

## CONEXIS Visa® Benefit Card – Frequently Asked Questions

### What is the CONEXIS Benefit Card?

It's a stored-value card that makes it easy to pay for expenses that are eligible under a health flexible spending account (FSA). The CONEXIS Benefit Card lets you electronically access your account funds.

You may use your benefit card at qualifying health care providers and merchants where Visa® is accepted. As you incur eligible health care expenses, just present your benefit card for payment. The amount of purchase is deducted automatically from your health FSA, and the funds are transferred electronically to the provider or merchant for instant payment. The card system will confirm your account status, the status of your benefit card, the merchant category code, and the funds that are in your account.

### What is the advantage of using the CONEXIS Benefit Card?

Your card allows you to pay for qualified health care expenses at the point of sale by providing:

- Real-time access to your health FSA – no paying out-of-pocket with cash or check.
- Immediate payment of your expense – no waiting for a reimbursement payment. Funds are transferred immediately from your account at the time you pay for the expense.
- Reduced paperwork and ease of use at the point of sale when you purchase an eligible expense.

### Where can I use my benefit card?

You may use your card at health care providers that have health care-related merchant category codes. These include doctors, dentists, vision care offices, hospitals, and other medical care providers. You can also use your card at grocery stores, discount stores, and pharmacies that utilize an Inventory Information Approval System (IIAS).

A merchant category code helps identify the type of merchant where you use your card and determines if it can be used at that location.

You must save all itemized receipts or other supporting documentation for all benefit card transactions. At times, you may be required to show proof of purchases made using your benefit card. We recommend keeping all documents filed in an envelope at home or work.

You may only use your benefit card to pay for eligible expenses. A list of eligible and ineligible expenses is available online at [www.conexis.com/myfsa](http://www.conexis.com/myfsa).

### What is an Inventory Information Approval System?

An Inventory Information Approval System (IIAS) is a point-of-sale system that compares the items you purchase against a list of eligible items maintained by the merchant. When using your benefit card at an IIAS merchant, you may only use your benefit card to pay for those items identified on the merchant's list of eligible expenses. When you purchase eligible health care-related items AND ineligible, non-health care-related items, the merchant will only accept your benefit card to pay for the health care-related items. You must pay for the ineligible items with another form of payment (cash, personal credit card, debit card, etc.).

At times, purchases made at IIAS merchants may fail to process correctly. If this happens, you will need to submit itemized receipts or other supporting documentation.

**Please note:** You can't use your CONEXIS Benefit Card at any merchant that doesn't have a health care-related merchant category code unless that merchant utilizes an IIAS. Pharmacies, grocery stores, and discount stores will not qualify as merchants with a health care-related merchant category code. A list of merchants utilizing an IIAS is available online at [www.conexis.com/IIASvendors](http://www.conexis.com/IIASvendors). If a vendor does not appear on this list, ask them if they use an IIAS before using your card.

### **What if my local pharmacy doesn't use an IIAS?**

You may pay for your eligible expenses using another method of payment (cash, credit card, etc.) and then submit a reimbursement form along with appropriate supporting documentation. All documents are reviewed for approval before a reimbursement payment is issued. You can find a reimbursement form through your personal CONEXIS account at [mybenefits.conexis.com](http://mybenefits.conexis.com).

### **How do I activate my card?**

When you receive your CONEXIS Benefit Card in the mail, just call the toll-free number on the sticker attached to the front of the card, and then follow the prompts. Once activated, sign the back of your benefit card and it's ready to use.

### **Do I have to use my benefit card to pay for all of my health FSA expenses?**

No. You can pay for eligible expenses using another form of payment and then submit a Request for Reimbursement Form along with your supporting documentation. If you decide not to use your benefit card, we recommend that you keep your card in a safe and secure place in case you want to use it in future plan years.

However, the CONEXIS Benefit Card is the easiest, fastest, and most secure way to pay for your eligible health FSA expenses. It allows you to purchase eligible expenses without paying out of pocket and waiting for reimbursement. Find out just how easy and convenient participating in the FSA plan can be by using your card to pay for eligible expenses.

