



HEALTHFLEX

Frequently Asked Questions

HealthFlex Debit Card

GENERAL USAGE

Q: What is the HealthFlex debit card (WageWorks Visa® Healthcare Card)?

A: The HealthFlex debit card is like a bank debit card, but with one key difference: the HealthFlex card is linked specifically to your health care flexible spending account (FSA, also called the medical reimbursement account or MRA) and/or your health reimbursement account (HRA). You will have a HealthFlex HRA if you are in the consumer-driven health plan (CDHP) or if your plan sponsor has adopted a HealthFlex HRA with your health plan. You will have a health care FSA only if you made FSA elections during the Annual Election period (or when you enrolled in HealthFlex if you're new to the plan this year).

The HealthFlex debit card is also called the WageWorks Visa® Healthcare Card. You can use the card to pay most health care providers directly at the time of service or purchase. This includes doctors, dentists, clinics, hospitals and many pharmacies.

Please note: If your plan sponsor chooses to not offer the debit card, some of the "General Usage" information on pages 1–5 of this document may not apply to you. During each year's Annual Election, you may elect "Automatic Health Plan Claims Administration" for automated processing of FSA and/or HRA claims. Or, you may file claims for payment reimbursement by mail, fax or Internet. Contact WageWorks at **1-877-924-3967** with questions about filing claims without the debit card.

WageWorks Contact Information

1-877-924-3967
(1-877-WageWorks)

wespath.org
HealthFlex/WebMD
Select "Reimbursement Accounts"

Q: How does the HealthFlex debit card work?

A: The HealthFlex debit card (WageWorks Visa® Healthcare Card) is linked to your health care FSA and/or your HRA account. When you incur an eligible health care expense, you simply swipe your card at the point of sale or service. Select “credit” when asked “credit or debit.”

The amount of the purchase is deducted directly from your active account balance and paid to your health care provider. *If you have both a health care FSA and a HealthFlex HRA, the amount of the purchase is deducted first from your FSA (if FSA funds are available) and then from your HRA (if HRA funds are available).*

Q: Do all HealthFlex participants have an HRA?

A: No. You will only have an HRA *if one of the following* applies to you:

- You are in the HealthFlex consumer-driven health plan (CDHP);
- You are in a HealthFlex PPO plan (not the CDHP) and your plan sponsor chose to offer an HRA;
- You were previously in the CDHP and are now in a traditional HealthFlex PPO plan; or
- You previously were in the CDHP or another HealthFlex active plan with an HRA and are now in a Medicare plan. If you are in a Medicare plan and still have money remaining in your HRA, you may use HRA funds to pay your health plan premiums or for other eligible expenses.

Q: Do I have to apply for the HealthFlex debit card or enroll?

A: No. If you participate in either the health care FSA or the HRA, you will automatically receive the debit card from WageWorks by first-class mail at your home address, if your plan sponsor offers it.

Q: How many HealthFlex debit cards will I receive?

A: WageWorks will issue one debit card for you and one for your spouse. You may request additional cards for your spouse and eligible dependents/children age 18 or older by calling WageWorks at **1-877-924-3967** or through the HealthFlex/WebMD website (wspath.org; click “**HealthFlex/WebMD**” and log in. Then choose “**Reimbursement Accounts.**”) For the HRA, your spouse and dependent must be covered under the HealthFlex plan to obtain a card. For the FSA, he or she does not need to be covered by HealthFlex to obtain a card.

Q: When I receive my HealthFlex debit card, will I be able to use it right away?

A: Yes. You will be able to use the card for eligible health care expenses incurred during your FSA plan year and grace period (or while you are covered by a HealthFlex HRA). Call the WageWorks phone number that accompanies your new HealthFlex debit card to activate it.

Q: Where can I use my HealthFlex debit card?

A: Depending on your active account balance, you can use your HealthFlex debit card at most medical providers that display the Visa® logo (including doctors’ offices, dental and vision care providers, hospitals, clinics and pharmacies). *The debit card will only be accepted at qualified merchants or providers whose products and services relate directly to health care.* The debit card will not be accepted at other locations such as gas stations, clothing stores, convenience stores, video stores and restaurants. The card may be accepted at major general retailers such as Target, Wal-Mart and national chain grocery stores—*but only to pay for FSA-eligible expenses.* You cannot use the HealthFlex debit card pay for items such as clothing, toiletries, groceries or toys.

