

Pay for Qualified Healthcare Expenses with Your Prepaid Benefits Card

Just swipe your card like any debit or credit card!



The Basics

The prepaid benefits MasterCard® (formerly known as the Benny™ card) gives you an easy, automatic way to pay for qualified healthcare expenses that aren't paid by your health insurance. When you use your card, the funds are deducted from your health flexible spending account (FSA) or health reimbursement arrangement (HRA) when you pay for eligible healthcare expenses.

Be sure to keep all of your itemized receipts for qualified healthcare expenses. If we can't automatically verify a purchase, we'll request the itemized receipt as documentation for the charge.

How Does It Work?

Once your benefits card is set up with your health FSA, you can use it for eligible expenses for yourself and your dependents. The annual amount you choose to contribute to your account will be available on the first day of your plan. When you use your card, your purchases are automatically deducted from your account.

If you have an HRA, check with your plan administrator to find out if and when the funds will be available and whose expenses may be reimbursed.

Where Can I Use It?

Use your benefits card at the following:

- Physician offices, including medical, dental, and vision care
- Medical facilities, such as hospitals and urgent care clinics
- Participating retail stores, supermarkets, and pharmacies

At Your Provider's Office

- **Co-pays:** When paying for your healthcare services, the system will automatically approve services that match your group-sponsored insurance co-pay amounts (not co-insurance) from your benefit plan, and you rarely will need to submit supporting documentation for these services.
- **Reminder About Other Charges:** Only use your benefits card to pay for services that are not paid by your insurance plan or that have already been billed to your medical or dental plan, and have already been adjusted to match the plan's allowable costs.
- When you pay for a service, have the provider charge only the exact amount that is shown as the "patient balance" on your insurance carrier's explanation of benefits (EOB).

Questions?

Our Customer Service Team is happy to help.

Phone

Direct: (541) 485-7488
Toll-free: (800) 422-7038

Email

psacustomerservice@
pacificsource.com

[PacificSource.com/PSA](https://www.pacificsource.com/PSA)



Continued on next page >

- If you are paying for multiple office visits, ask the provider to run the card separately for the exact “patient balance” for each visit. You may need to submit documentation when paying for multiple visits with one card swipe.

At Pharmacies and Retail Stores

Purchase your over-the-counter (OTC) items from participating pharmacies and stores. These businesses can automatically identify IRS-eligible expenses at the register so you shouldn't need to submit documentation.

If you are also purchasing noneligible items, the clerk will ask you for another form of payment for those items.

If you are using the benefits card to purchase both prescription and OTC items at a nonparticipating pharmacy, consider having the card swiped separately for both purchases. You'll still need to submit documentation for the OTC items, but the prescribed drugs should be automatically authorized.

Maximize Your Benefits

Remember that you can't use your benefits card at nonhealth-related businesses, such as restaurants, department stores, or gas stations.

Date of service is important! It is assumed the date of service is the day the card is swiped. If you are paying for a prior service, only use your card if the service date is within your current plan year. Prior year services need to be submitted as manual claims for reimbursement.

If you make a purchase for more than your available balance, ask the merchant to charge part to your card (up to your available balance amount), and then use another form of payment for the remainder of your purchase. If the merchant won't allow a partial payment, you will need to use another form of payment and then submit a Reimbursement Request Form.

Ineligible Transactions

You may occasionally receive a notice if your transaction is ineligible or needs additional documentation. When this happens, here's what you can do:

- Submit the documentation identified in the letter.
- For ineligible transactions, you can provide documentation for an eligible expense that hasn't already been reimbursed. Submit a Request for Reimbursement Form with a note asking us to “offset” the ineligible transaction with your documentation.
- Refund the transaction by submitting a check or money order to PacificSource Administrators for the ineligible amount.

If the transaction issue hasn't been resolved within the allotted time, the card will be suspended. Amounts for transactions that aren't properly documented or that have been deemed ineligible may be included as wages on your

W-2 if not corrected within 150 days after the plan year ends or the card closes.

Benefits Card Tips

Activation

To activate your card, call PSA Customer Service or the number on the back of the card. Card activation requires the last four digits of your PacificSource Administrators ID number (e.g., ZZMAN999999).

Who Should Sign?

While both of the cards you receive are printed with the participant's name, your spouse or dependent should sign their own name on the card that they will use.

About Your Card

There is no cost for the initial set of two benefits cards. You should retain your card until expiration (including the red Benny™ cards), even if you do not re-enroll during that time. If you are enrolled in an eligible plan, you will automatically receive a new set of cards upon expiration (five years) for no additional fee.

Additional and Replacement Cards

You may request additional cards for eligible dependents. When additional cards are requested, you will automatically receive two cards for a fee of \$10 per set. This fee is deducted from your FSA or HRA account.

Manage Your Account Online

Sign into your account on our PSA MyFlex website at HRBenefitsDirect.com/PSA. Here, you can view your eligible expenses, check your current balance and transaction history, submit claims, or provide documentation for transactions.

Visit the benefits card site at My.WexHealthCard.com for a current list of participating businesses, transactions requiring documentation, the status of your card, and more.

Save Your Receipts!

It is important to keep your paperwork, such as your insurance carrier's explanation of benefits (EOB) or an itemized receipt that shows the item name or description. When we're not able to verify purchases automatically, we'll request documentation to confirm that the products or services are medically necessary.

Where Do I Send Documentation?

Send your documentation the same way you submit a manual claim. This can be via mail, fax, or online at the PSA MyFlex website.

Fax: (866) 446-6090
 PSA MyFlex: HRBenefitsDirect.com/PSA
 Mail: PacificSource Administrators
 PO Box 2797, Portland OR 97208-2797