

How to use your prepaid benefit card



The prepaid benefit card that comes with your FSA or HRA account may look like a regular debit or credit card, but it's not.

Using your card comes with some additional responsibilities beyond a normal debit or credit card. Your card is only for IRS-approved eligible expenses, and swiping it is just the first step in using it. You'll sometimes be required to submit documentation to verify the eligibility of the expenses you pay for with your card.



Follow these 3 steps whenever you use your card

1. Always ask for an itemized receipt that **MUST** include the following:

- The service provider's name
- The date of service or purchase
- A description of the service or eligible expense
- The amount paid by your health insurance
- The patient responsibility—this is the amount you owe

Tip: It's helpful to get a receipt emailed or texted to you, so you can easily submit it in the consumer portal. Alternatively, you can take a picture of your paper receipt with your phone.

2. A few days after you swipe your card, visit the PSA consumer portal.

- Log in at PacSrc.co/psa-portal
First time signing in? Use the username and password instructions from your welcome letter to log in under the **"Existing User"** section. For login assistance, call our Customer Service team at **800-422-7038**.
- Look under **"Tasks"** to see if you need to submit your itemized receipt or explanation of benefits.
- Check for any new communications from PSA in the **"Message Center."**

3. If you submitted something, revisit the portal or app a few days later to see if what you submitted was accepted or if any more actions are required.



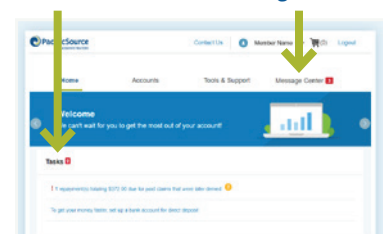
Download and use the FSA and HRA mobile app from PacSrc.co/psa-app

Existing User



Tasks

Message Center



When to use your card



If you're seeing a medical provider for a routine visit, and you're only being charged a copay, you should use your card at the time of service. Also use your card for prescription and approved over-the-counter items. The transaction should automatically approve, and you won't need to supply anything more. But, it's always a good idea to keep a copy of your receipt and follow the 3 steps on the previous page, in case your purchase isn't auto-approved.

If your treatment charges include anything more than a copay, it's always best to wait until after your health insurance company has paid its portion of the bill before you use your card to pay your portion.

Card suspension



Your card may become suspended. Common reasons include not responding to requests for documentation or incomplete documentation.

You may not realize your card is suspended until you try to use your card and a charge is denied. This can be inconvenient and embarrassing, but it's a sign your account needs attention.

Rest assured that any funds left in your account are not affected by card suspension.

To find out why your card was suspended, and to start using it, refer to the tasks or messages in your PSA consumer portal or app, or call PSA customer service at **800-422-7038**, TTY: 711. We accept all relay calls.

Benefit card FAQ



Do I really need to get a receipt, even if I'm just using the card for a copay at my doctor's office or at a pharmacy?

Yes, always get an itemized receipt when using your card. The itemized receipt must include the provider's name, date of service, a description of the service, the amount paid by insurance, and the patient responsibility amount.

My dental or vision provider is requiring I pay before or at the time of service. Can I use my card?

Yes, but be aware that the provider will estimate how much your insurance company will pay, and the insurance company may end up paying more than anticipated. If this happens, that amount will need to be refunded by your provider. Or your provider will refund you and you'll need to refund your FSA or HRA account. You can refund your account using the PSA consumer portal or app.

The money in my account is my money. How can you deny a charge I make with the card?

The money in your account is conditional. We're required by the IRS to ensure all purchases are eligible under your FSA or HRA plan. When our system is unable to automatically verify eligibility, we ask you for more information.

I submitted a receipt. Why are you asking for more documentation?

Sometimes a provider will give you an incomplete receipt. If the documentation you submitted to us doesn't include the required details, we'll ask for a more complete receipt

or an Explanation of Benefits statement from your health insurance company. Your documentation must include the provider's name, date of service, a description of the service, the amount paid by insurance, and the patient responsibility amount.

Can I use my card to buy supplements?

Sometimes. Supplements can be eligible, if you can provide a letter of medical necessity including a diagnosis code or the medical reason for needing the supplements. Many over-the-counter products are FSA-eligible, such as cold and pain relief medications, feminine care, and thermometers. A list of eligible expenses for general purpose health FSA accounts can be found at PacSrc.co/fsa-eligible-expenses (PDF).

Why can't I use my card to pay for a doctor bill from the previous year?

You must spend your dollars during the same plan year as the date of service.

My receipt shows that I used my card at a provider's office. Why do you need a description of what I spent the money on?

Not all services or goods sold at a provider's office are eligible. For instance, teeth whitener from a dental office is not an eligible expense. A list of eligible expenses for general purpose health FSA accounts can be found at PacSrc.co/fsa-eligible-expenses (PDF).

Questions? We're here to help.

800-422-7038, TTY: 711

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