### **Can I use my benefit card to purchase over-the-counter medicines?**

Over-the-counter (OTC) medicines and drugs are not eligible for reimbursement under your health FSA unless prescribed by a doctor (or another individual who can legally issue a prescription) in the state where you purchase the OTC medicines. Due to IRS rules, your benefit card may be used to purchase OTC medicines only if you present a doctor's prescription for an OTC medicine to a pharmacist. The pharmacist will then dispense the medicine just like a traditional prescription and assign an Rx number.

If you cannot give the pharmacist an OTC prescription before paying for the OTC medicine, you must purchase the medicine using another form of payment (cash, personal credit or debit card, etc.). Then submit the itemized receipt, the doctor's prescription, and a completed Request for Reimbursement Form to CONEXIS.

Here are a few examples of OTC medicines and drugs that require a prescription:

- Allergy and sinus: Actifed, Benadryl, Claritin, Sudafed
- Antacids: Mylanta, Pepcid AC, Prilosec, TUMS
- Aspirin and pain relievers: Advil, Excedrin, Motrin, Tylenol
- Cold and flu: Nyquil, Theraflu, Tylenol Cold & Flu
- First aid creams, sprays, and ointments: Bactine, Neosporin
- Nicotine gum and patches: Nicoderm CQ, Nicotrol
- Sleep aids: Sominex, Tylenol PM, Unisom Sleep Tabs

To be eligible under a health FSA, prescribed OTC medicines and other eligible items must be for "medical care" as defined by the IRS. An OTC medicine is for "medical care" if it's needed to treat a medical condition and is generally accepted as falling within the category of "medicine or drugs." Items that are used for a person's general health and not to treat a medical condition aren't reimbursable – items such as vitamins or nutritional supplements.

**Please note:** Prescription drugs and insulin (including OTC insulin) aren't affected by the IRS rule. You can use your benefit card to purchase these items.

### **What over-the-counter items are eligible expenses without a prescription?**

The rules for OTC health care-related items have not changed, and these items are still eligible for reimbursement through your health FSA (if your employer's plans include OTC items as eligible expenses). Here are some of the many items you can purchase with your benefit card:

- Bandages, Band-Aids, and gauze
- Contact lens solution
- Condoms and other OTC contraceptives
- Diabetic supplies and test kits
- First aid kits
- Hearing aid batteries
- High blood pressure monitors
- Thermometers
- Wheelchairs, crutches, canes, and walkers

For a complete list of eligible expenses, including many OTC health care-related items and medical supplies, go to [www.conexis.com/myfsa](http://www.conexis.com/myfsa).

### **How do I purchase eligible and ineligible items at the same time?**

When using your benefit card at an IIAS merchant, your card may be used to pay for only those items identified on a list of eligible expenses maintained by the merchant. You don't have to worry about which expenses qualify or splitting up your purchase – the IIAS process will do that for you.

**Example:** You go to an IIAS-participating grocery store with a pharmacy to get a traditional prescription filled and you also want to submit a doctor's prescription for aspirin. Simply provide both prescriptions to the pharmacist before making your purchase. While you're at the store, you also pick up bandages, gauze, and hand sanitizer. Your benefit card can be used to pay for the eligible expenses – the prescription and aspirin that was issued as a prescription, bandages, and gauze. However, hand sanitizer is an ineligible expense so you will need to pay for it using another form of payment (cash, credit or debit card, etc.).

### **Do I select "credit" or "debit" when checking out?**

You may use your benefit card like a credit or debit card. For the debit option, your PIN is the last four digits of your card or the PIN you have chosen. To change your PIN, call 888-999-0121.

If your card expires and a new card is issued, your PIN will carry over to your new card. However, when a card is reported as lost or stolen, the PIN is set as the last four digits of the new card number.

**Please note:** Not all merchants and health care providers will allow you to use the debit option. If you select "debit" and enter your PIN, but your card is denied, please try again. Swipe your card and choose the "credit" option to pay for your purchase.

