A guide to your Benefits VISA

With your Benefits VISA, you've chosen the easy way to save money and time. This guide will help you get the most out of your Benefits Card, and answer your questions

When you use your Benefits Card, money is automatically deducted from your benefits account; so your only out of pocket expense is when your account contributions are deducted from your paycheck. The Benefits Card is quick and easy, and saves you from having to submit forms and wait for a reimbursement check. Many types of purchases will still need supporting documentation.

Debit card or credit card? (Or maybe a little of both…)

Your Benefits Card is a debit card that is used to access the money you or your employer set aside for your pre-tax healthcare-related purchases. But it's important to note that the store registers may read it as a credit card.

Just remember these differences and you'll have no troubles:

1. The card will only work at healthcare providers and qualified merchants for eligible expenses. The merchants and providers may be restricted depending on the plan in which you are enrolled. But don't worry the card is smart enough to deny purchases of milk (an ineligible expense), but approve the purchase of band-aids (an eligible expense) at the same store.

2. There is no PIN (personal identification number) for this card, and it's important to remember to choose "Credit" when given the option at the check-out terminal.

3. You can't use the Benefits Card at an ATM machine, or to get cash back when making a purchase at a store.

Benefits VISA work for IRS tax-saving programs

- Flexible Savings Account (FSA)
- Health Reimbursement Arrangement (HRA)
- Health Savings Account (HSA)

Online access

Log on to your account to view eligible expenses, review your account balance and transaction history or submit a manual claim.

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WHO ACCEPTS MY BENEFITS CARD?

Grocery stores, pharmacies and wholesale clubs with vision and pharmacy services

Most of these stores have elected to participate in the IRS Benefits Card program. When you're ready to check out, their system can tell which items are eligible expenses and which are not.

When it's time to pay, swipe your Benefits Card and select "Credit," if asked and it automatically approves your eligible items and deducts the money from your benefits account. If you are also buying non-eligible items, the terminal or clerk will ask you for another form of payment. Then just pay with another card, cash or check as you'd normally do. That's it, no claim forms to submit. Your IRS eligible purchases are approved and have been deducted from your account. You may notice an "F" on the receipt, which shows it as an eligible IRS expense.

Hospitals, medical, dental and vision care providers

Most services provided in these locations are eligible IRS expenses; however some are not, such as cosmetic procedures. Unlike grocery or pharmacy stores, providers do not typically use bar codes, so their systems can't tell which services are eligible.

When paying for your healthcare services, you can hand your Benefits Card to the front desk and the system will automatically approve services that match your copay, or multiples of your copay (not coinsurance) from your benefit plan. You will not have to submit supporting documentation for these services.

If the provider's charge is for something other than a copay, it's just a three-step process:

1. Wait until you receive the bill showing your insurance carrier has processed payment. Once you've received that bill, use your Benefits Card to pay it, just like you would use a credit card.
2. Once the provider has processed your Benefits Card payment, you'll get a letter from BenefitHelp Solutions asking for supporting documentation.
3. Send the letter back to BenefitHelp Solutions with a copy of the provider bill or your insurance company's Explanation of Benefits (EOB) to complete the transaction.

That's it three simple steps, and no additional money out of your pocket!

TIPS FOR MAXIMIZING YOUR BENEFITS

What if there's not enough money in my account?

If you are buying an eligible expense that costs more than what you have available in your account, the store might allow a partial payment from the amount that is left in your account, and then ask for the balance with another form of payment. (You may have done this before with a gift card.) For those merchants or providers that won't allow a partial payment, your purchase will come up "denied." Then, you just pay for the service and submit a claim form for reimbursement, and you'll be reimbursed the amount left in your benefits account.

What if my purchase was for an ineligible expense?

