Using your Flex Benefit Debit Card for Purchases

The Flex Benefit Debit Card is a convenient way to access your FSA or HRA funds at the point of sale rather than submitting a claim and waiting for reimbursement. Depending on your employer’s plan, you can use it to pay for office visit and prescription co-pays, health insurance deductibles and qualified over-the-counter expenses.

About your Benefit Card
- The Flexible Benefit Debit Card draws funds directly from your current FSA or HRA account.
- It should only be used for expenses that you and your dependents incur within this plan year. For example: It cannot be used to pay for a service that was incurred in a prior plan year that you have been billed for in this plan year.
- You will receive two cards with your name on both. The additional card can be used by your dependent(s).
- A service must be rendered before payment can be made with the Benefit Card.
- Do not throw away your Benefit Card at the end of the plan year. It remains valid until that date as long as you continue to participate in an FSA or HRA account.

When to use your Benefit Card
When you use your Benefit Card, keep your documentation for the purchase just like you would if you were going to submit a claim for reimbursement. Depending on your employer’s plan, it can be used for over-the-counter expenses, provider visits and prescription payments. Here’s how the Benefit Card works in these scenarios and what you will be required to do depending on whether the purchase is found to be eligible or ineligible.

Over-the-Counter Expenses - FSA Account Only
If you make an eligible over-the-counter purchase at a pharmacy or supermarket that participates with the IIAS system, the system will automatically process your expenses when you swipe your Benefit Card. The system will approve payment for the items that are eligible and will reject those that are ineligible.

Eligible: If your items are approved by the system, you will not be asked to provide us with documentation. However, it is still important to keep receipts for your own records for tax purposes.

Ineligible: If an item is rejected as ineligible, the cashier will ask you to use another form of payment. If the item that was rejected is in fact eligible, you can submit a reimbursement request.

If you try to make an over-the-counter purchase at a supermarket or pharmacy that does not have the IIAS system in place or when making a purchase for an over-the-counter medicine, the debit card will not work. You will need to submit a reimbursement request to CSLLC for the purchase. For over-the-counter medicine, you must also include a copy of the prescription from your physician.

Provider Visit & Prescription Payments - FSA & HRA Accounts
If you use the Benefit Card for a co-payment for an office visit or prescription and the amount paid matches what your employer’s health plan has submitted to CSLLC for the co-payment amount (ex. $10.00, $20.00), the transaction will be processed and you will not be asked to provide us with documentation.

If you use your Benefit Card with a health care provider for an amount other than your co-payment, you will receive an automated e-mail request for documentation within 2 days. You will need to send CSLLC the requested documentation which should include the name of the service provider, description of service or item provided. (A debit card receipt is not sufficient documentation). You will have two weeks to provide the documentation.

Eligible: If the documentation is found to be for an eligible expense, the debit card processing system will be updated and the transaction will be approved.

Ineligible: If the documentation is found to be for an ineligible expense, you will be notified by CSLLC as to the reason and the amount which must be returned to your employer. That amount will be placed back into your account for a future eligible expense.

Below is the time frame for Benefit Card notifications

- Purchase Made ➔ First Notice in 2 days
- 14 days with no response ➔ Second Notice
- Another 14 days with no response ➔ Third Notice
- Another 8 days no response ➔ Card Temporarily De-activated

If on the eighth day after the final notice, CSLLC still has not received the requested information, your Benefit Card will be temporarily deactivated and you will not be able to use the card until the transaction has been documented or repaid. During that time, any expenses you incur will need to be submitted for reimbursement with a reimbursement request and detailed receipts for each item.

More ways to send documentation for Benefit Card Purchases
1. Scan documentation & upload through the consumer portal
2. Using your mobile app, snap a photo of documentation
3. Mail with our request to: PO Box 1320, Concord, NH 03302
4. Fax with our request to: 1 603 224-0230

Questions: Contact us at 1 888 227-9745 ext. 2040
Office Hours: Mon. - Fri. 8:00am - 4:30pm
Extended Phone Hours: Tues. & Thurs. 8:00am - 5:30pm
Email: flexiblebenefits@combinedservices.com Fax: 603 224-0230
Mailing Address: PO Box 1320, Concord, NH 03302-1320

1IIAS - Is a point of sale technology used by non-health care retailers (ex. pharmacies, discount stores, supermarkets) that approves or rejects items purchased based on their eligibility according to IR Code Section 213(d).
2You can submit view the consumer portal, mobile app or download the form from our website http://www.combinedservices.com/docs/FSA_Claim.pdf.
3Automated email - If you have not provided us with your email address for correspondence, a letter will be mailed to your home address.
Eligible Health Care Expense Examples

The following are examples of expenses that are eligible for reimbursement through a HFSA or FSA Account. You can reference your income tax return to find a more complete list or reference IRS Publication 502.