Q: Can I use my HealthFlex debit card at a pharmacy?

A: Yes, you may use your HealthFlex debit card at pharmacies that have an Information Inventory Approval System (IIAS). An IIAS enables health care FSA- and HRA-eligible products to be separated from non-eligible products at the point of sale, so that only eligible products are purchased with the debit card. For a complete listing of merchants with an IIAS in place, please visit www.sig-is.org, and search under “**Store Locator.**”

Q: Can I use my HealthFlex debit card to purchase prescription medications and prescribed medical supplies, such as syringes?

A: Yes. Your debit card will work to pay for prescribed medications and medical supplies (if you shop at an IAS-qualified pharmacy).

Q: Can I use my HealthFlex debit card for mail-order drugs?

A: Yes. You can leave your HealthFlex debit card number “on file” with Catamaran, to be used for future refills of mail-order drugs.

Q: Can I use my HealthFlex debit card to purchase items that are not eligible for the health care FSA (MRA) or the HRA?

A: No. The HealthFlex debit card **cannot** be used to purchase items that are not eligible for the FSA or HRA, such as soda, milk, gum, gas or groceries. You will need to use another form of payment for these non-health items.

Q: What happens to my FSA/HRA balance when I use the HealthFlex debit card?

A: As you use the HealthFlex debit card or submit claims, the FSA and/or HRA balance on the card will be adjusted to equal the amount you have available in your account. If you don't have sufficient funds in your account(s) to cover your eligible expenses or purchase, your debit card will be declined.

Q: How do I access the funds in my account if my provider or merchant does not accept Visa or if my HealthFlex debit card is declined?

A: If the provider or merchant does not accept Visa or if your HealthFlex debit card is declined for any reason, the clerk will ask for another form of payment for the total amount of your purchase. After paying the expense out of pocket, you may then request reimbursement for eligible health care expenses by submitting a completed claim form and your receipts to WageWorks. You can make a claim online, by mail or by fax. (See next page for claim details.)

Q: Do I have to use the HealthFlex debit card for all my health care expenses?

A: No. You do not have to use your HealthFlex debit card for your health care expenses. *You always have the choice whether or not you want to use the debit card every time you purchase eligible health care products or services.* If you do not use your debit card, you can request reimbursement for eligible health care expenses from your FSA and/or your HealthFlex HRA by submitting a completed claim form and your receipts to WageWorks. Visit the WageWorks site online for instructions, or call **1-877-924-3967**.

Q: Will my HealthFlex debit card ever be declined?

A: It is possible that your Benefits Card could be declined. There are several reasons why your HealthFlex debit card could be declined:

- The transaction amount is greater than the available balance. (You would have to tell the provider how much is available. The transaction could be run for the available amount and you would then be responsible for the balance. For assistance, contact WageWorks at **1-877-924-3967** to verify available funds.)
- You are attempting to use your card at an ineligible merchant (e.g., gas station) or at a merchant that does not have an IAS in place or does not accept Visa.
- Your card has been temporarily deactivated while WageWorks awaits documentation from you for an earlier claim.

Q: Will I continue to use the same HealthFlex debit card each year?

A: Yes. As long as you continue to participate in the health care FSA or a HealthFlex HRA, you will continue to use the same debit card (WageWorks Visa® Healthcare card) each year. Your card will be loaded with your health care FSA and HRA contributions each year. (When the card is nearing its expiration date, you will receive a new one—just like you do when a credit card nears its expiration date.)

Q: What if my HealthFlex debit card is lost?

A: Report a lost or stolen card immediately to WageWorks. Contact WageWorks toll-free at **1-877-924-3967** with any questions or check the WageWorks website through **wespath.org**. (After logging in to HealthFlex/WebMD, select “**Reimbursement Accounts**” to reach the WageWorks page.) The card will be flagged as lost or stolen and deactivated immediately. A new card can be sent to you. WageWorks will review all transactions with you to identify any that were not made by you.

