

Elite Visa[®] Benefit Card – Frequently Asked Questions

What is the Elite Benefit Card?

It's a card with funds already stored in it. You can use the card to pay for eligible expenses under a health flexible spending account (FSA). The Elite Benefit Card gives you electronic access to your account funds.

You can use your benefit card at qualifying health care providers and merchants that accept Visa. As you incur eligible health care expenses, just use your benefit card like a credit or debit card. The amount of the purchase is automatically taken from your health FSA, and the money is transferred instantly to the provider or merchant. The card system will confirm your account status, the status of your benefit card, the merchant category code, and the funds that are in your FSA.

Why should I use my benefit card?

Your card lets you pay for eligible health care expenses just like a credit card:

- You get instant access to your health FSA funds. You don't have to pay out of your own pocket.
- Your eligible expense is paid right away. You don't have to wait for a reimbursement check because funds are transferred from your health FSA when you pay for the expense.
- There's less paperwork and red tape when you pay for eligible expenses.

Where can I use my benefit card?

You may use your card at health care providers that have health care-related merchant category codes. These include doctors, dentists, vision care offices, hospitals and other medical care providers. You can also use your card at grocery stores, discount stores and drugstores that use an Inventory Information Approval System (IIAS).

A merchant category code helps identify the type of merchant where you use your card and determines if it can be used at that location.

Please save all itemized receipts and other supporting documentation for all benefit card purchases. You may need to show proof of the purchases you made with your card. Keeping all documents in one place, such as an envelope or folder, will help you stay organized.

You may use your benefit card to pay for eligible expenses only. You can find a list of eligible and ineligible expenses at anthem.com.*

What is an Inventory Information Approval System (IIAS)?

An IIAS – a point-of-sale system that compares the items you purchase against a list of eligible items maintained by the merchant. When you use your benefit card at an IIAS merchant, you may use it to pay only for those items on the store's list of eligible expenses. When you pay for both eligible and ineligible health care items, you can use the benefit card only for the eligible items. You cannot use your card for the denied items, which must be purchased with cash, a personal credit card, etc.

At times, purchases you make at IIAS merchants may not be processed correctly. If this happens, you will need to submit itemized receipts or other supporting documents.

Please note: You can't use your Elite Benefit Card at any merchant that doesn't have a health care-related merchant category code unless that merchant utilizes an IIAS. Pharmacies, grocery stores, and discount stores will not qualify as merchants with a health care-related merchant category code. Check to see if your favorite pharmacy, grocery store, or discount store is an IIAS vendor. If a vendor does not appear on this list, please ask if they use an IIAS before you use your card.

What if my local pharmacy doesn't use an IIAS?

You may pay for your eligible expenses out of your own pocket and then send a Request for Reimbursement Form along with appropriate supporting documentation. We will review all documents before you are reimbursed. You can find a Request for Reimbursement Form through your personal Anthem Blue Cross and Blue Shield (Anthem) account at anthem.com.*

How do I activate my card?

When you get your Elite Benefit Card in the mail, look for a sticker on the front of the card. Call the toll-free number on the sticker and then follow the prompts. Once your card is activated, sign your name on the back. Now it's ready to use.

Do I have to use my benefit card to pay for all of my health FSA expenses?

No. You can pay for eligible expenses out of your own pocket using cash, a debit card, etc. After you pay, send in a Request for Reimbursement Form along with your itemized receipts and other documents. If you decide not to use your benefit card at all, we suggest that you keep your card in a safe place in case you want to use it in the future.

Remember, the Elite Benefit Card is the easiest, fastest and safest way to pay for your eligible expenses. It lets you pay for health expenses so that you don't have to use your own money and wait to be paid back.

Important: FSA plans may differ according to employer. Some of the expenses noted below may not apply to your plans. Learn more about specific eligible expenses by reviewing your employer's FSA Summary Plan Description (SPD).

Can I use my benefit card to purchase over-the-counter medicines and drugs?

You cannot be reimbursed for over-the-counter (OTC) drugs under your health FSA unless prescribed by your doctor (or another individual who can legally issue a prescription) in the state where you buy them. Due to IRS rules, you can use your benefit card to buy OTC drugs only if your doctor has prescribed them and you give the written or electronic prescription to a pharmacist. The pharmacist will assign an Rx number, just like a normal prescription.

If you have a prescription before you pay for the OTC drug, you must buy it using some other form of payment. Afterward, send the itemized receipt, the doctor's prescription and a completed Request for Reimbursement Form to Anthem.

