may be paid for you by your employer or health plan during active employment.

Requests for Debit Card, Checkbook or Copies of Documents

First 2 debit cards issued at no cost. Replacement/Additional debit card.....	\$5.00
First checkbook issued at no cost. Replacement/Additional checkbooks.....	\$5.00
Copy of Check, Statement or Other Document (per item)	\$5.00

Other Banking Fees When Applicable

Stop Payment (per request)	\$25.00
Returned Item (per instance)	\$25.00
Custodian Check Issuance Fee (deducted from account balance)	\$25.00
Excess Contribution Reimbursement (deducted from account balance)	\$25.00
Attachments / levies / legal requests / subpoenas (per request)	\$75.00
ATM Usage Fee (per usage).....	\$2.00
Statement Reconciliation / Account Research	\$20.00 per hr / \$10 min charge

See your Health Savings Account Deposit Agreement and Disclosures for the complete terms and conditions related to your account. Note, fees disclosed will remain in effect until further notice. Interest is credited to participant accounts on the last business day of the month.

For additional information regarding these fees, contact your employer, health plan or our service center. Other fees will be deducted from the balance of your Health Savings Account when incurred or as indicated. If the account balance is less than \$25 at the time of the check issuance request, a fee equal to the account balance will be deducted from your account.