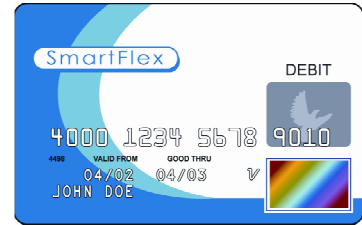




HELPFUL HINTS, TIPS AND REMINDERS



when USING YOUR SMARTFLEX DEBIT CARD

- ❖ **Please remember as you begin using your SmartFlex Debit Card, even though this card is legally considered a “debit” card (because it’s funded by your FSA election) the card should be swiped at the point of sale as a “credit” card and thus will not require a pin number.**
- ✓ IRS guidelines require the submission of third party documentation* to prove the expense was an eligible expense even when you use your SmartFlex Debit Card -- **unless:**
 - The expense matches your employer’s medical plan doctor office visit copay** or,
 - The expense matches your employer’s pharmacy copay***

KCTCS 2005 CO-PAY TABLES

• Medical office	-	\$50
• Medical office	-	\$20
• Medical office	-	\$10
• Rx	-	\$30
• Rx	-	\$15
• Rx	-	\$10

- ✓ **Please have your doctor’s office swipe your SmartFlex Debit Card for EACH family member (if any) **individually** – this will prevent you from having to submit your receipts after using your SmartFlex Card at the doctor’s office.
- ✓ ***Please have your pharmacy swipe your SmartFlex Debit Card for **EACH** prescription **individually** – this will prevent you from having to submit your receipts after using your SmartFlex Card at the pharmacy when purchasing your prescription drugs.
- ✓ **IMPORTANT:** Each time your SmartFlex debit card is swiped, the FSA system checks the VISA merchant category code (MCC) that is loaded into the card machine. The MCC must match the list of IRS approved MCC’s in order to be approved – in general, doctor office, hospitals, pharmacies, day care providers are on the IRS approved list. There may be a time that you will be at an approved provider but an incorrect MCC has been loaded onto their credit/debit card machine. At that point, you will need to call the toll-free number on the back of your SmartFlex Card and the customer service representatives will be able to do an over-ride so the swiped amount will be approved.

- ✓ * "Third party" documentation includes a **copy (please keep the original documentation for your records)** of an EOB (Explanation of Benefits) from your medical/dental insurance carrier and/or a receipt from your provider detailing the following information:
 - Date the service was provided or incurred****.
 - ****NOTE: for FSA purposes according to IRS regulations, "incurred" means the date(s) that you, the participant or your eligible dependent(s) is **provided** with the care that gives rise to the expense – not the date when you are formally billed, charged or pay for the care.
 - Description of the service provided – procedure performed/condition treated
 - Total cost of services provided that are not covered under the insurance plan

- ✓ The following types of documentation are **NOT** acceptable according to IRS guidelines:
 - Cancelled checks
 - Credit card statements or credit card receipts
 - Balance forward statements

- ✓ **Ineligible Expenses:** Here's a partial list of health care expenses that are **NOT** eligible for reimbursement from your Health Care FSA:
 - Claims that have been paid or are eligible to be paid by another benefit plan – either your benefit plan or your spouse/ex-spouse (if applicable) benefit plan
 - Cosmetic surgery or cosmetic procedures of any kind
 - Health Club Memberships
 - Massage therapy treatments for general well-being
 - Contact lens replacement insurance
 - Health insurance premiums or union dues
 - Non-medical domestic help fees
 - Herbs and dietary supplements (vitamins)

- ✓ In the event you need to submit claims documentation after you've used your SmartFlex Debit Card, the claims documentation must be submitted with a completed SmartFlex Card Submittal of Receipts form. Please do NOT mail your original documents – submitting a copy is acceptable.

- ✓ **Faxing Tips.** We welcome your faxed debit card documentation. But, please be sure that the documents you submit will fax **clearly**. If it appears that your documentation will not fax clearly, please mail a copy to us.

- ✓ **REMINDER - Timely Submission of Claims.** To be eligible for reimbursement, the claim must be **incurred** during your employer's plan year, or while you were an active participant in the FSA plan. Your claim **MUST** be post-marked by the end of your employer's grace period defined in your employer's Summary Plan Description (SPD). If your claim is post-marked **after** the end of your grace, it will **not** be eligible for reimbursement and any funds remaining in your FSA account will be forfeited according to IRS regulations.