Here are a few examples of OTC drugs that a doctor must prescribe:

- Allergy and sinus: Actifed, Benadryl, Claritin, Sudafed
- Antacids: Mylanta, Pepcid AC, Prilosec, TUMS
- Aspirin and pain relievers: Advil, Excedrin, Motrin, Tylenol
- Cold and flu: Nyquil, Theraflu, Tylenol Cold & Flu
- First aid creams, sprays and ointments: Bactine, Neosporin
- Nicotine gum and patches: Nicoderm CQ, Nicotrol
- Sleep aids: Sominex, Tylenol PM, Unisom Sleep Tabs

To be eligible under a health FSA, OTC drugs and other eligible items must be for "medical care" as defined by the IRS. That is, they must be needed to treat a medical condition and are generally accepted as "medicine or drugs." You will not be reimbursed for items used for general health reasons, such as vitamins.

Please note: Prescription drugs and insulin (including OTC insulin) are not affected by the IRS rule. You can use your benefit card to pay for these items.

Which OTC items can I buy with my benefit card without a prescription?

Here are some OTC items you may buy with your benefit card:

- Bandages, Band-Aids and gauze
- Contact lens solution
- Condoms and other OTC contraceptives
- Diabetic supplies and test kits
- First aid kits
- Hearing aid batteries
- High blood pressure monitors
- Thermometers
- Wheelchairs, crutches, canes and walkers

For a complete list of allowed expenses, go to anthem.com.*

Can I pay for both eligible and ineligible items at the same time?

When you use your benefit card at an IIAS merchant, you may pay only for those items identified on a list of eligible expenses maintained by the merchant. You don't have to worry about which expenses qualify. The IIAS process will do that for you.

Example: You go to a grocery store pharmacy that uses IIAS. You need to fill a regular prescription, and you also want to get aspirin, which your doctor has prescribed for you. You first head to the pharmacy to turn in both prescriptions. Then you pick up bandages, gauze and hand sanitizer. You can use your benefit card to pay for the eligible expenses: your regular prescription and the prescribed aspirin, bandages and gauze. You may not use the card for hand sanitizer because it's not an allowed expense. You will need to pay for it in another way (cash, credit or debit card, etc.).

Do I choose "debit" or "credit" when I use my benefit card?

When using your benefit card at self-service terminals, you may choose either the credit or debit option. If using the debit option, the preassigned PIN is the last four digits of the card number. To change your PIN, call 888-999-0121.

If you previously changed your PIN, that PIN will carry over to your new card. When a card is reported as lost or stolen, the PIN is set as the last four digits of the new card number.

Please note: Not all merchants and health care providers will allow you to use the debit option. If you select "debit" and enter your PIN, but your card is denied, please try again. Swipe your card and choose the "credit" option to pay for your purchase.

Can I use my card to get cash?

No, there is no "cash back" option with your benefit card.

How do I keep up with my card purchases?

The best way to keep up with them is to sign up for Real-time Alerts. To sign up, log in to your online account at anthem.com.* Then click the Real-time Alerts quick link. You'll get instant messages about your benefit card account. This feature helps you stay in tune with your FSA throughout the plan year.

Is the benefit card process paperless?

Most benefit card transactions are approved without the need for supporting documentation. But IRS rules require Anthem to review all card purchases. That means you may need to send us proof of your card purchases at some point. You must keep copies of all itemized receipts and other supporting documentation (not the credit card receipt) for each card purchase.

How will I know if I need to send in additional documentation?

You will get a benefit card statement each month that you have a new transaction, a resolved transaction or a transaction that requires further action. For timely notice, Anthem will email all card activity statements. Be sure that we have your correct email address by logging in to your online account at [anthem.com](https://www.anthem.com).*

Your monthly card activity statement will include a summary of your card activity. It will also include a Return Form that you can use for transactions requiring action. Simply follow the directions on the Return Form send in your supporting documentation and the completed form by the date noted on the form.

Online tip: Fill out an online Return Form and upload supporting documents through your online account. It's the quickest way to clear up transactions that need to be resolved.

Important: Please look at the card deactivation date on your Return Form. If you do not send in your supporting documentation or repay the plan for ineligible transactions by that date, your card will be suspended. Any paper claims submitted after that date will be used toward the balance you owe. Remember, it's easy to make a payment instantly through your online Anthem account. Failure to clear all unresolved transactions may mean you pay more in taxes.

What is acceptable documentation?

The required documentation for benefit card purchases is the same required for traditional paper claims. You must keep all of your itemized receipts for each benefit card purchase. Use an envelope or folder to keep the copies organized.

