

Spending Your FSA Dollars on Eligible Health Care Expenses Just Got Easier

The CONEXIS Benefit Card provides instant access to the money in your health 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 health care-related merchants where MasterCard is accepted
- You spend only the pre-tax dollars in your health FSA
- No waiting for reimbursement! No claim forms to submit!

Common Purchases and Uses for the Card

- Prescriptions
- Eligible over-the-counter health care products
- Office visits to a physician or dentist
- Vision service providers



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

Using Your Benefit Card

The CONEXIS Benefit Card may only be used at health care providers who have a health care-related merchant category code (such as physicians, dentists, vision care offices, hospitals, and other medical care providers) or at grocery stores, discount stores and pharmacies who utilize an Inventory Information Approval System (IIAS). You may not use the Benefit Card at any merchant, including pharmacies, that does not have a health care-related merchant category code unless that merchant or pharmacy utilizes an 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, health care-related items AND ineligible, non-health care-related items, the merchant will only accept the Benefit Card as payment for the health care-related items. You must pay for the ineligible items with another form of payment (cash, personal credit or debit card, etc).
- 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. **You must save all receipts for purchases made with your Benefit Card.**
- A list of merchants utilizing an IIAS is available online at www.conexis.com/IIASvendors. Please note that some merchants, including Walgreens, have implemented a custom IIAS solution and do not appear on this list.

Save Your Receipts

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 health care 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.

Verifying Your Card Purchases

When necessary, CONEXIS will request verification of your card purchases by sending you written notification(s), following the process outlined below:

1. You will receive an initial detailed notification when documentation is required to verify a purchase made with your Benefit Card.
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 documentation within 30 days to verify your purchase(s). If you do not respond to this notice, your card will be deactivated until your card purchase is verified.
3. If the documentation you submit is incomplete or the expense is ineligible, you will receive a notice allowing you an additional 30 days to submit appropriate documentation or to repay the money (if your purchase is ineligible). Failure to submit proper documentation or payment will result in the deactivation of your card.
4. If you do not provide acceptable documentation or repay the money within the allotted timeframe, any subsequent non-card (paper) claims you submit will be used to resolve your balance due (by reducing the amount of your reimbursement by the amount of your balance due).

To ensure timely notification, we will send all notices to you via e-mail. Please go to the CONEXIS Web site at www.conexis.com and log in to your account to submit or update your e-mail 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 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 health care 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.**