

## Spending Your FSA Dollars on Eligible Healthcare Expenses Just Got Easier

The CONEXIS Benefit Card provides instant access to the money in your healthcare FSA by automatically deducting funds from the available balance in your account when you make a qualified purchase.

### Key Benefits of using the CONEXIS Benefit Card

- Easy to use - the CONEXIS Benefit Card is a stored value card that simplifies the process of paying for qualified medical expenses
- Works at most healthcare related merchants where MasterCard is accepted
- You spend only the pre-tax dollars in your healthcare FSA
- No waiting for reimbursement! No claim forms to submit!

### Common Purchases and Uses for the Card

- Prescriptions
- Eligible over-the-counter healthcare products
- Office visits to a physician or dentist
- Vision service providers
- Hospital charges



*The CONEXIS Benefit Card makes it easy to participate in your employer's healthcare FSA*

### Using Your Benefit Card

The CONEXIS Benefit Card may only be used at merchants who have a healthcare related merchant category code (such as physicians, stand-alone pharmacies, dentists, vision care offices, hospitals, and other medical care providers) or who utilize an Inventory Information Approval System (IIAS).

- When utilizing an IIAS, a merchant allows the Benefit Card to be used to purchase only those items identified on a list of eligible medical expenses maintained by the merchant.
- When purchasing eligible, healthcare related items AND ineligible, non-healthcare related items, the merchant will only accept the Benefit Card as payment for the healthcare related items. You must pay for the ineligible items with another form of payment (cash, personal credit or debit card, etc).
- You may not use the Benefit Card at any merchant that does not have a healthcare related merchant category code unless that merchant utilizes an Inventory Information Approval System. NOTE: Many pharmacies in retail and discount stores will not qualify as merchants with a healthcare related merchant category code.
- In rare circumstances, purchases made at merchants utilizing an IIAS may fail to process appropriately. In those cases, you will be required to submit receipts or other substantiating documentation as described below. A list of merchants utilizing an IRS-approved IIAS is available online at [www.conexis.com/IIASvendors](http://www.conexis.com/IIASvendors).

### Save All Receipts for Purchases Made with the Benefit Card

Please remember to keep all receipts for all purchases made with the Benefit Card. Per IRS regulations, CONEXIS may be required to request itemized receipts to verify the eligibility of purchases made with the card.

- All receipts or other proofs of purchase must include the dollar amount, date of service, name of provider, and a description of the purchased service or product. For over-the-counter healthcare items, the name of the product must be listed on the receipt.
- Any receipt that does not contain the detailed information described above is not acceptable. Credit card receipts and cancelled checks are not acceptable.
- If the requested receipt is lost or otherwise unavailable, most providers can provide a detailed statement documenting FSA eligible purchases.

### Three-Step Card Audit/Verification Process

Should you receive written notice from CONEXIS requesting appropriate documentation (as described above) to verify a Benefit Card purchase, you will have 30 days to respond. If you do not respond within this time frame, you will receive an additional notice. If you do not respond to either notice within the required time, your Benefit Card will be deactivated until the card purchase is verified.

1. You will receive an initial detailed notification when documentation is required to verify a purchase.
2. If we do not hear from you within 30 days from the date of the initial notice, you will receive a final notice to submit receipts within 30 days to verify your purchases and prevent your card from being deactivated.
3. If the documentation you submit is incomplete or the expense is ineligible, you will receive a notice allowing you 30 days to submit appropriate receipts or to repay the money (if your purchase is ineligible) and prevent your card from being deactivated.

In an effort to deliver a Benefit Card audit notice to you as quickly as possible, we will send all notices via e-mail if we have your current e-mail address. If we do not have your current e-mail address, please go to the CONEXIS Web site at [www.conexis.com](http://www.conexis.com) and login under the employee/participants section to submit or update this information.

### You Will Not Be Required to Submit a Receipt When:

- The expense matches a specific co-payment you have under your employer's medical, pharmacy, vision, or dental plans. For example, you may not be required to submit a receipt if you have a \$10.00 co-pay for physician office visits, and the payment was made to a physician office in the amount of \$10.00.
- Recurring expenses will not result in a request for documentation as long as the expense equals the same amount, duration and provider as a previously approved expense. Recurring transactions will be processed and approved without documentation only after substantiating receipts or other documentation is provided and the initial transaction is reviewed and approved.
- You purchase your FSA-eligible items at a merchant utilizing an IRS-approved Inventory Information Approval System.
- In limited scenarios, your claim information may be provided through an electronic file from your insurance carrier or other provider. In these scenarios, expense substantiation may not be required if the electronic claim file is accompanied by an electronic or written confirmation from the healthcare provider (e.g., your prescription benefits manager) that identifies the nature of your expense and verifies the amount.

**Note:** You must still obtain and retain the third-party receipt when you incur the expense and swipe the card, even if you believe it will not be needed. All receipts should be retained for at least one year following the close of the plan year in which the expense is incurred.

### Co-Pay Helpful Hints

You may swipe your card for an amount up to five times (5x) the maximum co-payment amount to include:

- **Single co-payment for a specific benefit**  
If the transaction equals a multiple of a specific co-payment that is applicable to you under your employer's plan, then no additional substantiation is required; however, the transaction will fall outside of this auto-adjudication (verification) category if the transaction amount exceeds five (5) times the applicable co-payment amount.
- **Different co-payment for a specific benefit**  
If the transaction equals a multiple of a co-payment for a particular benefit or a combination of the co-payments for a particular benefit, then no additional substantiation is required; however, this transaction will fall outside of the auto-adjudication (verification) category if the transaction amount **exceeds five (5) times the maximum co-payment for a particular benefit.**