At times, Anthem may ask you to send in supporting documents, including:

- **For office visits** – Your health plan's Explanation of Benefits (EOB) statement or an itemized receipt or bill from your doctor. It should list the patient's name, the type of service, the date of service and your portion of the charge.
- **For prescription drugs** – A pharmacy statement or printout. It should include the patient's name, the Rx number, the name of the drug, the date the prescription was filled and the dollar amount.
- **For OTC drugs** – A written or electronic OTC prescription and an itemized cash register receipt. The receipt should include the merchant name, name of the medicine, the date you bought it and the dollar amount. OR you can send in a printed pharmacy statement or receipt that includes the patient's name, the Rx number, the date the prescription was filled and the dollar amount (see page 2 for more details).
- **For OTC health care items** – An itemized cash register receipt with the store name, product name, purchase date, and dollar amount OR you can send in a printed pharmacy statement or receipt that includes the patient's name, the Rx number, the date the prescription was filled, and the dollar amount.

In some cases, you may need to send in a Medical Determination Form that your doctor has filled out. Credit card receipts, canceled checks, and balance statements do not meet the IRS requirements for acceptable documentation.

Will Anthem ask for documents every time I use my benefit card?

No. Most card purchases are automatically approved, and there's no need for supporting documentation. Some examples include:

- You buy eligible items at a grocery store, discount store or drugstore that is an IIAS merchant.
- The FSA expense matches a specific co-pay under your employer's medical, vision or dental plan. The eligible expense will be automatically approved if the amount is no more than five times the co-pay amount.
- A regular expense is the same as an FSA expense that's already been approved. That is the cost, timing and medical office are the same.

In a few situations, your health, dental or vision plan may send your claim information electronically.

Please note: Save all receipts every time you use your benefit card, even if you think the expense meets the above standards.

When will you need supporting documentation?

When you use your benefit card to pay for eligible dental and vision expenses, you will more than likely be asked to send in supporting documentation, such as an EOB or an itemized receipt. That may happen for two reasons. First, the payment amount will rarely match your dental or vision co-pay amount. And second, these expenses are not part of the IAS process. You may also be asked for supporting documentation if you are covered under your spouse's plan and the co-pay amount doesn't match your employer's health plan co-pay. Here are some examples:

- After your eye exam, you use your benefit card to buy eyeglasses. Your total does not match your vision co-pay amount. Your expense will not be approved automatically, and you will be asked to send in supporting documentation.
- Your visits to the dentist may be for different services each time. One visit may be for a routine cleaning and another may be for filling a cavity. You pay for these services with your benefit card, and the co-pay amounts are different at each visit. Since the amounts often vary with each visit, you will be asked to send in supporting documentation.
- If you're covered under your spouse's health plan, the co-pay for a doctor's visit may not match up with your employer's health plan co-pay. Anthem will ask for supporting documentation for the card transaction. The co-pay must match the specific co-pay under your employer's health plan – not the co-pay amount under your spouse's plan.

What if I don't have a detailed receipt?

If you are asked to send in supporting documentation and can't find your receipt, please ask for a copy from your doctor or pharmacist. You may find statements and EOBs on your health plan's website. You should keep original receipts for OTC purchases since stores rarely keep those copies.

What if I accidentally use my benefit card to pay for expenses that aren't allowed?

Before you use your benefit card, take a look at the list of eligible and ineligible expenses at anthem.com.^{*} IAS merchants will separate eligible and ineligible items at the register. They will ask you to pay for ineligible items another way.

If your benefit card is misused, you will need to pay back the plan out of your own pocket. If you do not pay back the plan by the due date, any reimbursement for paper claims you submit after the date will be used to pay the balance you owe the plan. Your employer will also be notified and your benefit card will be deactivated. If you fail to repay the FSA plan, you may have to pay more in taxes.

Online Tip: The quickest way to pay back your FSA plan is through your online account. Online payments can easily clear up all unresolved transactions. If your benefit card has been suspended, it will be instantly reactivated as soon as the online payment clears.

A process known as "offsetting" can help clear up unresolved transactions. To offset, you send in supporting documentation for another eligible expense that you've paid out of your pocket. This will cover the cost of the unresolved transaction. It's easy to do. On the Return Form, choose the Offset checkbox and follow the steps.

Important: If your benefit card is suspended, you can't use it to access funds from your FSA until you clear up all unresolved expenses.

What should I do if I want to pay for more than one doctor co-pay at one time?

You may swipe your card for an amount no more than five times the highest co-pay amount:

- **Single co-pay for a specific item or service** – The payment must be a multiple of the co-pay amount (if the co-pay is \$20, a multiple would be \$40, \$60, \$80, etc.) and no more than five times the co-pay amount. If the payment is more than five times the co-pay amount, you will need to send in supporting documentation.

Example: You and your two children visit the doctor. There is a \$20 co-pay per person for the office visit, which totals up to \$60. You will have to swipe your card only once. The \$60 payment is as a multiple of the co-pay amount and isn't greater than five times the co-payment.