### Can I use my card to get cash?

No, there is no “cash back” option with your benefit card.

### What’s the best way for me to keep up with my card purchases?

It’s easy to keep up with your card purchases when you sign up for Real-time Alerts. Enroll by logging in to your online account at [mybenefits.conexis.com](http://mybenefits.conexis.com) and then click the **Subscribe to Real-time Alerts** quick link. You’ll receive instant messages about your benefit card activity, including transaction approvals, denials, and those requiring your attention. This feature helps you stay in tune with your FSA throughout the plan year.

### Is the benefit card process paperless?

Most benefit card transactions are approved without further supporting documentation. But IRS rules require CONEXIS to review all card purchases, and sometimes you are required to submit proof of your card purchases. You must keep copies of all receipts and itemized statements (not the credit card receipt) for each card transaction.

### How will I know if I need to submit additional documentation?

You will receive a benefit card activity statement each month that you have a new transaction, resolved transaction, or an unresolved transaction that requires further action. To ensure timely notification, CONEXIS will email all card activity statements. Be sure that we have your correct email address by logging in to your online account at [mybenefits.conexis.com](http://mybenefits.conexis.com).

Your monthly card activity statement will include a summary of your card activity and a Return Form that you can use to verify your transactions requiring action. Simply follow the Return Form directions and submit the completed form with your supporting documentation by the date noted on the form.

**Online tip:** Complete an online Return Form and upload supporting documentation through your online account. It’s the quickest way to clear up an unresolved card transaction.

**Important:** If you don’t provide supporting documentation or pay back the specific plan for the ineligible transaction by the card deactivation date on your Return Form, your card will be suspended. If this happens, any following non-card (paper) claims will be used to resolve the balance you owe. These claims will reduce the amount of your reimbursement by the balance due. Failure to clear all unresolved transactions may mean you pay more in taxes.

### What is acceptable documentation?

The required documentation for benefit card transactions is the same documentation required for traditional paper claims. You must keep copies of all itemized receipts for each benefit card transaction. File your documentation in an envelope or box. At times CONEXIS may ask you to send in supporting documentation, which includes:

- **For office visits** – Your health plan’s Explanation of Benefits (EOB) statement or an itemized receipt or bill from the provider that includes the patient’s name, a description of the service, the date of service, and your portion of the charge.
- **For prescription drugs** – A pharmacy statement or printout including the patient’s name, the Rx number, the name of the drug, the date the prescription was filled, and the amount.
- **For over-the-counter medicines and drugs** – A written or electronic OTC prescription along with an itemized cash register receipt that includes the merchant name, name of the OTC medicine or drug, purchase date, and amount, OR a printed pharmacy statement or receipt from a pharmacy that includes the patient’s name, the Rx number, the date the prescription was filled, and the amount (see page 2 for more details).
- **For over-the-counter health care-related items** – An itemized cash register receipt with the merchant name, name of the item or product, purchase date, and amount (see page 3 for examples of OTC health care-related items).

In some cases, you may be required to submit a Medical Determination Form completed by a doctor. Credit card receipts, canceled checks, and balance forward statements do not meet the IRS requirements for acceptable documentation.

### **Will CONEXIS request documentation for every benefit card transaction?**

No. Most card purchases can be automatically approved and there's no need for more paperwork, such as:

- You purchase your eligible expenses at a grocery store, discount store, or pharmacy that is an IIAS merchant.
- The FSA expense matches a specific co-pay under your employer's medical, vision, or dental plan. The transaction will automatically be approved if the amount is up to five times the applicable co-pay amount.
- Recurring expenses will not result in a request for documentation if the expense equals the same amount, duration, and provider as a previously approved FSA expense.
- In limited situations, your claim information may be provided through an electronic file from your health, dental, or vision plan.

**Please note:** Save all receipts for purchases made with your benefit card, even if you believe the transaction meets the requirements outlined above.