If you mistakenly use your Benefits Card at a provider's office for an ineligible expense, such as teeth whitening or paying for a service from a prior plan year, you can either refund the money into your benefits account or replace the ineligible expense with an eligible expense by submitting a paper claim. You'll receive a letter asking for supporting documentation for an ineligible purchase, and it will give you the details and timeframe by which you need to respond. If you don't respond within that timeframe, your card will be temporarily deactivated until we receive the information.

Avoiding claim denials

When submitting supporting documentation for Benefits Card transactions or paper submissions, it is important to remember a few things:

- The IRS requires documentation that includes the type of service, who provided the service, the date of service and the amount not paid by insurance. As a result, balance forward statements from a provider, cancelled checks or credit card receipts do not meet the IRS criteria.
- For services or products that are considered over the counter medications or that have both a medical and personal use (vitamins, supplements, gym memberships, massage therapy), the IRS requires documentation from a licensed provider stating that these services and/or products are prescribed or medically necessary. The statement must indicate the medical condition, the specific treatment needed, how the treatment will alleviate the condition and the length of the treatment.
- The best form of documentation is your insurance company's Explanation of Benefits (EOB). If you no longer have the EOB for the service, you can often print a copy from your insurance company's website.

Saving receipts

Although the Benefits Card makes the process much simpler, it is still smart to hang on to all your receipts in case the IRS asks for supporting documentation down the road.

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Understanding your benefits card

What is a benefits VISA?

The benefits VISA (benefits card) provides direct access to your healthcare flexible spending account (health FSA) or health reimbursement arrangement (HRA), allowing you to pay for eligible health care expenses at qualified locations where VISA is accepted.

How does the benefits card work?

The benefits card is preloaded with eligible merchant category codes (MCCs) and healthcare items identified by the Inventory Information Approval System (IIAS). For a comprehensive list, please visit *sig-is.org*. When prompted, you will select credit to access the card, just as you would a regular VISA.

When you use your benefits card at an eligible merchant or for an eligible item (purchased at a retailer that uses the IIAS), the amount of the transaction will be automatically deducted from your account to pay the merchant or retailer at the point of sale.

In many cases, the approved transaction will be insufficient to fully comply with all documentation requirements and you will need to provide additional documentation. Your third-party documentation should address the following questions:

- Who was treated?
- What services were provided?
- What did the services cost and was there any contribution from your health insurance?
- When was the service provided?
- Who provided the service?

An explanation of benefits (EOB) provided by your insurance carrier is often the best form of substantiation.

Are there any expenses that can be approved without additional documentation?

There are a few types of expenses that will be approved at the point of sale and will not require additional documentation. These include:

- A prescription purchased at a pharmacy that uses IIAS
- An amount that matches the copayment of your group health plan at a retailer or merchant with an eligible MCC
- Recurring fees that match a previously substantiated amount and provider
- Eligible over-the-counter products purchased at a retailer that uses IIAS

What is a recurring expense?

A recurring expense is one that is paid to the same service provider for the same amount on a regular basis. Your orthodontic installment payments, is a good example of the recurring expense. You would be required to submit documentation, like the contract between you and the provider, initially. The subsequent card swipes matching the amounts listed on the contract would be approved without further documentation from you.

What are common transactions that will be approved by my benefits card but will require additional documentation?

- Deductible payments
- Vision expenses (except copays)
- Coinsurance payments
- Naturopath visits
- Chiropractor visits
- Acupuncture visits
- Dental expenses (except copays)

Common misconceptions about the benefits card

1. **If I use the card, I do not need to send any documentation.**

   This is false. Except for the four circumstances mentioned earlier, all transactions will require additional documentation.

2. **I can use the card for day care services.**

   This is false. Dependent care expenses must first be incurred to be eligible. Payment on the first of the month for that month's services is not allowed. Most employers do not yet offer the benefits card for the dependent care account due to the timing concerns.

3. **I can use the card to pay last year's balance at my doctor's office, and it will be covered as a current year expense.**

   This is false. The benefits card uses the transaction date for the date of service and pulls funds from the current year account. A prior year's expenses are not eligible under the current year's account.

