

Flex Debit Card Frequently Asked Questions

For easier reference, these FAQs have been separated into the following categories: Receiving/Activating Debit Card(s), Using Your Flex Debit Card, and Substantiation for Flex Debit Card Purchases.

Receiving/Activating Debit Card(s)

Q: When should I receive my debit card?

A: Debit cards are mailed within 6-9 days from the date we request them and will be delivered to your address.

Q: How do I activate my card?

A: For added security, you will need to activate your flexible spending card before you use it the first time. To activate your card, call the toll-free number on the activation sticker and follow the instructions. You will need your social security number to activate your card.

Q: How can I request an additional flex debit card for my spouse or dependent?

A: You will automatically receive two debit cards, both in your name. Your spouse or dependent should sign the back of the card prior to using the card. Additional or replacement cards can be requested by sending an email to mbscs@medcost.com. Please provide your name, address, date of birth, phone number, and alternate member number. You also may contact our Customer Service Department at the number shown on your health plan ID card. The first two cards are free. There is a \$5.00 fee for each additional or replacement card, which will be debited from your flex account.

Using Your Flex Debit Card

Q: What can I use my debit card for?

A: You can use your debit card at the doctor's office, pharmacy, and hospital for eligible health care expenses, such as co-pays, deductibles, certain over-the-counter drugs, and other out-of-pocket expenses. Eligible health care expenses are based on Section 213 (d) of the IRS Code. The IRS defines eligible expenses as "amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, and for treatments affecting any part or function of the body." The IRS provides guidance on eligible covered expenses for flexible spending accounts at www.irs.gov.

Q: Can I use the debit card to pay for daycare expenses?

A: If your employer has elected to offer this option, you will be able to use the debit card to pay for daycare expenses. Otherwise, you will need to continue to pay for daycare expenses using another method of payment and complete a claim form for reimbursement.

Q: Are there retailers that can distinguish between eligible and ineligible expenses?

A: There are many retailers, such as Walmart, Walgreens, and CVS, that can distinguish an eligible expense from an ineligible expense. If you receive services from any of these retailers, you may use the flex debit card for any eligible expenses. The cashier may have to run any ineligible item as a separate transaction, however, and you will be asked to use another method of payment for that transaction.

Q: Can I use my debit card to pay my balance on a website or provider portal that accepts payments?

A: Making online health care payments is a very effective way to use your debit card. Unfortunately, this method of payment will likely result in a substantiation request since a payment vendor does not capture provider information and the date of the transaction will not match the date of service. If you use your debit card in this way, always keep your email or paper receipt to use as supporting documentation for substantiation of these expenses. *See Substantiation section of this FAQs document for more information.*

Q: What should I do if my debit card is not authorized for an expense?

A: There are several circumstances that could result in restriction of your debit card for purchases. If we have requested supporting documentation for a previous purchase and you have not provided it or you have not refunded an ineligible expense, your card will be restricted. You also may have exhausted the amount that you elected as your pledge for that calendar year. When this happens, you will need to use another form of payment.

Q: How do I find out what my account balance is or view transactions?

A: You can get your account balance and view transaction details by logging in to the secure member portal on our Website (select Flex/HRA Claims under Quick Links) or the My MedCost mobile app (select My Flex). Don't have an account yet? Go to [MedCost.com/MyMedCost](https://www.MedCost.com/MyMedCost) or download the My MedCost mobile app from your preferred app provider. You can register through the member portal or the app. You will need information from your health plan ID card to complete the registration process.

Q: What happens if I use the card for an expense covered by my health plan?

A: When MedCost recognizes that your debit card has been used to pay for an expense that was covered by your medical, dental or vision plan, we will send a letter requesting a refund. Eligible expenses are defined as expenses that are not reimbursed through the health plan.

Q: How do I file a manual claim?

A: The most effective method for filing a manual claim is through the secure member portal at www.MedCost.com. Log in and select Flex/HRA Claims under Quick Links, then click the link for additional Flex transaction details or HRA Reimbursement Claims. Select the Submit a Claim icon under the Claims tab to enter your claim information and upload receipts. If you would prefer to email the information, please send your claim and supporting paperwork to mbsflex@medcost.com.