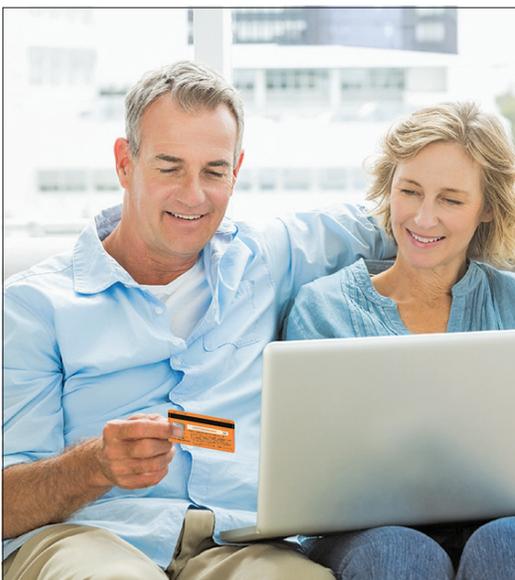
Q: If I incur a major expense (such as for surgery or hospitalization), should I use my HealthFlex debit card to pay for it when I leave the hospital? Or should I wait until the claim has been processed by my carrier?

A: In cases where you would incur a major medical expense, it is best to wait to pay the provider until after your claim has been processed by the insurance carrier and you receive an Explanation of Benefits (EOB) detailing the balance due (“patient’s responsibility”). If you would like to apply the balance due against your FSA (if applicable) and/or your HRA, you can either bring the HealthFlex debit card back to the provider for payment, call the provider and give them your card account number over the phone, or leave the card account number on file with the provider. You also can choose to pay by check or credit card and then file a claim with WageWorks for reimbursement. (See claim details below.)

Q: If I have to wait for the Explanation of Benefits to be processed and sent to me, can I still use my HealthFlex debit card to pay?

A: Yes. After services have been rendered and you are no longer at the doctor’s office, clinic or hospital, you can use your HealthFlex debit card to pay from the FSA or HRA. There are several ways you can do this:

- Go back to the provider’s location and have the card swiped for the correct amount (as indicated by the “amount you may owe” on your Explanation of Benefits);
- Call the provider and give them your card account number over the phone; or
- Leave the card number on file at the provider’s office, to be utilized after your claim has been processed.



For actively working employees, HRA-eligible expenses are the same as FSA-eligible expenses. The HealthFlex HRA reimburses all eligible items covered by a health care FSA that are not covered by your HealthFlex plan design, including co-insurance amounts. For retirees only, HRA funds may also be used to pay for health insurance premiums (even though premiums are not eligible for an FSA).

For more information:

- **1-877-924-3967** (1-877-WageWorks)
- **wespath.org**
HealthFlex/WebMD > select “**Reimbursement Accounts**”

More FSA details are on the HealthFlex benefits web page. Go to **wespath.org**, click on “**HealthFlex/WebMD**” and log in. Then click on “**HealthFlex Plan Benefits**.”

Q: What happens if the provider overcharges my HealthFlex debit card?

A: Because most providers are very familiar with health debit card usage, this is not likely to occur. However, if an overcharge does occur, it can be corrected several ways:

- As in most electronic transactions (i.e., credit or debit card transactions), the provider should credit the card for the “overage” amount.
- The provider can remit a check to you for the overage amount. If the provider sends you a check, you can:
 1. Void the check, send it back to the provider and request that the provider credits the overage amount back to your card; or
 2. Deposit the provider’s check into your personal checking account, write your own check to WageWorks for the amount, and send it to WageWorks with a request that the amount be deposited to your Benefits Card account; or
 3. Call WageWorks at **1-877-924-3967** for assistance.

Q: Can the HealthFlex debit card be used for a dependent care FSA?

A: No. The HealthFlex debit card is specifically for *health care-related* expenses that apply to a health care FSA or to an HRA. Claims for dependent care FSAs should be filed directly with WageWorks by mail, fax or online. (See previous page for WageWorks claims details.)

Q: Where can I find a comprehensive list of items and services that are eligible for FSA and HRA reimbursement?

A: A comprehensive list of FSA-eligible expenses is posted on the WageWorks website. Go to **wespath.org** and click on “**HealthFlex/WebMD**.” After you enter your WebMD username and password and reach the WebMD home page, scroll down to “**Reimbursement Accounts**” in the left column. When you reach the WageWorks page, select “**Eligible Expenses**” under the **Dashboard**.

