



FSA Debit Card

Information Regarding Your FSA Debit Card

As an FSA debit card holder, you have the convenience of using your card for all eligible out-of-pocket medical, dental, vision, pharmacy and over-the-counter (OTC) expenses. The IRS requires that you retain all receipts for all expenses paid from your FSA.

The IRS has provided additional guidance as to how health care provider FSA debit card transactions (medical/dental/pharmacy/vision) need to be substantiated. In order to help keep your plan in compliance, your FSA debit card transactions are subject to the following substantiation processes.

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Pharmacy and OTC expenses

Use your card at an Inventory Information Approval System (IIAS)-compliant merchant for 213(d) eligible over-the-counter (OTC) items and prescriptions. Merchants who have this system in place will be able to accept your debit card for FSA-eligible expenses. Your purchase will be automatically substantiated at the point of sale. Please contact UMR customer service for assistance in identifying IIAS-compliant merchants. The IIAS is not required for your medical, dental and vision care providers.

Medical, dental and vision care providers

You can also use your card for any out-of-pocket medical, dental and vision expenses that you or your eligible dependents have incurred during your FSA plan year. The IRS requires that all card transactions must be substantiated either by electronic or manual means. UMR uses all IRS-approved auto-substantiation methods in an effort to minimize your need for manual follow-up.

There may be times when UMR requires your assistance in substantiating your card transactions. This may occur for several reasons:

- The card swipe cannot be substantiated via any of the automatic methods applied for your plan.
- The card was used for a service not incurred during the plan year in which you used the card.
- Services incurred were for an FSA-eligible dependent not on your medical and/or dental plan with UMR. In this situation, you may be required to submit documentation for all card transactions that occur for dependents not on your UMR medical and/or dental plan.

- The card was swiped one time for multiple dates of service at your medical and/or dental provider. In order for the transaction to be substantiated via the automatic methods, the card must be swiped for the individual dates of service.

In the event UMR is unable to auto-substantiate a card transaction for you, a debit card request notification will be sent to your home requesting your assistance in providing an EOB or itemized receipt for the expense. If we do not receive appropriate documentation within 28 days of the first request, a second request notification will be sent. If documentation is not received within 28 days of the second request, a third notification is sent advising you that your debit card privileges have been suspended.

When documentation is received from you, we have to make a determination based on what is received. If the determination is that the transaction is ineligible, the card will suspend immediately and an ineligible letter will be mailed to you. If for any reason additional information is needed after receiving your documentation, you will receive a request for more information (RMI) letter. You will have 28 days from the date on the RMI letter to send in the needed information before your card is suspended.

You still have access to your available FSA dollars by submitting paper claims with documentation, however, paper claims will be used to offset any transactions in an unsubstantiated/ineligible status.

Unsubstantiated and ineligible transactions can be cleared by:

- Submitting appropriate documentation
- Submitting a paper claim for offset
- Repaying the plan
- Having a merchant do a purchase return to credit the card back

If you have any questions regarding your debit card, please contact UMR customer service at **1-866-868-0145**.

Card usage tips

Here are a few tips to make using your FSA Debit Card easier while adhering to the IRS regulations.

Save ALL receipts for all expenses paid from your FSA. Keep the receipts with your tax documents for the appropriate tax year.

In regard to eligible services and documentation requirements, the expense must be a health-related expense incurred by you or one of your tax dependents. This means amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure of the body. Expenses must be medically indicated and not for cosmetic purposes or general good health.

A copy of your request notification must accompany any documentation you submit to UMR.

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Please adhere to the following Dos and Don'ts when submitting documentation:

| DO | DON'T |
|--|---|
| <ul style="list-style-type: none">• Send an itemized bill showing the dates of service, type of service, provider name, patient's name, amount of service and patient financial responsibility after any applicable insurance payment• Send a copy of an explanation of benefits (EOB) from any insurance plan under which the expense is covered. When applicable your insurance claim must be finalized prior to submitting your documentation.• Send the documentation on white paper. Carbon copies and colored paper are not legible when scanned.• Tape small receipts to a standard 8.5" x 11" sheet of blank paper. Ensure print is legible.• Make a copy of the request letter and documentation for your personal records. | <ul style="list-style-type: none">• Submit cancelled checks or debit card receipts alone. These are not adequate documentation without supporting itemization.• Submit balance forward statements.• Submit bank statements• Highlight names, prices or dates on receipts. They are not legible when scanned.• Submit handwritten receipts for prescriptions or over-the-counter items.• Submit pre-treatment estimates or estimated insurance statements.• Submit date expense was paid, except for orthodontia payments. |

Actual dates of service must be indicated on the documentation. Services paid for with the card must be incurred during the plan year in which the card was swiped.

Over-the-counter items in the following categories require a doctor's prescription in order to be eligible for reimbursement from the FSA. You will have to pay out of pocket for these items and submit a signed claim form, the itemized receipt and a copy of the doctor's prescription to request reimbursement.

- Acid controllers
- Baby rash ointments/creams
- Laxatives
- Allergy & sinus
- Cold sore remedies
- Stomach remedies
- Motion sickness
- Antibiotic products
- Cough, cold & flu
- Pain relief
- Anti-diarrheals
- Digestive aids
- Respiratory treatments
- Anti-gas
- Feminine anti-fungal/itch
- Sleep aids & sedatives
- Anti-itch & insect bite
- Hemorrhoid preps

A letter of medical necessity (LOMN) is additional documentation needed when an item normally not considered eligible is needed to treat a specific medical condition. This letter would need to be completed by your provider stating which service or item is needed and for what type of condition. Generally, LOMNs are required annually and are needed for the following types of expenses:

- ***Vitamins or supplements***
- ***Health club memberships***
- ***Massage therapy***
- ***Weight loss programs, including some food items***

If you are not sure if a service or item will be covered, please contact UMR customer service at 1-866-868-0145.



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