

NEW Information about your Flex Benefit Debit Card

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 paper claim and waiting for reimbursement. You can use it to pay for office visit and prescription co-pays, health insurance deductibles and qualified over-the-counter expenses.



What you should know:

- 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 can not 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.
- 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. The card has an expiration date. It remains valid until that date as long as you continue to participate in an FSA or HRA account.

What to expect:

When you use your debit card, keep your documentation for the purchase just like you would if you were going to submit a paper claim for reimbursement. Here is what to expect when using your Flexible Benefits Debit Card:



Over-the-Counter Expenses

(FSA Account Only)

Please Note:

As of January 1, 2011, regardless of plan year, over-the-counter (OTC) medicines (except insulin) will not be eligible for reimbursement without a prescription.

See reverse for list of eligible expenses.

If you make an eligible over-the-counter purchase at a pharmacy or supermarket that participates with the IIAS¹ system, the system will automatically process your expenses when you swipe your 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 at the point of purchase, 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. You can download the form from our website http://www.combinedservices.com/docs/FSA_Claim.pdf.

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). For more details or to see a list of retailers who participate with IIAS, visit www.sig-is.org.

²Automated email - If you have not provided us with your email address for correspondence, a letter will be mailed to your home address.

Provider Visit & Prescription Payments

(FSA and HRA Accounts)

If you use the Flexible Benefit Debit Card for a co-payment for an office visit or prescription and the amount paid is exactly what your employer's health plan has submitted to us for the co-payment (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 debit card with a health care provider for an amount other than your co-payment, you will receive an automated e-mail² request for documentation within 2 days. You will need to send us the e-mailed request and 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 us with this 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 letter 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. If CSLLC does not receive the detailed receipt within two weeks, a second automated email will be sent to you from the Debit Card processing system. You will then have two more weeks to return the requested information to CSLLC.

If CSLLC does not receive the requested information within the two additional weeks provided, a third and final automated email will be sent to you.

You will have eight days to return the requested information. If on the eighth day, CSLLC still has not received the requested information, your Debit Card will be de-activated and you will not be able to use the card. During that time, any expenses you incur will need to be submitted for reimbursement with a Reimbursement Request form and detailed receipts for each item.

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:** 1 603 224-0230

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Combined Services LLC

EMPLOYEE BENEFITS

www.combinedservices.com

rev. 12/11

Examples of Over-the-Counter Eligible Items

Please Note: New Restrictions



As of **January 1, 2011**, regardless of plan year, over-the-counter (OTC) medicines (except insulin) will not be eligible for reimbursement without a prescription. These changes are a result of the Patient Protection and Affordable Care Act (PPACA) and Health Care and Education Reconciliation Act (HCERA) collectively "the Act" of March 30, 2010.

The eligibility of items used for medical care that are not medicines or drugs is not affected by the Act. Thus, 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 if purchased after December 31, 2010.

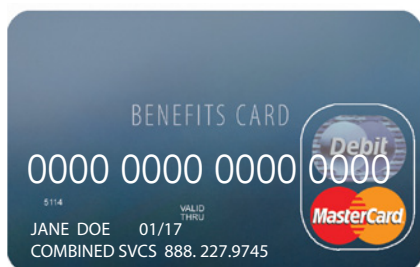
Examples of Over-the-Counter items that remain eligible without a prescription:

- 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)

Examples of Over-the-Counter items that require a prescription:

- 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

Note: Controlled Drugs and Medicines that require a prescription as defined by state law remain eligible for purchase with an FSA/HRA card using IIAS.



OTC Purchases with Your Benefits Card

The Special Interest Group for IIAS Standards (SIGIS) is making significant changes in response to changes made by the Affordable Care Act. Over 27,000 OTC items remain on the list for purchase without a prescription and can still be purchased through a Benefits Debit Card at SIGIS-certified merchants without the need for further substantiation (see list above).

OTC purchases requiring prescription cannot be purchased with Benefits Debit Card.

Purchases of qualified items now requiring a prescription made at pharmacies or supermarkets cannot be purchased through a Benefits Debit Card. These purchases will need to be paid out-of-pocket and submitted to Combined Services LLC for review and approval prior to reimbursement.

Combined Services LLC encourages you to keep your receipts for tax purposes regardless of how the transaction is processed.