### **When is supporting documentation needed?**

When you use your benefit card to pay for dental and vision expenses, you will more than likely receive a request for additional documentation (such as an EOB or itemized receipt). That's because the transaction amount will rarely match your dental or vision co-pay amount and these transactions are not part of the IIAS process. This may also occur if you are covered under your spouse's plan and the co-pay amount doesn't match the plan's claims data. See the examples below.

- After your eye exam, you use your benefit card to purchase eyeglasses or contacts from the vision provider. Your total does not match your vision co-pay amount. Your transaction cannot be approved automatically, and you will receive a request for additional documentation.
- When paying for dental services with your benefit card, the co-insurance amounts for the various services will differ. The cost of a routine cleaning is different from the amount for a cavity filling. Since the amounts often vary with each visit, you will receive a request for supporting documentation.
- If you're covered under your spouse's health plan and the co-pay for your doctor's visit doesn't match up with the data provided by the plan, CONEXIS will ask for documentation to verify the benefit card transaction. The co-pay must match your specific co-pay under your employer's plan. It is not sufficient if the transaction amount matches a co-pay amount under any health plan option provided by your employer or provided by your spouse's employer.

### **What if I don't have an itemized receipt?**

If you receive a request for documentation and can't find your receipt, request a copy from the provider (pharmacy, doctor, dentist, etc.). Many health plans provide statements and/or EOB statements on their websites. It is important for you to keep your receipts for over-the-counter purchases since cash register receipts typically can't be reproduced.

### **What if I accidentally use my benefit card to pay for ineligible or non-qualifying expenses?**

Before using your benefit card, review the list of eligible and ineligible expenses that's available online at [www.conexis.com/myfsa](http://www.conexis.com/myfsa). Plus, IIAS merchants will split eligible and ineligible items at the point of sale and prompt you to pay for ineligible items with another form of payment.



If your benefit card is misused, you will be required to pay back the specific plan with a personal check. If you do not pay back the plan within the allotted time frame, any following traditional paper claims you submit will be used to resolve the balance you owe. Additionally, your employer will be notified and your benefit card will be deactivated. Failure to repay the FSA plan may mean you pay more in taxes.

**Online Tip:** The quickest way to pay back your FSA plan is through your online account. Making an online payment can easily clear up all unresolved transactions, and if your benefit card has been suspended for this account, it will be instantly reactivated as the online payment is processed.

A process known as “offsetting” can also clear unresolved transactions. To offset, you just submit documentation for another eligible expense – one that you’ve paid for out of your pocket – to cover the cost of the unresolved transaction. It’s easy to do. On your Return Form, select the Offset checkbox and then follow the steps listed on the form.

**Important:** If your benefit card is suspended, you can’t use it to access funds from either account until you clear all unresolved card transactions.

### **What should I do if I want to pay for more than one doctor co-pay in a single card transaction?**

You may swipe your card for an amount up to five times the maximum co-pay amount:

- **Single co-pay for a specific benefit** – If the transaction equals a multiple of specific co-pay, then no additional documentation is required. However, if the transaction exceeds five times the applicable co-pay amount, documentation is required.

**Example:** You and your two children visit the doctor and there is a \$20 co-pay amount per person for the office visit. You only have to swipe your card once. The \$60 transaction will match as a multiple of your co-pay amount.

- **Different co-pay for a specific benefit** – If the transaction equals a multiple of co-pay for a particular benefit, or a combination of the co-pays for a certain benefit, then no additional documentation is required. However, if the transaction amount exceeds five times the maximum co-pay for a particular benefit, documentation is required.

**Example:** Let’s say your health plan requires a \$15 co-pay for generic drugs and a \$25 co-pay for brand-name drugs. You use your benefit card at the pharmacy to purchase three generic drugs and two brand-name drugs for a total of \$95. No additional documentation is required because the \$95 total is a multiple of a combination of the co-pays for the particular benefit, and the total does not exceed five times the maximum co-pay amount.

**Please note:** If the transaction amount is more than the maximum transaction amount (that’s more than five times the maximum co-pay for that type of benefit) or it is not a multiple of the co-pay or combination of co-pays for a benefit, additional documentation is required for the entire transaction.

