

## USING YOUR MBI BENEFITS CARD™ – ANSWERS TO EMPLOYEE FAQs

**Q: *What is the MBI Benefits Card™?***

**A:** The MBI Benefits Card is a debit card that can simplify the process of paying for eligible expenses. It is an alternative to the traditional method of filing claims. You can use the card at qualifying merchant locations wherever MasterCard® is accepted – from physician and dental offices to pharmacies and vision service locations.

**Q: *What are the advantages of using the debit card?***

**A:** The card allows you to pay for eligible expenses at the point of service.

The advantages are:

- Immediate access to FSA account – you avoid paying with cash or check
- Reduces currently required paperwork – you avoid filling out a claim form
- Immediate payment of the expense – you avoid waiting for a reimbursement check.
- The ease of use at the point of sale and the reduced burden of having to pay money out-of-pocket, completing a claim form and waiting for a reimbursement has proven to be extremely convenient for plan participants.

**Q: *How does the debit card work?***

**A:** The debit card is accepted only at certain merchants. This includes physician offices, hospitals, dental offices, pharmacies (including mail order), hearing/vision care providers, etc. As you incur health care expenses, you present your card for payment. The card system will validate that your coverage is active and that you have available funds to cover the transaction.

Special arrangements with Walgreen's and [www.drugstore.com](http://www.drugstore.com) allow you to make eligible over-the-counter purchases that are automatically approved. This means you will not be required to submit receipts for substantiation. In other transactions, you will be asked to provide copies of the documentation.

We recommend that you keep all documentation in a separate envelope for the entire plan year in the event the information is requested. For example, itemized receipts listing the merchant name, name of the item/product, date and amount will be requested for all over-the-counter purchases.

**Q: *What if the provider does not accept MasterCard?***

**A:** In these instances, you can still submit reimbursement requests via our website using eClaims, or by mail or fax.

**Q: *Is this process paperless?***

**A:** No. Although there is no requirement for you to complete claim forms, additional documentation will be required in some cases in order to meet IRS guidelines. Therefore, you must keep copies of all receipts and itemized statements (not the credit card receipt) for each purchase for the entire plan year.

In some cases, you'll receive a letter requesting the documentation and you will be required to submit this information to substantiate the expense according to IRS regulations. For example, itemized receipts listing the merchant name, name of the item/product, date and amount will be requested for many over-the-counter purchases.

**Q: *What type of additional documentation is required?***

**A:** The documentation is the same information required for traditional paper claim forms. You must keep copies of all transaction receipts for each card purchase so that these can be provided to the administrator upon request.

This includes itemized cash register receipts that list the following:

- Merchant name, name of the item/product, date and amount (for over-the-counter items)
- Itemized statements (for vision or other health care expenses)
- Insurance plan Explanation of Benefit (EOB) statements.

It does not include the credit card receipt. For prescription drugs purchased at a pharmacy, this would include the pharmacy receipt (or you can request a printout from your pharmacy).

Whenever possible, however, you should purchase prescriptions through any available mail-order service as this not only reduces your costs, it can also help reduce or even eliminate the documentation requirements.

**Q: *What happens if I forget to reply to the letter requesting additional documentation?***

**A:** In the event the request for additional information is ignored, a second letter is generated giving you additional time to respond. If there is no reply to the second request, collection procedures will begin. The card will be deactivated and you will be required to make reimbursement to the plan by personal check.

**Q: *What happens if I accidentally use the card for ineligible or non-qualifying expenses?***

**A:** Before using the card, you should become familiar with eligible and ineligible expenses. Be sure to have merchants ring up your qualifying expenses separately from your other personal items so you can use the card. In the event the card is misused, you will be required to write a personal check back to the plan. If you do not reimburse the plan, the card will be deactivated and collection procedures will begin. In addition, your employer will be contacted.

**Q:** *Are there any limitations on the usage of the card?*

**A:** Aside from the specific merchant codes and the plan year election amount, there are no limitations. There are no transaction fees, and you have unlimited use of the card. Remember, though, that you must use the card for qualifying items only!