- **Different co-pay for a specific item or service** – If the payment is a multiple of the co-pay or a combination of co-pays for a certain service, you will not need to send in supporting documentation. But, if the payment is greater than five times the highest co-pay for a particular benefit, you will need to send in supporting documentation.

Example: Let's say you have a \$15 co-pay for generic drugs and a \$25 co-pay for brand-name drugs. You use your benefit card at the pharmacy for three generic drugs (\$45) and two brand-name drugs (\$50) for a total of \$95. In this case, you will not need to send in any supporting documentation. The \$95 total is a multiple of a combination of co-pays for the particular items (generic and brand-name drugs), and it's not greater than five times the highest co-pay amount in this case, the \$25 co-pay for the brand-name drugs).

Please note: You will need to send in supporting documentation in two cases. First, if the payment amount is higher than allowed (more than five times the highest co-pay for the item or service). And second, if the payment is not a multiple of either the co-pay or a combination of co-pays for an item or service.

Example: Let's say your health plan has a \$20 co-pay for prescription drugs. You use your benefit card to pay for seven prescriptions. That's a total of \$140, which is greater than five times the highest co-pay amount for that particular item (\$20). In this case you must send in supporting documents for the \$140 expense.

The co-pay must match or be a multiple of your specific co-pay under your employer's health plan.

What if I use my card and the amount I have to pay is more than I have in my FSA?

Let's say you have a \$90 expense but there is only \$50 in your FSA. The payment can't be partially approved for \$50 and rejected for the remaining \$40. A payment using the benefit card will most likely be rejected when you don't have enough funds in your account to cover the card purchase or when you go over your benefit card limit.

Throughout the plan year, make it a habit to log in to your online account and see how much you have in your FSA. If you know your available account balance, you can ask the merchant to use the benefit card to pay for the amount your account will cover. Then you can pay the difference with your own funds.

My FSA plan has a grace period. Can I use my benefit card during that time?

Yes, if your employer's plan allows it. Check out your Summary Plan Description to find out.

- **If your health FSA plan allows you to use the card during the grace period** – You may use your benefit card to pay with funds left over from the previous plan year. If you use your card during the grace period, any health FSA funds left in your account will be applied toward purchase. When you spend all the remaining funds, FSA dollars from the current plan year will be used toward your card purchases.

- **If your plan does not allow you to use the card during the grace period** – You may not use your card to pay with funds left over from the previous plan year. If you use your card during the grace period, the funds will be pulled from your new account in the current plan year. To use funds left in the previous year's FSA, you must pay for an allowed expense with your own funds (such as cash, a personal debit or credit card, etc.). Then you must send in a paper claim and supporting documentation.

Please note: Not all FSA plans have a grace period. The time frames for the grace period are set up by your employer. To find out if your FSA plan has this feature and to check the frame for the grace period, please refer to your Summary Plan Description.

What if my benefit card is declined?

If your benefit card is declined, you may pay for the expense out of your pocket and send in a Request for Reimbursement Form. There are several reasons your benefit card may be declined. For example, you may not have enough money in your account to pay for the purchase, or the store where you're making the purchase is not an IIAS merchant. You can find out why your card transaction was denied by logging in to your online account at anthem.com.*

Will I get a cardholder agreement?

Yes. The cardholder agreement will be sent along with your Elite Benefit Card. Read the cardholder agreement and the back of your Elite Benefit Card carefully. When you sign the back of your benefit card, you agree to follow the terms and conditions of the cardholder agreement. You also agree that you will use your benefit card to pay for eligible medical expenses only and will not try to be repaid under any other health plan. Each time you use your benefit card, you agree to follow the cardholder agreement rules.

Will I get a benefit card statement that shows my purchases?

Yes. You will get an online activity statement each month that you use your account. You can also view detailed account information by logging in to your online account at anthem.com.*

Will I get a new Elite Benefit Card for each plan year?

No. You can use the same Elite Benefit Card for three years from the date it's issued to you. You will need to re-enroll in the health FSA plan during open enrollment each year. As the new plan year begins, your benefit card balance is reset for the new FSA amount you chose for that plan year.

If I stop working for my current employer, can I still use my benefit card?

No. Your benefit card is deactivated when you leave your job. If you have qualified expenses to submit after your job ends, you may send in a traditional paper claim. In that case, you should file a paper claim by sending in a Request for Reimbursement Form along with the supporting documents. Keep in mind that your allowed purchases must have been incurred during your coverage period.

*If you are not enrolled in an Anthem health plan, you will need to log in to your Reimbursement Benefit Account at benefitadminsolutions.com/anthem. When logging in for the first time, please have on hand your Anthem Reimbursement Benefit Account number or Social Security number and date of birth.

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