4. **I can use the card for future services, such as chiropractic services that I get a discount on if I pay in advance.**

   This is false. For an expense to be eligible, the cost giving rise to the expense must be realized. This means your chiropractic care is not eligible for reimbursement until you've received the care. As the expense is not yet eligible, you cannot use your card to pay for it.

5. **I can use my benefits card to pay for over the counter medicines and products.**

   This is false. Over the counter items with an active ingredient, like aspirin and Neosporin, require a prescription to be eligible for reimbursement from your health FSA and HRA. You would not be able to purchase these items with your benefits card unless you did so with a prescription. Over the counter items, such as band aids, would be available for purchase with your benefits card if you are buying them at a retailer using the IIAS.

6. **I can use the card during the run-out period – the claims submission period following the end of the plan year – for services incurred during the prior plan year.**

   This is false. The benefits card pulls funds from the current year's account. If you are taking advantage of the run out period, you are providing claims for the prior year's account. Due to this, you are unable to use your card for prior year's expenses during the run out period.

How soon do I need to send documentation once I've used my card?

BenefitHelp Solutions will send a letter requesting documentation once you've used your card. You must respond to this letter provided within 45 days before you card is temporarily suspended. Once you document or otherwise resolve your transaction, your card will be reactivated.

What is the advantage of the benefits card?

The benefits card is a way to have immediate access to the funds you set aside for the reimbursement of eligible medical care expenses.

When and how do I request a benefits card?

A benefits card can be requested at any time through an enrollment form.

What happens to my benefits card if my name changes?

You will need to notify your employer of your name change and submit a written request to BenefitHelp Solutions. Your card will be deactivated and a new one provided to you.

What do I do with my card once I have used all of my available funds?

Your benefits card is valid until the expiration date on the front of the card, or you terminate your account. You will be able to use the card when you re-enroll.

What happens if I cannot substantiate a card swipe?

If a card swipe is not substantiated, it becomes an ineligible expenses. You can do one of two things:

- You can offset the ineligible card swipe by submitting manual claims for eligible expenses until the amount that was ineligible is resolved.
- You can refund your plan for the cost of the ineligible expenses.

Can I get a benefits card for my spouse or dependent?

Included on the enrollment form is the option to request a benefits card for your eligible dependent (s) and spouse. A dependent must be a qualified tax dependent and at least 18 years old to receive a benefits card.

I've been asked for a letter of medical necessity, what is that and why am I being asked for it?

A letter of medical necessity is a letter from your practitioner explaining why a particular item or service is necessary for the treatment, cure, diagnosis or mitigation of your medical condition. It is required when expenses may or may not be eligible under regulatory guidance. Vitamins and supplements usually fall into this category. You can find a form for your provider to fill out at *benefithelpsolutions.com* You may also want to review our list of eligible and ineligible expenses *benefithelpsolutions.com* for assistance on what kinds of things typically require a letter of medical necessity.

My doctor gave a prescription for the item, but I'm still being asked for the letter of medical necessity, is it necessary that both be provided?

Both are not usually required, but a prescription does not take the place of a letter of medical necessity. A prescription is written specifically for a pharmacist, and will not explain how a specific treatment is medically related. We must receive the letter addressing how something is treating a medical condition before it is eligible.

Can I check my account and transactions online?

Absolutely! Please visit *benefithelpsolutions.com* . If it is your first visit, you will need to set up a user name and password. Our customer service team is happy to help if needed.

What if my card is lost or stolen?

The cardholder should notify BenefitHelp Solutions immediately upon learning of a lost or stolen card or a fraudulent transaction. BenefitHelp Solutions will inactivate the card immediately. You, the cardholder, must file a claim within 110 days of the fraudulent transaction. If notification is received timely your liability will be zero. Late notification will result in your liability for funds used fraudulently.

Questions?

Contact BenefitHelp Solutions customer service representative at 855-378-0197 for more information.