



Commonly Asked Questions Regarding The Benny™ Card - Participant Information

Note: This document describes various types of expenses the Benny™ Card can be used for, some of which may not be applicable to YOUR debit card. You should review the documents specific to each plan you are enrolled in to see which provisions apply. It is important that you familiarize yourself with the type of accounts that are available on YOUR debit card and the eligible expenses under each account to avoid using the card for ineligible expenses.

What is the Benny™ Card?

The Benny™ Card is a prepaid debit card that contains the value of your annual Health Care Flexible Spending Account (FSA) or Limited Health Care Flexible Spending Account elected amount. Each account that is available on the debit card is referred to as a “purse”. The card can be used at the point of sale to pay for eligible expenses with the payment taken directly from your FSA account(s).

How many debit cards will I receive?

Two debit cards, both of which will be issued in your name, will be sent to your home address at no cost to you. If you require additional cards you can order them by contacting Benefit Extras flex department at 952.435.6858; toll-free 866.435.6858 or via email at flex@benefitextras.com. There is a fee of \$10 for additional or replacement cards if your card is lost or stolen. This fee will be deducted directly from your account. For a spouse or eligible dependent to use the card, they need only to sign the back of it.

How do I activate my cards?

To activate both of your cards, you must call 866.898.9795 as instructed on the front of the card.

Whose expenses are eligible?

Generally under a Flexible Spending Account (FSA), your spouse and any tax dependents expenses qualify (even if they are covered under a different insurance plan). Due to changes enacted by Health Care Reform, expenses for any of your dependents, who as of the end of the taxable year have not attained age 27, are eligible expenses under your FSA account.

If my card can be used to pay for eligible medical expenses, where can I use it?

The Benny™ card can be used at most medical, dental and vision providers that accept VISA cards. This includes office visits, hospitals, clinics and many other providers.

The card may also be used on billing statements received from providers of the same types of service. Simply fill in the credit card area on the bill providing your Benny™ debit card number. If insurance coverage is available, make sure that the insurance company has processed the claim prior to the time you make your payment. This will ensure that any insurance discount and payment have been made so you are only paying your portion of the expense.

Certain retail stores may also be able to accept your debit card if they have installed an Inventory Information Approval System, referred to as IIAS. IIAS systems have the ability to separate eligible from ineligible expenses at the point of sale, which means the expense is auto-substantiated at the point of service. If the expense is auto-substantiated at the point of service, you will not have to provide additional documentation after the purchase. You can locate a list of IIAS Merchants via a link at www.benefitextras.com.

Pharmacies may be IIAS Merchants or 90% Rule Merchants. As IIAS Merchants, they auto-substantiate as explained above. If they are registered as a 90% Rule Merchant, the separation of eligible from ineligible expenses does not occur and you can generally expect to receive a request for additional documentation to substantiate the purchase. A list of 90% Rule Merchants can be found at www.benefitextras.com.

If my card can be used to purchase eligible prescription drug expenses, where can I use it?

The Benny™ card can be used at most pharmacies that accept VISA cards. This includes pharmacies that are free standing or located inside big box merchants (ex. Wal-Mart or Target) or grocery stores (ex Rainbow or Cub).

Certain pharmacies have installed an Inventory Information Approval System, referred to as IIAS. IIAS systems have the ability to separate eligible from ineligible expenses at the point of sale, which means your expense will be automatically substantiated at the point of sale with no need for you to provide additional documentation after the purchase. You can locate a list of IIAS Merchants at www.benefitextras.com.

Other pharmacies are registered as 90% Rule Merchants. If they are registered as a 90% Rule Merchant, there is no separation of eligible from ineligible expenses at the point of sale, so you can expect to receive a request for additional documentation to substantiate the purchase. A list of 90% Rule Merchants can be found at www.benefitextras.com.

If you are unable to locate your pharmacy on either list, it is likely that your Benny™ card will not work at that pharmacy. If this is the case, you can purchase the prescription and seek reimbursement through the manual claim submission process prior to the claims submission deadline. The claims submission deadline, or the run out period as it is often referred to, is the 90 days following the end of the plan year (or 90 days following your termination of employment, if earlier).

Will I still have to submit documentation?

IRS regulations have always required that expenses paid out of the pre-tax accounts be substantiated to verify that they are eligible. This regulation has not changed with the addition of debit card technology. While Benefit Extras takes advantage of every method of auto-substantiation allowed by the IRS there are certain expenses that are difficult to auto-substantiate given the technology available. Depending upon where and how an employee uses the card, the number of requests for additional documentation will vary. Be assured, Benefit Extras is utilizing every method possible to reduce the number of requests you receive.

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

If additional documentation is required to substantiate your transaction, you will receive a request from Benefit Extras either via the mail or by email. The request will outline the date of the transaction (not necessarily the date of service), the name of the provider and the amount of the transaction. A second notice will be sent if no response is received within 15 days of the original request.

When will I know if I need to submit additional documentation?

A debit card transaction is generally confirmed on your account within 24-48 business hours. If the transaction requires additional documentation, a notification will be sent to you shortly after that time period.

What happens if I do not submit substantiation when it is requested?

Per the IRS guidelines, if substantiation is not submitted after the second request, the debit card transaction is considered an improper payment from the account. The debit card must be suspended from further use until the substantiation has been received (indicating the expense is an eligible one) or the amount of an ineligible expense has been paid back into your account (which then can be used for future eligible expenses). After the matter has been resolved, the debit card use will be reactivated.

