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Debit your BESTflexSM Plan FSA directly instead of paying out-of-pocket.

With the BESTflexSM Plan, you set aside money from your paycheck and place it in a Health Care Flexible Spending Account (FSA) to pay for certain medical expenses before taxes are taken from your pay.

You use the Employee Benefits Corporation Benefits Card to pay for those expenses instead of using cash. The card debits your Health Care FSA and makes the BESTflex Plan even more convenient to use.

■ How the Benefits Card Works

The Benefits Card debits your Health Care FSA when you use the card to pay for eligible health care expenses. For example, if your total Health Care FSA election is \$1,000, the card can pay for up to \$1,000 worth of eligible health care expenses.

Remember to ask for and **SAVE** itemized expense documentation when you use your Benefits Card!

■ IRS Regulations that Dictate Benefits Card Use

There are several IRS regulations that dictate how the Benefits Card works. Taking some time today to understand the most important rules will help you use your card in the most convenient ways during the plan year.

Eligible Expenses

You can use your Benefits Card to pay for the same services and eligible health care expenses that qualify under the Health Care FSA instead of paying out-of-pocket.

Where You Can Use Your Benefits Card

When you enroll in a **standard health FSA**, you can use your Benefits Card at health care, dental, and vision provider offices, or at retailers and pharmacies that automatically substantiate the transaction (verify your expense is eligible) at the point of sale.

You may also use your Benefits Card to pay for eligible OTC items that are not considered a drug or medicine, such as bandages, contact lens solution, heating pads, ice packs, etc. Your card can only be used for OTC medication purchased with a doctor's prescription at a health provider's office, or at a retail pharmacy or merchant where a pharmacist assigns a prescription number and scannable bar code.

Refer to the Health Care FSA Eligible Expenses List for details.

When you enroll in a **limited health FSA**, you can use your Benefits Card at dental and vision provider offices. Your card can only be used for dental and vision OTC items purchased at a dental or vision provider's office (a doctor's prescription is necessary for any OTC medication).

Any other purchases from providers that are not dental or vision offices, including eligible expenses from approved retailers and pharmacies, must be submitted as claims for reimbursement from your limited health FSA.

What To Do With Benefits Card Expense Documentation

Save your Benefits Card expense documentation! If your purchase is not substantiated at the point of sale, you will receive a **Documentation Request** asking you to submit **itemized** expense documentation. The documentation allows us to verify that you used the card to pay for an eligible expense, as required by the IRS.

These are federal mandates and the IRS provides no exceptions.

You cannot use your Benefits Card to pay for an expense that is already covered by another plan such as health insurance, dental insurance, vision insurance or health reimbursement arrangement. Before you pay a doctor's bill or other such expense, check to be sure that another plan won't be covering that bill. You can use your card to pay for the portion of the expense that isn't covered.

■ How You Receive Your Benefits Card

Your employer has made the Benefits Card part of your Health Care FSA. You elect the card by electing the Health Care FSA or completing a special election form.

Once you enroll, the Benefits Card is mailed directly to your home. The envelope will contain your card, a cardholder agreement and an information flyer. Watch for it to arrive within 30 days after your plan start date.

■ New Plan Year, Same Benefits Card

If your employer has signed up for the Health Care FSA and you've used your card this year, your new Health Care FSA elections will be automatically available on your card at the beginning of your new plan year. As long as your employer continues the Health Care FSA, you'll receive a new card 30 days prior to your card expiration date.

■ Cut-Off Dates for Using the Benefits Card

Generally, you can only use your Benefits Card to pay for expenses that you incur throughout your plan year. You cannot use your Benefits Card for prior plan year expenses. To be reimbursed during your runout period for prior plan year expenses, submit those expenses as claims for reimbursement.

3 things you should understand *before* you use your Benefits Card:

1 You may be asked to document your Benefits Card purchases by providing itemized expense documentation.

2 ***Do not submit documentation until it is requested.*** We'll send you a list of card transactions that were not substantiated at the point of sale, which you return to us with a copy of your documentation.

3 You will be asked to and must repay the expense amount if you make a purchase with the card and, upon request, cannot provide itemized expense documentation for the expense for any reason.

If your employer's plan includes a grace period, which extends your plan year by 2 months and 15 days, the cutoff dates for using your Benefits Card are extended, allowing you to use your Benefits Card to pay for eligible expenses you incur from the very beginning of the plan year through the entire grace period. Once your grace period ends, you cannot use the Benefits Card for prior plan year expenses.

During your grace period, you may have expenses eligible for reimbursement from two plan years – the earlier plan year and the newly started plan year. Consider how you use your Benefits Card for new plan year expenses during the grace period if you have not yet submitted all of your earlier plan year's expenses. Payments and reimbursements are processed in the order they are received, and during the grace period, the Benefits Card applies all of your transactions against the earlier plan year balance. Submit expenses from the earlier plan year first before submitting any current plan year expenses to ensure you receive your maximum benefit payout.