**Q:** *Are there any reasons the card may not work?*

**A:** Yes. The card may not work for the following reasons:

- **Inactivated** – If you forget to provide documentation per IRS regulations, the card will be inactivated until you comply.
- **Insufficient Funds** – If you try to use the card for an amount that is more than your remaining balance, it will be rejected.
- **Merchant Problem** – The merchant may encounter problems with coding or their own terminal.
- **Invalid Merchant** – The card is only accepted at healthcare and dependent care providers who accept MasterCard.

**Q:** *Can I use the card to pay for my dependent care expenses?*

**A:** Yes. However, not all dependent care providers accept debit/credit cards. Keep in mind that the dependent care account allows you to be reimbursed up to your account balance. Often the cost of day care is more than this amount. If your charge amount exceeds the available balance, the charge will be denied. You can avoid this by telling the dependent care provider to charge only the amount available in your account.

**Q:** *May I use my card this year for expenses I incurred in the prior plan year?*

**A:** Yes, but only if your employer has included a “grace period” as part of your plan. The grace period is the additional time to incur expenses after the plan year ends.

Claims incurred during the grace period will be paid from any remaining balance you have from the preceding plan year before being reimbursed from the current plan year. Check your Summary Plan Description (SPD) or with your Human Resources Director to see if the grace period is available to you.

**Q:** *When will I receive my card?*

**A:** You will receive your card 2 to 4 weeks from the date the request for the card is received and processed. If you incur expenses before you receive the card, you can submit your reimbursement request via the traditional claim filing method using eClaims, or by mail or fax.

**Q:** *Will I need to activate my card?*

**A:** No. The card is automatically activated the first time you use it for an eligible expense.

**Q:** *Will I receive a cardholder agreement?*

**A:** Yes, you will receive a Fund Transfer Disclosure Statement (cardholder agreement) that you should carefully read and must abide by. You must also read the back of your convenience card, and sign it. By using the card, you agree to the provisions of the cardholder agreement. That is, you agree to use the card only for qualifying expenses, and to provide documentation upon request.

**Q:** *Must I use the card for all expenses I incur?*

**A:** No. During the plan year, you can use eClaims, file traditional paper claims or use the debit card. Remember, the card is valid for a three-year period, so if you choose not to use it at all, we recommend you keep the card in a safe and secure place in the event you wish to use it in future years.

**Q:** *Will I receive a statement or an accounting of my card transactions?*

**A:** You can view detailed account information including card payments at [www.myprocessworks.com](http://www.myprocessworks.com).

**Q:** *How do I report a lost or stolen card?*

**A:** Lost or stolen cards must be reported as soon as possible. During our normal hours of operation, contact us by phone. Before or after business hours and weekends, lost or stolen cards may be reported at [www.mbicard.com](http://www.mbicard.com) or at [www.myprocessworks.com](http://www.myprocessworks.com). A replacement card can be issued at a cost of \$5.00.

**Q:** *What is the cost of card and how do I request one?*

**A:** Provided your employer plan includes the debit card option, you may choose to receive a card when you enroll in the plan. Please be sure to ask your employer’s HR/Benefits Department if there is a cost that will be passed on to you.

**Q:** *Can I order a card for my dependents?*

**A:** Yes. You can order an extra debit card for your spouse or college student by using proper order form. Order forms are available at [www.myprocessworks.com](http://www.myprocessworks.com). One additional card is provided free of charge; additional cards are \$5.00 each. Please be certain that your dependent fully understands how to appropriately use the card for qualifying expenses only, and that they retain copies of documentation of each transaction.

**Q:** *What happens if I have a \$1,000 limit on my card, but I have a \$1,500 transaction?*

**A:** Transactions exceeding your card limit or available balance will be rejected. For this reason, as you use the debit card throughout the year, you should check your available balance at [www.myprocessworks.com](http://www.myprocessworks.com) so you will know how much is available and you can request that the merchant charge only up to the available balance on the card.

**Q:** *If I terminate employment, can I continue to use the card?*

**A:** No. The card is inactivated at that time. If you have qualifying expenses to submit after your termination of employment, you can use the traditional method of filing a claim form with appropriate documentation. Claim forms are available at [www.myprocessworks.com](http://www.myprocessworks.com). (Remember, though, that your qualifying expenses must be incurred during your period of coverage.)