**Example:** Assume your health plan requires a \$20 co-pay for prescription drugs. You use your benefit card to purchase seven prescriptions for a total of \$140. The \$140 transaction exceeds the five times maximum co-pay amount for that particular benefit. Therefore, you must provide substantiation for the entire \$140 transaction.

The co-pay must match your specific co-pay under your employer’s plan. It is not sufficient if the transaction amount matches a co-pay amount under any other health plan option provided by your employer or provided by your spouse’s employer. It must equal a multiple of the specific co-pay that is applicable to you.

### **What if my card transaction is more than the amount I have in my FSA?**

In most cases, the Visa authorization process does not allow for partial approval of transactions – this depends on the merchant. Let’s say you have a \$90 expense but there is only \$50 in your FSA, the card transaction can’t be partially approved for \$50 and rejected for the remaining \$40. Benefit card transactions will more than likely be rejected if they are greater than your benefit card limit or available FSA balance.

Throughout the plan year, make it a habit to log in to your online account and see how much you have in your FSA. If you know your available account balance, you can ask the merchant to charge up to the available balance on your benefit card and then use another form of payment to cover for the difference. Access your online account at [mybenefits.conexis.com](http://mybenefits.conexis.com).

### **My FSA plan has a grace period. Can I use my CONEXIS Benefit Card to make purchases during the grace period?**

Yes, if your employer's plan allows it. Check out your SPD to find out.

- **If your health FSA plan allows card usage during the grace period** – You may use your benefit card to access funds left over from the previous plan year. Any health FSA funds that remain in your account will be applied toward card transactions made during the grace period. When you deplete the remaining funds, FSA dollars from the current plan year will be used toward your card purchases.
- **If your plan does not allow card usage during the grace period** – You may not use your card to access funds from the previous plan year. Any eligible benefit card purchases made during the grace period are considered transactions under the current plan year, and the funds will be pulled from your new account. To use funds remaining in your FSA from the previous plan year, you must pay for the eligible expense using another form of payment (cash, personal debit or credit card, etc.). Then submit a manual claim and supporting documentation.

**Please note:** Not all FSA plans include a grace period extension and the time frames are set up by the employer. For example, your employer may choose to shorten the grace period. To find out if your plan includes this feature, and to verify the time limit for incurring and filing claims under your plan, please refer to your SPD.

### **What if my benefit card is declined?**

If your benefit card is declined, you may pay for the expense out of your pocket and submit a reimbursement request. There are several reasons your benefit card may be declined, including not enough money in your account to cover the purchase or the merchant was ineligible. Find out why your card purchase was denied by logging in to your online account.

### **Will I get a cardholder agreement?**

Yes. The cardholder agreement will be sent along with your CONEXIS Benefit Card. Carefully read the cardholder agreement and the back of your benefit card. By signing the back of your benefit card, you agree to follow the terms and conditions of the cardholder agreement. You further certify you will use your benefit card to pay for qualified medical expenses only and will not seek reimbursement under any other health plan. Each time you use your benefit card, you confirm that you will follow the cardholder agreement rules.

### **Will I receive a statement that shows my benefit card transactions?**

Yes. You will receive an online activity statement each month that you have activity on your account. You can also view detailed account information by logging in to your online account at [mybenefits.conexis.com](http://mybenefits.conexis.com).

### **Will I receive a new CONEXIS Benefit Card for each plan year?**

No. Your CONEXIS Benefit Card is valid for three years from the issue date. You will need to reenroll in the health FSA plan during open enrollment each year. As the new plan year begins, your benefit card balance is reset for the new FSA election amount you chose for that plan year.

### **If I stop working for this employer, can I still use my benefit card?**

No. Your benefit card is deactivated when you leave your job. If you have qualified expenses to submit after your job ends, you may file a traditional claim by submitting a reimbursement form along with appropriate documentation. Keep in mind that your qualified expenses must be incurred during your coverage period.

The CONEXIS Visa® Benefit Card is issued by UMB Bank, n.a. pursuant to a license from Visa U.S.A. Inc.