

A guide to your Benefits MasterCard

With your Benefits MasterCard, 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 MasterCards 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.

www.benefithelpsolutions.com



SAVE MONEY.
Save time.

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.