



Using Your Benefit Card

Helpful Hints Regarding Receipts

Recent advances in technology and the introduction of the Inventory Information Approval System (IIAS) process have made it easier than ever to use your health FSA benefit card. Up to 90 percent of all card purchases can now be automatically approved, without the need for additional paperwork. However, there are still instances when you will be required to submit supporting documentation, so be sure to **KEEP ALL RECEIPTS FOR PURCHASES MADE WITH YOUR CARD.**

When is additional documentation not required?

Generally, you will not be required to submit receipts or other supporting documentation under the following circumstances:

- 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 \$20 co-pay for physician office visits, and the payment was made to a physician's office in the amount of \$20. Your card may also be used for up to five times your co-pay amount in a single transaction at qualified health providers.
- Recurring transactions can be automatically approved without additional documentation, if you first submit supporting documentation for the initial expense. Once reviewed and approved by CONEXIS, the future recurring expense will not result in a request for documentation as long as the expense equals the same amount, duration, and provider as the previously approved expense.
- You purchase your FSA-eligible items at a merchant utilizing an Inventory Information Approval System (IIAS).

Remember, you may use your card to pay for eligible expenses even if your purchase falls outside of these circumstances. However, you will be asked to submit supporting documentation whenever this occurs.

Over-the-counter items may only be purchased at merchants that utilize an IIAS. A list of IIAS merchants is available online at www.conexis.com/IIASvendors. Beginning January 1, 2011, OTC medicines and drugs will no longer be eligible for reimbursement under your health FSA unless prescribed by a doctor. Any claims you submit for reimbursement that include OTC drug expenses incurred on or after January 1, 2011 must be accompanied by appropriate documentation. In addition, your benefit card may be used to purchase over-the-counter medicines only if you present the OTC prescription to a pharmacist who then dispenses the medicine in the same manner as a traditional prescription and an Rx number is assigned. This change applies only to OTC drugs. You may continue to use your benefit card to pay for prescriptions, insulin, and eligible OTC health care items, such as bandages and first aid kits. A list of eligible expenses is available at www.conexis.com/myfsa.

A special note about dental and vision expenses

In most circumstances, using your benefit card to pay for qualified dental and vision expenses will result in CONEXIS asking for additional documentation (i.e., receipt, EOB) because the amount will rarely match your insurance co-pay amount, and these transactions are not part of the IIAS process.

The following are examples of the most common qualified dental and vision situations requiring substantiation:

Example #1

You visit your eye doctor, and in addition to an eye exam, you purchase eyeglasses, contacts, and solution using your benefit card. Your total does not match your insurance co-pay amount; therefore, your transaction cannot be automatically approved. You will receive a request for additional documentation.

Example #2

Dental services typically have different co-insurance amounts based on the service. For example, the co-insurance amount for routine cleaning is different than the amount for a cavity filling. Since amounts are often inconsistent with each visit, you will receive a request for additional documentation.

Using your benefit card gives you immediate access to your FSA account, even if you are required to submit your receipts.