

HELPFUL HINTS

Using Your Benefits Card with Your Flexible Spending Account



If you participate in the Health Care Flexible Spending Account (FSA), the Benefits Card allows instant access to your account at the point of sale. Here are some things you need to know:

Benefits Card Transactions and Documentation Requests:

The IRS requires you to prove that each transaction was for an eligible health care expense. The IRS – not your employer or TRI-AD – specifies which transactions require backup documentation.

Benefits Card Transactions Break Down into Three Types:

- **Transactions that can be “auto-adjudicated”** – many transactions can be automatically approved:
 - The amount matches one of the copays linked to your employer’s health plans
 - It is processed using technology that recognizes product SKU numbers as FSA-eligible items
 - You have already substantiated an identical transaction within the same plan year
- **Transactions where the Benefits Card is accepted but additional documentation is required** – the merchant is valid, but the system cannot determine enough from the available information to meet IRS requirements to allow us to approve the transaction automatically. Examples are:
 - Medical office charges for coinsurance amounts. Hint: have the provider bill your insurance and then bill you so the transaction amount and your Explanation of Benefits (EOB) match
 - Copays linked to another employer’s health plan
 - Dental charges, because dentists provide some cosmetic services that are not FSA-eligible
 - Vision charges, because optometrists sell some ineligible items
 - Charges from smaller drugstores that do not have an IRS-compliant inventory control system
- **Transactions that are denied** – transactions are denied if the merchant is not an eligible provider or because you do not have enough money in your account to cover the transaction. (If in doubt about why your card swipe was denied, contact TRI-AD for further information.) Examples:
 - You cannot use your card at the gas station or a restaurant
 - Some denials occur due to the merchant code; for example, some university hospitals use a merchant code of “university” rather than “hospital,” so the transaction may be denied
 - You are trying to use the card outside the US. If you incur an expense overseas, you will need to file your claim online or via the mobile app

About Benefits Card Documentation Requests

The IRS (not TRI-AD or your employer) sets the requirements that FSA plans must follow to keep their tax-free status. The required documentation is the same as what you would have to provide if you were filing a claim online or via the mobile app. Keep your documentation and provide it promptly if TRI-AD requests it. If you remember to do that, using the card will be easy for you. (*continued . . .*)

- Do not submit documentation unless TRI-AD requests it. You will receive notifications via email, or via US mail if we do not have your email address on file.
- The IRS requires that receipts contain the following information:
 - Provider name
 - Person for whom the expense was incurred
 - Date of service (not the date you were billed)
 - Description of services provided
 - Amount
- You may scan and upload receipt(s) once you log into the TRI-AD website at www.tri-ad.com/fsa. Card transactions that require receipts will be viewable in your account transactions.
- iPhone, iPad, and Android users may use the free “TRI-AD Benefits on the Go” mobile app. If a transaction shows needing receipts, just upload a picture of your detailed receipt.
- You may also attach a clean copy of your detailed receipt to the TRI-AD documentation request and fax it in to the toll-free fax number provided on the request, or mail it to TRI-AD.
- If you do not provide your documentation timely, your card will be deactivated
- Any claims you submit for expenses paid out-of-pocket after your card deactivates will automatically be used to offset outstanding amounts first before any new money is distributed

Special Notes for “Stacked” Accounts:

If you participate in **both** a Limited Purpose Health Care FSA (LFSA) and a Health Savings Account (HSA) and **both** accounts are administered by TRI-AD, you will use the same card to access both accounts. For dental and vision transactions, money will automatically come from your LFSA first. If you want a dental or vision expense to come from the HSA instead, use the website or mobile app to submit it to your HSA (either pay with another means and submit for reimbursement, or use the Pay to Provider feature). HSA transactions are not subject to documentation requests, but keep your receipts in case you are audited by the IRS.

Using Your Card near Year-End:

Your card swipe will be taken from the year in which the swipe date occurs. For example, if you receive a bill in January for services rendered in December of the prior year, pay with another method or log into your account and use the Pay to Provider feature. That way, you can pay it from your prior year’s balance. If you use your debit card, you will create a situation where the transaction is ineligible because current year funds are being used to pay a prior year’s claim.

Don’t Like Dealing with Receipt Requests?

You are not required to use the card. You can pay your providers out-of-pocket and then submit claims for reimbursement. TRI-AD processes claims within four business days and reimbursements are processed daily. You may sign up for direct deposit reimbursement to have your payment electronically transferred to your bank account, or you can receive a check in the mail. You can also use the Pay to Provider feature on the website or mobile app.

Contact Information

Phone: 888-844-1372, Monday - Friday, 5:00 a.m. to 6:00 p.m. Pacific Time

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Web: www.tri-ad.com/fsa