If you’re still uncertain whether an item or service is eligible for the FSA or HRA, contact WageWorks toll-free at **1-877-924-3967**.

Q: I have a HealthFlex HRA through my plan sponsor, but am not in the CDHP. Do the same guidelines apply to me regarding HealthFlex debit card usage?

A: Yes. The information in this FAQ applies to anyone with a HealthFlex HRA and/or health care FSA (MRA) related to HealthFlex, even if they are not in the CDHP. If you have additional questions about your HealthFlex HRA, call WageWorks toll-free at **1-877-924-3967** or contact your plan sponsor’s benefits office.

Q: Can I have a HealthFlex HRA without having a health care FSA?

A: Yes. If you are in the CDHP or if your plan sponsor chooses to offer an HRA, you will automatically have an HRA. In contrast, the health care FSA is completely optional. If you want the FSA, you must make that election during the Annual Election period.

HRAs AND HEALTH CARE FSAs (FOR PARTICIPANTS WITH BOTH TYPES OF ACCOUNTS)

(The FAQs on this page apply to individuals with a HealthFlex HRA.)

Q: I have a health care FSA (also called an MRA) and a HealthFlex HRA. Are there different HealthFlex debit card usage rules for the FSA and the HRA?

A: No. HealthFlex debit card usage requirements and rules are the same for both the FSA and the HRA— with two distinctions:

- For people with both an FSA and a HealthFlex HRA, the FSA always pays first.
- Retirees and other employees who are not actively working (for example, pre-retirement employees on disability) do not have access to an FSA*, but may still have an HRA through other HealthFlex health care plans. Retirees may use their HRA to pay for insurance premiums on a HealthFlex Medicare companion plan or other available Medicare market plans [such as Medigap, Medicare Advantage, pharmacy, dental or vision plans, including plans provided through OneExchange (formerly Extend Health)]—even though insurance premiums are not eligible expenses under an FSA. Non-retirees cannot use their HRA to pay for insurance premiums.

Q: If I have a health care FSA and a HealthFlex HRA, how will my HealthFlex debit card know which account to draw from first to pay for eligible expenses?

A: If a participant has both an FSA and an HRA, the FSA will always pay first (even if a claim is filed manually using a reimbursement form) because the FSA is subject to the Internal Revenue Service (IRS) “use it or lose it” rule. Under the IRS “use it or lose it” rule, you would lose any FSA dollars that are not spent by the end of the allowable period. In contrast, unspent HRA dollars remain in the account for future plan years as long as you have a balance.

Q: If I have the health care FSA and the HRA, can I choose to have my HRA pay first instead of my FSA?

A: No. FSA funds (if available) are always used first.

Q: What is the difference between an HRA, FSA and MRA?

A: **HRA** refers to your health plan’s health reimbursement account (also called a “health reimbursement arrangement”). Your HRA is funded (paid for) by HealthFlex and/or your plan sponsor. *(The CDHP is funded with \$1,000 annually for individuals or \$2,000 annually if you have a dependent in HealthFlex. The funding amounts in a plan sponsor HRA tied to a PPO plan will vary by plan sponsor.)* This money can be used to pay for eligible out-of-pocket medical expenses, including deductibles, co-payments and FSA-eligible expenses.

FSA stands for flexible spending account. The HealthFlex health care flexible spending account is also called the medical reimbursement account (MRA). The participant funds his or her own FSA through payroll deductions. If you want an FSA for the plan year, you must make FSA elections during the Annual Election period.**

MRA (medical reimbursement account) is a type of FSA. It is another name for the HealthFlex health care FSA.

* For actively working employees, HRA-eligible expenses are the same as FSA-eligible expenses. The HealthFlex HRA reimburses all eligible items covered by a health care FSA that are not covered by the HealthFlex plan, including co-insurance amounts and co-payments. For retirees only, HRA funds may be used to pay for health insurance premiums (even though premiums are not eligible for an FSA). Most retirees and individuals not actively working (including those on disability) are not eligible for an FSA.

