

Your CONEXIS Elite Visa® Benefit Card

The Easiest Way to Use the Funds in Your CONEXIS Account

Your CONEXIS Elite Benefit Card provides instant access to the money in your health flexible spending account (FSA). Use your card to purchase an eligible expense, and funds are automatically deducted from your CONEXIS account



Key Benefits of Using the Card

- Easy to use – just swipe and go!
- Works at most health care-related merchants where Visa is accepted
- Reduces your paperwork
- No more paying out of pocket and waiting for a reimbursement payment

Common Card Purchases

- Co-pays, co-insurance, and deductibles
- Qualified medical, dental, and vision expenses
- Prescription drugs and insulin
- Find a list of eligible expenses at www.conexis.com/myfsa

Where You Can Use Your Card

You may use your card at merchants that have health care-related merchant category codes such as doctors, dentists, vision care offices, hospitals, and other medical care providers. You can also use your card at grocery stores, discount stores, and pharmacies that utilize 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. A list of IIAS merchants is online at www.conexis.com/IIASvendors. If a vendor does not appear on this list, ask the vendor if they use an IIAS before using your card.

Using Your Card to Pay for Over-the-counter Items

You may use your card to pay for eligible over-the-counter (OTC) health care items like blood pressure monitors, thermometers, and Band-Aids. You can also use your card to purchase prescription drugs and insulin, including OTC insulin. Due to IRS rules, your benefit card may be used to purchase OTC medicines only if you present a doctor's prescription for an OTC medicine to a pharmacist. The pharmacist will then dispense the medicine just like a traditional prescription and assign an Rx number.

If you cannot give the pharmacist an OTC prescription before paying for the OTC medicine, you must purchase the medicine using another form of payment (cash, personal credit or debit card, etc.). Then submit the itemized receipt, the doctor's prescription, and a completed Request for Reimbursement Form to CONEXIS.

Purchasing Eligible and Ineligible Items

When you use your card at an IIAS merchant, your card may be used to pay for only those items identified on a list of eligible expenses maintained by the merchant and allowed by your plan. When purchasing eligible, health care-related items AND ineligible, non-health care-related items, you may use your benefit card to pay for the health care-related items only. Then use another form of payment to purchase the ineligible items.

Save Your Receipts

Keep all receipts for all benefit card purchases. IRS rules require us to verify the eligibility of your card purchases. All itemized receipts or other proofs of purchase must include the dollar amount, date of service, provider's name, patient's name, and a description of the purchased service or product. For OTC health care items, an itemized cash register receipt must have the merchant name, product name, date, and amount. Any receipt that does not have this information isn't acceptable, which includes credit card receipts and canceled checks. If your receipt is lost or unavailable, most health care providers can provide a detailed statement that documents the eligible expense.

Keeping Up with Card Purchases

You will receive a benefit card activity statement each month that you have a new transaction, a recently resolved transaction, or an unresolved transaction that requires further action. To ensure timely notification, CONEXIS will email all card activity statements. Be sure that we have your correct email address by logging in to your online account at mybenefits.conexis.com.

Verifying Card Transactions

Your monthly card activity statement will include a summary of your card activity and a Return Form that you can use to verify your transactions requiring action. Simply follow the Return Form directions and submit the completed form with your supporting documentation by the date noted on the form.

Online Tip: Complete an interactive Return Form and upload supporting documentation through your online account. It's the quickest way to clear up an unresolved transaction.

Important: If you do not provide supporting documentation or repay the plan for the ineligible transaction by the card deactivation date on your Return Form, your card will be suspended. It's easy to pay back your plan by making an instant payment through your online CONEXIS account.

If your card is deactivated, any following non-card (paper) claims will be used to resolve the balance you owe. These claims will reduce the amount of your reimbursement by the balance due. Failure to clear all unresolved transactions may mean you pay more in taxes.

When Receipts Are Not Necessary

Most card purchases can now be automatically approved and there's no need for more paperwork, such as:

- You purchase your eligible expenses at a grocery store, discount store, or pharmacy that is an IIAS merchant.
- The FSA expense matches a specific co-pay under your employer's medical, vision, or dental plan. The transaction will automatically be approved if the amount is up to five times the applicable co-pay amount.
- Recurring expenses will not result in a request for documentation if the expense equals the same amount, duration, and provider as a previously approved expense.
- In limited situations, your claim information may be provided through an electronic file from your health, dental, or vision plan.

Be sure to save all of your receipts because there may be a time when you need to verify a card transaction.

Co-pay Tips

You may swipe your card for an amount up to five times the maximum co-pay amount.

- **Single co-pay for a specific benefit** – If the transaction equals a multiple of specific co-pay, then no additional documentation is required. However, if the transaction exceeds five times the applicable co-pay amount, documentation is required.
- **Different co-pay for a specific benefit** – If the transaction equals a multiple of a co-pay for a particular benefit, or a combination of the co-pays for a certain benefit, then no additional documentation is required. However, if the transaction amount exceeds five times the maximum co-pay for a particular benefit, documentation is required.

Example: Your three kids visit the doctor and there is a \$20 co-pay amount per person for the office visit. You only have to swipe your card once – the \$60 transaction will match as a multiple of your co-pay amount.