

# Using Your Benefits Card



## How does the Benefits Card work?

The Benefits Card enables you to use the card at eligible locations wherever Mastercard® is accepted, such as physician and dental offices, pharmacies, and vision service locations. Approved expenses are automatically deducted from your pre-tax flexible spending account saving you out of pocket expenses!

The Benefits Card is intended only for, and restricted to, use for eligible services and/or purchases associated with your pre-tax account and incurred during the proper plan year, as governed by the Internal Revenue Service and all Federal and State laws.

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The Benefits Card is NOT PAPERLESS, just less paper. The real benefit of the card is that you are not paying for expenses out of pocket and then waiting for reimbursement.

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## Will I have to submit any documentation after I use my card?

IRS regulations require substantiation for any card swipe that does not equal a "standard" co-payment amount (i.e., \$10, \$20, \$35) or is not a recurring expense that has previously been audited. Co-insurance will generally not match "standard" co-payment amounts.

### Documentation must include:

- Date of Service
- Patient/Dependent's Name
- Amount Charged
- Provider/Merchant's Name
- Prescription Number or Name
- Nature of Expense

Cash register receipts and credit card receipts are acceptable only for Over-The-Counter items and Prescription Numbers.

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## Save Your Detailed Receipts

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## How will I know when I need to submit documentation?

If a transaction you made using your Benefits Card requires documentation per IRS regulations, you will receive notice from Flexible Benefit Administrators, Inc. Notices can be sent regular U.S. mail or via email.

- **1st Letter:** Generated within 1-2 days of the transaction
- **2nd Letter:** Reminder letter sent after 20 days if documentation not yet received
- **3rd Letter:** Letter sent after 40 days stating card has been temporarily deactivated until proper documentation is received.
- 1st and 2nd notifications can be sent via email

To receive these notifications via email, please visit the website at [www.flex-admin.com](http://www.flex-admin.com), selecting FLEX participants, Print Flex Participant Forms, and then select Email Authorization Form. You can then submit this form to Flexible Benefit Administrators, Inc.

Requested documentation needs to be submitted along with a Benefits Card Transaction Substantiation Form which can also be found on our website.

## What is a Transaction Substantiation Form?

If you use your Benefits Card to pay for an expense, we may need to request further documentation of that purchase or transaction. In this case, you would receive a letter from our office, asking you to submit further documentation for the expense paid with your Benefits Card. If you are requested to submit further documentation to our office, you would simply complete a Transaction Substantiation Form and mail it into our office along with documentation of your expense.

You do not need to submit a Transaction Substantiation Form until we request one from you.

## IIAS

Eligible FSA items purchased at participating Inventory Information Approval System (IIAS) merchants will be automatically approved! When purchasing prescriptions and/or Over-The-Counter FSA-eligible items, the merchant's IIAS will verify the items and automatically approve the transaction with no follow-up request. Effective July 1, 2009, the Benefits Card will no longer be accepted at merchants who have not implemented IIAS. Please visit [www.sig-is.com](http://www.sig-is.com) and select IIAS Merchants List for the most recent list of IIAS merchants.

## Recurring expenses.

Once initial request for documentation is sent out and proper documentation is submitted, the transaction will be marked recurring.

Proper documentation includes participant/dependent's name, date, name of prescription or prescription number, amount and merchant's name.

Recurring expenses only apply to those transactions that match the exact dollar amount at the same merchant as a previous transaction. Recurring expense can be carried over into a new Plan Year.

## Mail order prescriptions.

All prescriptions purchased through a mail order pharmacy will be automatically approved if you use your Benefits Card.

### Such pharmacies include:

- Anthem Precision Management
- Caremark
- MEDCO
- AETNA Rx Home Delivery
- Tel-Drug
- Pharmacare
- National Diabetic Pharmacy

## Debit or credit?

Choose credit. Even though this is not a credit card, it works like one. Your card does not have a pin number.

## Lost or stolen card.

Contact Flexible Benefit Administrators immediately at (800) 437-3539.

## Orthodontic contracts.

Orthodontic expenses (not for cosmetic purposes)

ORTHODONTIC TREATMENT IS PAYABLE ACCORDING TO YOUR PAYMENT PLAN WITH THE ORTHODONTIST. CARD SWIPES MUST COINCIDE WITH YOUR PAYMENT PLAN.

Once your contract is submitted, no additional documentation will be required unless your payment does not correspond exactly with your payment plan.

## Ineligible expenses.

If the card is swiped for an ineligible expense, the participant is responsible for reimbursing their FLEX account.

### Some examples of ineligible expenses are:

- Ineligible Services, prescriptions or OTC items
- Services outside of the Plan Year.  
The IRS prohibits you from using your card to pay for expenses incurred prior to your current plan or for those you plan to incur in the future.
- Lost receipt(s)

## How do I request an additional card for my dependent?

Please contact Flexible Benefit Administrators, Inc. to find out how you can order an additional card for your dependent.

## How do I activate my card?

Simply swipe your card at any eligible merchant and your card is activated.

## Save all detailed receipts.

We may require you to submit your detailed receipts to substantiate you used your card for eligible expenses.

## Can my spouse or dependent obtain information about my account?

Yes, your spouse and dependent (over the age of 18) can obtain your account information if they have an additional Benefits Card issued to them or an Authorization-to-Disclose Form is completed. This form is available on the website at [www.flex-admin.com](http://www.flex-admin.com)



# TRANSACTION SUBSTANTIATION FORM

## BENEFITS CARD - FLEXIBLE BENEFIT PLAN

Employer's Name \_\_\_\_\_

Employee's Name \_\_\_\_\_ SS# \_\_\_\_\_

Date of Transaction	Name of Merchant	Type of Eligible Expense (If OTC product, please write explanation of what product is)	Amount of Expense

I, the participant, hereby certify that each expense was incurred on the date and for the reason noted. The expense(s) listed was incurred for medical care, not general health purposes, and excludes cosmetic and/or toiletry expenses. I, the participant, certify that I have not been reimbursed for the expense(s) noted above and that I will not seek reimbursement under any other plan covering health benefits. I, the participant, further certify that the expense(s) noted above has been paid for by use of my Benefits Card.

**Attached are itemized receipts or bills to substantiate my Benefits Card transaction. I understand that I may NOT use this form to seek reimbursement for items paid out-of-pocket; I may do so by filing a Claim Form, found at [www.flex-admin.com](http://www.flex-admin.com).**

**Please Be Aware: A letter of medical necessity must be attached if the drug is considered a "dual purpose" item.**

I authorize the service provider to release any information requested by the Plan Administrator in connection with this transaction.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail This Form To:**

Flexible Benefit Administrators, Inc.  
Attn: Benefits Card Department  
P.O. Box 8188, Virginia Beach, VA, 23450

*Or*

**Fax This Form To:** (Please include cover sheet)

Flexible Benefit Administrators, Inc.  
Attn: Benefits Card Department  
Fax Number: 757-431-1155

**This form can also be scanned and emailed to [benefitscard@flex-admin.com](mailto:benefitscard@flex-admin.com)**

**PLEASE DO NOT mail your completed form if you fax it.  
PLEASE KEEP a copy of all completed forms and receipts for your records  
PLEASE NOTIFY Flexible Benefits Administrators, Inc. if you have a change in address**