** The benefits card cannot be used with a dependent care FSA.

OVER-THE-COUNTER (OTC) PURCHASES

Q: Can I use my HealthFlex debit card to purchase over-the-counter (OTC) medications without a prescription, such as cough and cold medicine, stomach remedies, pain relievers, allergy medicines and sleep aids?

A: No. The HealthFlex debit card will not work if you try to purchase any OTC medications at a pharmacy or retail store—with or without a prescription. This is due to changes mandated by federal health care reform legislation effective January 1, 2011. (For more information about health care reform, visit the Wespeth Benefits and Investments website at wespeth.org and click on “Health Care Reform,” or go to the government’s website at www.healthcare.gov.)

Q: If my doctor writes me a prescription for an OTC medication, such as allergy pills or aspirin, can I apply that to my FSA or HRA for reimbursement?

A: Yes. Under federal health care reform legislation, OTC medications *prescribed by a doctor* can be applied to the FSA or HRA. *However, you cannot use your HealthFlex debit card to pay for OTC medications—even with a prescription.* You will need to submit claims for prescribed OTC medications (including a copy of the doctor’s prescription) directly to WageWorks by mail, fax or online through the WageWorks website. Please contact WageWorks at **1-877-924-3967** or visit the WageWorks website for assistance.

Q: If my doctor writes me a prescription for an OTC medication, can I use my HealthFlex debit card to pay for the prescribed OTC medication at the time of purchase?

A: No. Even though the OTC medication may be FSA-eligible *because it is prescribed*, you cannot use your HealthFlex debit card to pay for such items because these expenses require additional documentation and time to confirm their eligibility. This means the debit card will not be accepted for purchasing OTC drug items at pharmacies and grocery stores, even if you have a prescription. Merchants are required to remove OTC drugs and medicines from their eligibility lists. You will need to provide another form of payment when purchasing OTC drugs and medications, and can file a claim with WageWorks afterward. Save your receipts. (See next page for WageWorks claims information.)

Q: Can I use my HealthFlex debit card to purchase eligible OTC medical supplies and equipment without a prescription?

A: Yes, you can use your HealthFlex debit card at a drugstore, pharmacy or general retailer like Wal-Mart or Target to purchase FSA-eligible supplies and equipment, such as first aid kits, hearing aid batteries, diabetic supplies, dentures supplies and foot therapy supplies. If you’re not sure whether an expense is eligible, call WageWorks toll-free at **1-877-924-3967**.

AUTO-SUBSTANTIATION AND PAYMENTS

Q: What is auto-substantiation?

A: *Auto-substantiation is the ability to electronically verify the eligibility of health debit card transactions so you don’t have to submit receipts.* For example, auto-substantiation might verify the fixed office co-payment amount you owe when you see a doctor, or the co-payment or co-insurance amount you owe when you fill a prescription.

In some cases, auto-substantiation is not possible at the time of service or payment (for example, if you receive a complicated medical service and are hospitalized or if you don’t have a fixed office co-payment amount for doctor visits). In such cases, you might have to wait to pay with your debit card until after your claim has been processed and you receive an Explanation of Benefits (EOB) that defines the amount you owe. If your purchase is not auto-substantiated, you may be required to submit documentation of the expenses to WageWorks.

Q: If I use my HealthFlex debit card to pay for a service at a doctor's office or hospital, will the auto-substantiation process be able to determine the "allowable" charges [i.e., the discounted price negotiated by Blue Cross and Blue Shield of Illinois (BCBSIL) or UnitedHealthcare (UHC) for a specific service]? Or will the full, non-discounted service fee be charged against my debit card?

A: Most providers are familiar with high-deductible health plans, such as the CDHP. Ask your provider to verify your benefits by calling the toll-free carrier number on the back of your ID card (to reach BCBSIL or UHC)—*before you pay for services*. If the provider is unable to verify your benefits at the time of service, you may ask the provider to bill you for the balance due after your initial claim is processed. You would be responsible for the amount indicated on your Explanation of Benefits (EOB), which is typically issued a few weeks after the provider files the claim with BCBSIL or UHC. You can then choose the appropriate amount to pay with your debit card.

RECEIPTS

Q: If I use my HealthFlex debit card, will I still need to keep my receipts?