Substantiation for Flex Debit Card Purchases

Q: Why is it important to save all my receipts for purchases made with my debit card?

A: Your benefits debit account is a tax-advantaged account, with money taken from your paycheck on a pre-tax basis to fund it. As such, the IRS has strict guidelines on how the account may be used. MedCost automatically verifies (or substantiates) nearly 90% of FSA debit card transactions using claim information from available claims data. If we are unable to substantiate a transaction automatically, we are required by the IRS to request supporting documentation and will contact you by email or letter to request a detailed receipt. To avoid confusion or disruption in the use of your card, please make sure that your receipt includes the product or service and the date the product or service was purchased.

Q: What methods does MedCost use to automatically substantiate an expense?

A: MedCost uses several methods, including co-pay matching and claims data information from medical, dental and vision plans, when available through our own claims processing or a partner vendor. When we are unable to substantiate through an acceptable method, we are required by the IRS to request supporting documentation from you.

Q: What is the process if MedCost cannot automatically substantiate an expense?

A: MedCost allows at least 60 days from the time your FSA debit card is used to automatically substantiate an expense. This usually is adequate time for us to receive and process a claim from your medical, dental or vision provider. If we are still unable to substantiate an expense after 60 days, we will contact you by email or letter to request a detailed receipt.

Q: What should I do if I receive a request for substantiation?

A: Please submit the requested information as soon as possible. Any delay in receipt of the requested information may result in your inability to use your FSA debit card in the future. The most effective method for submitting supporting information is through the secure member portal at www.MedCost.com. Log in and select Flex/HRA Claims under Quick Links, then click the link for additional Flex transaction details or HRA Reimbursement Claims. Select the Submit a Claim icon under the Claims tab to upload a scanned image or photo of your receipt. If you would prefer to email the information, please send your claim and supporting paperwork to mbsflex@medcost.com.

Q: What documentation will MedCost accept as substantiation of an expense?

A: MedCost will accept the Explanation of Benefits (EOB) from your provider visit. Often the debit card transaction date does not coincide with the claim's date of service, therefore, we may not be able to automatically validate the expense. You do not need to send us your copy of the EOB; you can call the MedCost Customer Service Contact Center to verify that the claim shown on the EOB is the same claim from the FSA transaction.

We also will accept detailed receipts that include the date of the service or purchase, the payment amount, the provider or store name, a description of the service or item purchased, and the name of the person receiving the item or service. Please note that cash register receipts normally do not provide all the necessary information. **Reminder:** Keep the original documents for your records and provide us with a copy. Keep all flex account expense receipts just as you would any other tax records. In the event of an IRS audit, these receipts may be necessary.

Q: How long do I have to respond to the substantiation request?

A: You have a total of 90 days from the date of the letter or e-mail received from MedCost to provide the requested documentation. Several follow-up attempts will be made during that time. If no documentation is received, we eventually will send a refund request letter. To avoid card disruption, you will need to provide documentation or send a refund for the service in question. It is fairly common to have multiple expenses that require documentation, so please be mindful to provide all information needed to support each expense.

Q: What happens if the expense submitted for reimbursement under my FSA is determined to be an ineligible IRS expense?

A: MedCost will request a refund equal to the ineligible amount. We will credit the refund amount back into your account to be used for future eligible expenses.

Q: What can I do to avoid a substantiation request?

A: Here are some helpful hints to avoid receiving substantiation requests:

- 1) Whenever possible, use your debit card on the same day that the expense or service is being provided. Using the card for co-pays is the most common use. If your provider or pharmacy will allow you to use your debit card for a known portion of your deductible or coinsurance on the date of service, you are less likely to receive a request for verification.
- 2) Ask your provider to verify that they are filing the claim on a timely basis. This will increase our ability to use claims data to automatically substantiate the expense.

Q: What expenses most commonly require substantiation?

A: Vision expenses are the most common type of service requiring substantiation. This may be due to the fact that glasses can be purchased from multiple vendors, including websites, and that vision benefits are often administered by a vendor other than your FSA administrator.

Please call MedCost Benefit Services Customer Service at the number shown on your health plan ID card if you have any questions.