- Acupuncture
- Alcoholism
- Ambulance hire
- Artificial limbs
- Artificial teeth
- Birth control pills
- Birth prevention surgery
- Braces
- Braille - books & magazines
- Care for mentally handicapped child
- Chiropractors
- Christian Science practitioners’ fees
- Co-insurance
- Contact lenses (prescription)
- Contact lens supplies
- Cosmetic surgery (medically necessary procedures)
- Cost for physical or mental illness confinement
- Crutches
- Deductible
- Dental fees
- Dentures Diagnostic fees
- Drug & medical supplies
- Expenses applied toward the deductible for your health care coverage
- Eyeglasses, including examination fee

* Orthodontia is reimbursed according to your contract with your orthodontist (i.e. if your contract indicates monthly installments of $150 per month, you can only be reimbursed for each month's installment as it comes due). A copy of the contract is required with your first claim.

Services generally not eligible include:

- Cosmetic treatments
- Elective cosmetic surgery
- Electrolysis
- Face lifts
- Fee of practical nurse
- Fees of licensed osteopaths
- Handicapped persons special school
- Hearing devices & batteries
- Home improvements motivated by medical consideration
- Hospital bills
- Insulin
- Laboratory fees
- Lasik eye surgery
- Lead base paint removal for children with lead poisoning
- Membership fees for associations furnishing medical services, hospitalization, & clinical care
- Naturopathic office visit / consultation
- Nurses’ fees (including nurses board & Social Security tax where paid by taxpayer)
- Obstetrical expenses
- Office visit copays
- Operations & related treatments
- Orthodontia*
- Orthopedic shoes
- Oxygen
- Physically/mentally challenged persons cost for special home
- Physician fees
- Physician recommended swimming pool or spa equipment costs & maintenance
- Prescribed Medicine (including contraceptives)
- Prescription copays
- Psychiatric care
- Psychologist fees
- Routine physicals & other non-diagnostic services & treatments
- “Seeing-eye” dog & its upkeep
- Special communication equipment for the deaf
- Special education for the blind
- Special plumbing for the handicapped
- Sterilization fees
- Surgical fees
- Therapeutic care for drug and alcohol addiction
- Therapy treatments
- Transportation expenses primarily for rendition of medical services, i.e. railroad fare to hospital, cab fare in obstetrical cases
- Tuition at special school for handicapped
- Vitamins (if they require a prescription)
- Wheelchair
- X-rays

Eligible Over-the-Counter Item Examples

Over-the-counter (OTC) medicines (except insulin) are not eligible for reimbursement without a prescription. However, equipment such as crutches, supplies such as bandages, contact lens solution and diagnostic devices such as blood sugar test kits still qualify for reimbursement by the FSA or HRA.

Eligible without a prescription:

- Bandages
- Blood Pressure Monitor
- Carpal Tunnel Support
- Contact Lens Solution
- Crutches
- Ear Care
- Eye Care
- Eye Drops (non-medicated)

- First Aid Supplies
- Hearing Aid Batteries
- Personal Test Kits
- Pinworm Treatments
- Pregnancy Tests
- Reading Glasses
- Wound Care (e.g. Gauze)

- Acid Controllers
- Allergy & Sinus medicine
- Antibiotics
- Anti-Diarrheals
- Anti-Gas Products
- Anti-Itch & Insect Bite
- Anti-Parasitic Treatments
- Baby Rash Ointments/Creams
- Cold Sore Remedies
- Cough, Cold & Flu

- Digestive Aids
- Feminine Anti-Fungal/Anti-Itch
- Hemorrhoidal Preps
- Laxatives
- Motion Sickness
- Pain Relievers
- Respiratory Treatments
- Sleep Aids & Sedatives
- Stomach Remedies

Combined Services LLC is here to help you use the Flexible Spending Accounts for only eligible expenses. However, your employer and the claims administrator bear no responsibility for your taxes. You remain fully accountable to the IRS to prove the eligibility of any expense you submit. Therefore, you should keep copies of all receipts for your tax records. Combined Services LLC will accept copies of these records with your reimbursement requests.