A: Yes. You should keep your itemized receipts for all HealthFlex debit card transactions. If you are audited by the Internal Revenue Service (IRS), you will be responsible for providing proof of eligibility for all expenses, including those for which WageWorks does not request a receipt.

Q: When will receipts be needed by WageWorks?

A: When a HealthFlex debit card transaction cannot be automatically substantiated (verified), WageWorks will request that you submit a receipt or an Explanation of Benefits from UnitedHealthcare (UHC), Blue Cross and Blue Shield of Illinois (BCBSIL), OptumRx, United Behavioral Health (UBH), Cigna (dental) and/or VSP (vision). Some typical reasons for a transaction not being automatically substantiated include:

- The expense falls under a co-insurance plan, and your claim has not yet been processed by your claims administrator (so you don't yet know your out-of-pocket share for the fees);
- Two or more transactions ("combined claims") are paid at the same time. This could include two or more claims with more than one date of service and/or more than one provider—but paid on the same date;
- More than 60 days have passed since the service was provided or the purchase was made;
- Insurance co-payment plan information has not been provided to WageWorks at the employer or FSA participant level;
- The card is used by an employee's spouse, dependent or adult child who does not participate in HealthFlex;
- Non-prescription or over-the-counter items were purchased, such as prescribed OTC medicines or certain medical supplies; or
- The card is being used at a pharmacy that does not have an auto-substantiation process through IIAS.

Q: How will I know if additional documentation is needed for a debit card transaction?

A: You will be notified by mail or e-mail automatically (possibly 30 to 60 days after your purchase or service) when additional documentation is needed. A receipt or Explanation of Benefits with the date and type of service is usually sufficient. You will be provided with the date the HealthFlex debit card was swiped, the name of the service provider and the amount of the transaction. You will also be given specific instructions on how to submit the information and what information to include. If the requested information is not received within 60 days, the debit card purchase will be considered ineligible. In addition, the card will be temporarily deactivated after this 60-day period until the requested documentation is received or the payment is recovered.

For Explanation of Benefits Online

When an Explanation of Benefits is needed, you can view claims and download an Explanation of Benefits from UHC, BCBSIL or OptumRx websites—accessible through the HealthFlex/WebMD website. Go to **wespath.org**—log into **HealthFlex/WebMD** > search under **HealthFlex Vendor Links**. Then upload to WageWorks online.

For more information:

- **1-877-924-3967** (1-877-WageWorks)
- **wespath.org** (HealthFlex/WebMD > select "Reimbursement Accounts")

CDHP—LEARN MORE

Q: Where can I learn more about the CDHP?

A: More details about how the CDHP works are available online through the HealthFlex/WebMD website (wspath.org; select “**HealthFlex/WebMD**” and log in).

- *Consumer-Driven Health Plan brochure*
- *HealthFlex Consumer-Driven Health Plan Frequently Asked Questions for Participants*

To File Claims			
Fax	Mail	Online	WageWorks Customer Service:
1-877-353-9263	WageWorks Claims Administration P.O. Box 14053 Lexington, KY 40512	wspath.org Log into HealthFlex/WebMD Select “ Reimbursement Accounts ”	1-877-924-3967 (1-877 WageWorks)

Helpful Acronyms

FSA: *Flexible spending account.* Participants may choose to set aside *their own* pre-tax money into an FSA. The health care FSA may be used to pay for eligible out-of-pocket health-related expenses, including co-payments, co-insurance, dental care, vision care including glasses or contact lenses, prescription medications, and other expenses that are eligible under FSA guidelines.

HRA: *Health reimbursement account* (also called a health reimbursement arrangement). *All participants in the CDHP have an HRA.* Additionally, a plan sponsor may offer an HRA for their participants who are not in the CDHP but may be in an active HealthFlex plan (PPO). The HRA is funded by *HealthFlex and/or your plan sponsor*, and may be used to pay for eligible out-of-pocket health-related expenses including co-payments, co-insurance, dental care, vision care including glasses or contact lenses, prescription medications, and other expenses that are eligible under FSA guidelines. *HRA dollars can be used to pay health insurance premiums only if you are in a Medicare companion or Medicare supplement plan.*

MRA: *Medical reimbursement account* (another name for the health care FSA available through HealthFlex).