Note: Please consult *My Company Plan* for the specific details defining your company's plan design.

■ When Your Expense Exceeds Your Available Balance

If your total eligible expense exceeds your Health Care FSA available balance, you can use your Benefits Card to pay for the amount remaining in your account, and pay for the rest of the expense with some other payment method.

To check your available balance, access your account at www.ebcflex.com or contact us.

■ Keeping Your Card Active When Your Address or Name Changes

Be sure to update your address with your employer and with Employee Benefits Corporation when you move or your card will be declined at any merchant that uses an address verification process. Address changes can be made online through My Account Assistant.

You should also be sure to update your employer and Employee Benefits Corporation if you have a name change. Changes to your last name will result in a new card being issued to you and a fee paid from your Health Care FSA.

■ Documentation Requests

Your Benefits Card tries to electronically verify your purchase is eligible for payment from your Health Care FSA at the point of sale.

Many retailers and pharmacies automatically substantiate the purchase at the point of sale using an inventory information approval system (IIAS). The IIAS determines whether expenses are eligible for payment from the Health Care FSA and only pays for those expenses with the Benefits Card. Your receipt from these retailers and pharmacies often denote eligible expenses.

If the provider cannot substantiate (automatically verify your expense is eligible) at the time of payment, one of the following happens.

- Your card will be accepted and you will receive a Documentation Request to verify the expense is eligible for payment from your Health Care FSA. We are required to request documentation to verify the entire expense is eligible.

-or-

- Your card will be declined. If you believe the purchase is eligible for reimbursement from your Health Care FSA, you can pay for the expense with another payment method and submit a claim for reimbursement.

■ Receiving Documentation Requests via Email

If you activated your account at our website (www.ebcflex.com) and currently view your account online, we have the email address you provided at that time. This is the email address we will use unless you change it using My Account Assistant or contact us and request that we change it. Log in to update your email preferences.

■ Benefits Card Deactivation

Deactivation usually occurs because of outstanding, unsubstantiated expenses made using the card. You can request any outstanding Documentation Request. If you cannot supply valid, itemized expense documentation, you must repay the plan.

If your card privileges have been deactivated and your employer renews your plan, your card will not be reinstated until you send in valid documentation for the outstanding expenses or repay the plan.

Terminating Employment and the Card

Your Benefits Card will be closed if you terminate employment with the employer that offers the card. To submit claims during your run-out period after termination, you must use a *Claim Form*.

Contact Employee Benefits Corporation

If you have any questions regarding the card or any aspect of your BESTflex Plan account, please email participantservices@ebcflex.com or contact the Participant Services Team at **800 346 2126**.

Quick Tips for Using the Benefits Card

The card may be declined for one of a few reasons:

1. The merchant does not accept the Benefits Card.
See “IRS regulations that dictate Benefits Card use.”
2. The expense is not eligible under the Health Care FSA.
3. Your card has been temporarily suspended due to an unsubstantiated or ineligible expense.

You may have to submit expense documentation for transactions from some merchants, and not from others.

Many eligible merchants can automatically substantiate – or verify that the expenses paid for with the card are Health Care FSA-eligible – your transaction at the point of sale, using an IIAS. Others, including most health care providers, may not have this capability.

You will receive Documentation Requests by email if you have an email address on file. These emails are not spam messages, so be sure to watch for them. See “Documentation Requests.”

Save your card, even after you use up your Health Care FSA funds or the BESTflex Plan plan year ends. You will receive a new card 30 days prior to your card expiration date. See “New plan year, same Benefits Card.”

Use the card to pay for out-of-pocket expenses eligible under your plan.

If you have a standard health FSA, this would include things like prescription and health plan co-payments, deductibles and co-insurance; “Amount Due” on medical and dental statements; orthodontics; vision services and eyeglasses; eligible medical supplies (bandages, ointments, rubbing alcohol, sunburn cream, contact lens solutions/supplies, crutches, blood pressure and heart rate monitors, and braces); and insulin & diabetic supplies.

If you have a limited health FSA, this would include things like dental or vision deductibles and co-insurance; “Amount Due” on dental statements; orthodontics; vision services and eyeglasses; and eligible dental and vision supplies if purchased at a dental or vision provider such as contact lens solutions/supplies.

Online and Mobile Benefits Card Account Management



File claims, manage Benefits Card transactions, and upload documentation online or using an Android or Apple smartphone or tablet!

If a transaction needs documentation, you will receive an email. Simply take a photo of your documentation using your mobile device's camera, attach an image from the device's photo library or from your computer's desktop and submit it to us.