



Frequently Asked Questions

General Questions on the MedBen Debit Card

1. What is the MedBen Debit Card?

The MedBen Debit Card is a special-purpose Visa® Card that gives participants an easy, automatic way to pay for qualified health care expenses. The MedBen 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 MedBen Debit Card work?

The MedBen 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 MedBen Debit Cards will the participant receive?

The participant will receive two (2) MedBen 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 MedBen Debit Card each year?

As long as the participant elects to participate each year, the MedBen 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 MedBen 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 MedBen 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 MedBen Debit Card?

The MedBen Debit Card can be used to pay for eligible medical care, goods and services at a number of providers and merchants that accept Visa cards. Physician offices, hospitals, urgent care centers, dental offices, and vision care centers just to name a few.

IRS regulations also allow participants to use their cards at 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. ***Participants cannot use their cards at discount stores and supermarkets that do not participate in the debit card program. The card transaction may be declined.***

2. Are there places the MedBen 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, hardware stores, restaurants, bookstores, gas stations and home improvement stores. Keep in mind, 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 MedBen 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 MedBen 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 MedBen 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.

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 MedBen Debit Card, then the card will 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. Can a participant use their card to pay for services that are not incurred in the same plan year?

No - Services must be incurred in order to use the card for this Account. Expenses are considered to be incurred the day the service is rendered, not when a Participant is billed, charged or pays for the service. Reimbursements made during a Plan Year are only made for eligible Expenses incurred during that same Plan Year. A Participant may NOT use their card to pay for an expense that incurred in a previous plan year.

9. 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;
- 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;
- Store receipts are acceptable for hearing aid batteries, contact lens solution, support braces, reading glasses and other eligible 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;
- To obtain reimbursement for OTC medications, a copy of a prescription for the medication will have to be submitted either prior to or at the time of filing the claim for reimbursement. A "prescription" means a written or electronic order for a medicine or drug that meets the legal requirements of a prescription in the state in which the medical expense is incurred and that is issued by an individual who is legally authorized to issue a prescription in that state.

Cancelled checks, handwritten receipts, credit/debit card transaction receipts or previous balance receipts cannot be used to verify an expense. We suggest that you keep their itemized receipts in one place so they're readily available when you receive a request.