How long should I keep my supporting documents?

Since the reimbursements you receive under the plan(s) are tax-free you should keep all of your supporting documents with your tax return filed for that applicable tax year. You should keep all tax records until the period of limitations for that tax year ends. For more information on how long you should keep your records, please visit the IRS website at www.irs.gov.

What do I do if I receive a bill for a prior plan year expense?

If the plan year specific to the plan you are enrolled in has ended before you receive an invoice from your provider, you should not use the debit card to pay for the expense. Claims submitted after the end of the plan year must be submitted as a manual claim and received by Benefit Extras prior to the claims submission deadline. The claims submission deadline, or the run out period as it is often referred to, is the 90 days following the end of the plan year (or 90 days following your termination of employment, if earlier).

How can I find out if I have sufficient funds to cover the expense?

You can view your account information, including your balance, by visiting www.benefitextras.com. Account information is also available by calling Benefit Extras flex department at 952.435.6858 (toll free at 866.435.6858) or emailing flex@benefitextras.com.

What should I do if the expense is greater than my remaining account balance?

If the provider or retailer runs a transaction in which the amount is greater than your remaining balance, they will receive a decline message that states “Insufficient Funds.” You can avoid this by knowing your available balance and requesting that they run a split tendered transaction. The provider or retailer can send through a transaction up to the amount you have on the card and you can pay the remaining amount due by another method.

What should I do if the store or provider doesn't accept VISA?

In the event that a provider or retailer does not accept VISA cards, you will need to arrange for a different payment method and submit the expense as a manual claim to Benefit Extras. All manual claims must be received prior to the claims submission deadline. The claims submission deadline, or the run out period as it is often referred to, is the 90 days following the end of the plan year (or 90 days following your termination of employment, if earlier).

What should I do if I accidentally charge an ineligible or prior year expense on the card?

If an ineligible transaction is charged to the card, please contact Benefit Extras flex department at 952.435.6858 (toll free 866.435.6858).

Why has my transaction been declined?

As with any electronic payment method, point of sale transactions can be declined for several reasons. The most common are:

Insufficient Funds: It is especially important that you know your exact balance as you approach the time when you are using the last of your funds. If the provider or retailer attempts to run a transaction for an amount over your available balance, they will receive an "Insufficient Funds" decline. They may run an amount up to your remaining balance on the card and you must use an alternate method of payment for any unpaid amount.

Invalid CVV or CVV2: The 3 digit number on the back of your card is there to provide an additional level of fraud protection to your account. If the number is entered incorrectly, the transaction will decline. Re-entry of the number should correct the situation.

The Account Is Not Active: If you have failed to activate the card prior to attempting to use it, this is the message the merchant will receive. You can call 866.898.9795 to activate your card. This same message will appear if the card has been suspended or the account terminated. If you have received this decline and are not sure why, please contact the flex department at 952.435.6858 (toll free 866.435.6858) or email flex@benefitextras.com.

Merchant Not In Network: If the merchant trying to run the transaction is not a valid merchant to accept a health debit card, they will receive this type of decline. A list of IIAS Merchants or 90% Rule Merchants can be found at www.benefitextras.com. This is not a decline you should expect at a health care provider type of business (ex. doctor's office, hospital, urgent care, etc.)

Could Not Match the Expiration Date: If the merchant or provider enters an incorrect expiration date when processing the transaction, they will receive this decline. Re-entry of the correct information should resolve the situation.

System Malfunction or Transaction Timed Out: If there is a delayed electronic transmission or loss of connectivity within the debit card/merchant/Visa system during the transaction, this decline could generate. The merchant or provider may try to run the transaction again to correct the situation.

What should I do if my card is lost or stolen?

If your card is lost or stolen, you should notify Benefit Extras flex department as soon as possible so that the card can be deactivated. Two new additional cards can be issued for a fee of \$10. This fee will be deducted directly from your account. You should review your account often to make sure there are no fraudulent charges on your account by logging in at www.benefitextras.com.

What should I do if fraudulent charges have been made on my card?

If you think there may be activity on your account that is fraudulent, you should complete an Activity Dispute Form. You can request this form from Benefit Extras' flex department at 952.435.6858 (toll free 866.435.6858).

How has the federal health care reform affected the use of debit cards?

Beginning January 15, 2011 over-the-counter drugs and medications (except insulin) will require a doctor's written prescription in order to qualify as an eligible expense for reimbursement from tax-favored accounts. These items will have to be paid for out-of-pocket at the point of sale and reimbursement will need to be requested via manual claims. All manual claims must be received prior to the claims submission deadline. The claims submission deadline, or the run out period as it is often referred to, is the 90 days following the end of the plan year (or 90 days following your termination of employment, if earlier). Over-the-counter supplies, such as band aids and saline solution can still be purchased with the debit card.

When does the debit card expire?

As with any debit card, there is an expiration date listed on the card. Do not discard the card at the end of the plan year as future plan year elections can be loaded onto your existing card.

Where can I get information on my account and usage of the card?

You can view your account balance by logging into your account at www.benefitextras.com. If you have any questions regarding the debit card or your account(s), contact Benefit Extras flex department at 952.435.6858 (toll free 866.435.6858) or via email to flex@benefitextras.com.