



## **Frequently Asked Questions**

### ***General Questions on the Benny™ Debit Card***

**1. What is the Benny™ Debit Card?**

The Benny™ Debit Card is a special-purpose Visa® Card that gives participants an easy, automatic way to pay for qualified health care expenses. The Benny™ Debit Card allows participants to electronically access the pre-tax amounts set aside in their respective employee benefits accounts such as Flexible Spending Accounts (FSAs).

**2. How does the Benny™ Debit Card work?**

The Benny™ Debit Card works similar to a checking account card. You swipe your card for qualified medical expenses and the amount of the purchase comes directly out of your Health FSA account saving you from having to pay for the expense with your personal funds and waiting for reimbursement.

**3. How many Benny™ Debit Cards will the participant receive?**

The participant will receive two (2) Benny™ Debit cards. If participants would like additional cards for other family members, they should contact MedBen. Additional cards are \$5 each, which will be deducted directly from the participant's pre-tax account.

**4. Do participants need a new Benny™ Debit Card each year?**

As long as the participant elects to participate each year, the Benny™ Debit Card will be loaded with the new annual election amount at the start of each plan year or incrementally with each pay period, based on the type of account(s) the participant has.

### ***Getting Started and Activating Your Card***

**1. How do participants activate the Benny™ Debit Card?**

Participants should call the toll free number on the activation sticker on the front of the card or visit the website on the back of the card. Participants can use both cards once the first Card is activated – they do not need to activate both. They should wait one business day after activation to use their cards. Each card user should sign the card with his or her own name.

**2. What dollar amount is on the Benny™ Debit Card when it is activated?**

For Health Care FSAs, the dollar value on the card will be the annual amount that participants elected to contribute to their respective employee benefit account during their annual benefits enrollment. It's from that total dollar amount that eligible expenses will be deducted as participants use their cards or submit manual claims. Some other types of accounts, like Dependent Care FSAs, are funded incrementally at each pay period, so it is especially important to be aware of account balances in order to avoid card declines at the point of service.

### ***Using the Card***

**1. Where may participants use the Benny™ Debit Card?**

The Benny™ Debit Card can be used to pay for eligible goods and services at providers/merchants that offer these goods or services and accept Visa prepaid cards.

Starting on January 1, 2008, recent IRS regulations allow participants to use their cards at participating pharmacies, discount stores and supermarkets that can identify FSA-eligible items at checkout. Participants can find out which stores are participating by visiting the website on the back of the card or consulting their Plan Administrator. ***As of January 1, 2008, participants cannot use their cards at discount stores and supermarkets that do not participate, even if they have used their card at these stores prior to January 1, 2008. The card transaction may be declined. Participants can continue to use their cards at freestanding pharmacies and health care providers, such as hospitals, doctors, dentists, etc.***

**2. Are there places the Benny™ Debit Card won't be accepted?**

Yes. The card will not be accepted at locations that do not offer the eligible goods and services, such as department stores (unless they have pharmacies), hardware stores, restaurants, bookstores, gas stations and home improvement stores. Keep in mind, that as of January 1, 2008, cards will not be accepted at discount stores and supermarkets that cannot identify FSA-eligible items at checkout.

**3. If asked, should participants select "Debit" or "Credit"?**

The Benny™ Debit Card is actually a prepaid card. But, since there is no "prepaid" selection available, participants should select **"Credit."** Participants do not need a PIN # and cannot get cash with the Benny™ Debit Card.

**4. Do you need to save all the itemized receipts?**

Yes. Participants should always save itemized receipts for FSA purchases made with the Benny™ Debit Card. They may be asked to submit receipts to verify that their expenses comply with IRS guidelines.

**5. Is the participant responsible for charges on lost or stolen prepaid Cards?**

If the Plan Administrator is notified within two business days, the participant will not be responsible for any charges. If the notification is after two days, the participant may be responsible for the first \$50 or more. Replacement cards are \$5 each.

**6. How will a participant know to submit receipts to verify a charge?**

The participant will receive a letter or notification from the Plan Administrator if there is a need to submit a receipt. All receipts should be saved per the IRS regulations.

**7. What if a participant fails to submit receipts to verify a charge?**

If receipts are not submitted as requested to verify a charge made with Benny™ Debit Card, then the card may be suspended until receipts are received. The participant may be required to repay the amount charged. The Plan Administrator will advise the participant that the card has been suspended, if a receipt is not received. Submitting a receipt or repaying the amount in question will allow the card to become active again.

**8. What type of substantiation is required for my debit card expenses?**

You must provide supporting documentation from an independent third party, which includes the following:

- A bill or receipt (including date of service, name of patient, provider name-address, amount, and type of service) from a doctor, dentist, or other supplier. "Balance due" statements are not accepted;
- A prescription receipt (including the date prescription was filled, name of patient, pharmacy name-address, amount, and prescription name) from a pharmacy;
- Explanation of benefits (EOB) statement(s) indicating the deductible, co-insurance and amounts not covered by the medical/dental/vision plan(s) under which the employee or any eligible dependents are covered; or
- Store receipts for over the counter items. The receipt MUST HAVE the following information printed on the receipt: Store name, date of purchase, product name and amount of product. (If the product name is a generic name, please mark on the receipt what the product is and what it is used for).

***Please do not submit proof of payment in the form of a non-itemized cash/credit card/or debit card register receipt, as these do not provide the IRS required substantiation.***

If you have any additional questions, please contact:

Claim Address: MedBen Specialty Services Unit  
1975 Tamarack Rd  
P.O. Box 1096  
Newark OH 43058-1096

Customer Service: (800) 297-1829 or (740) 522-8425, Mon - Fri, 8:00 a.m. - 6:30 p.m. EST

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