

Help your employees use their prepaid benefit cards



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

Using the card comes with some additional responsibilities beyond a normal debit or credit card. It is essential that you educate your employees on the proper use of their cards to help alleviate their potential frustration and provide the best experience possible.

As an extension of their FSA or HRA account, benefit debit cards are only for IRS-approved eligible expenses. Swiping the card is just the first step in using it. Employees will sometimes be required to submit documentation via the PSA consumer portal to verify the eligibility of the expenses they pay for with their cards.



Instruct employees to follow these 3 steps when using their 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 company
- The patient responsibility—this is the amount your employee owes

Tip: It's helpful to request that a receipt be emailed or texted, so that it can be easily submitted in the consumer portal. Alternatively, employees can take a picture of their paper receipt with their phone.

2. A few days after they swipe their card, they should visit the PSA consumer portal.

- They can visit PacSrc.co/psa-portal or scan the QR code to the right.
The first time employees sign in, they need to use the username and password instructions from their welcome letter to log in under the **"New and returning users"** section. For login assistance, call our Customer Service team at **800-422-7038**, or download the login guide from PacSrc.co/psa-card-login.
- Look under **"Tasks"** to see if they need to submit an itemized receipt or explanation of benefits.
- Check for any new communications from PSA in the **"Message Center."**

3. If employees submitted a requested document, they should revisit the portal or app a few days later to see if what they submitted was accepted or if any more actions are required.

Visit the PSA consumer portal

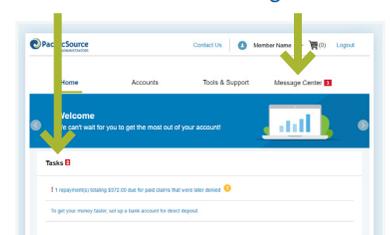


New and returning users



Tasks

Message Center



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The PSA mobile app

To download the mobile app scan the QR code to be taken to the PSA app on your device's app store.



For Android devices:



For iOS devices:



Or, type "psa pacificsource" into the search bar of your mobile device's app store, and select the app called **"myPacificSource Admin (PSA)"**. Note that there is a different app for PacificSource Health Plans health insurance, called "myPacificSource."

Updated benefit summaries make the card easier to use

When an employee uses their card for a copay at a doctor's office or a pharmacy, our system should automatically approve that transaction. To accomplish this, we match the purchase amount to the copay amounts from your health plan's current benefit summary. We collect these benefit summaries each year during plan renewal. When the values match, it triggers an automatic approval, without the need to submit any additional documentation. Our system will even auto-approve charges when more than one family member's copay is being paid at once.

To increase the number of automatic approvals, please send us a new benefit summary any time your plan's copay values change.



When to use the card

If an employee or their dependent is seeing a medical provider for a routine visit, and they're only being charged a copay, they should use their card at the time of service. They should also use their card for prescription and approved over-the-counter items. The transaction should automatically approve, and employees won't need to do anything further.

However, it's always a good idea for them to keep a copy of their receipt and follow the 3 steps on the previous page, in case their purchase isn't auto-approved.

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



Card suspension

An employee's card may become suspended. Common reasons include not responding to requests for documentation or incomplete documentation.

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

You can reassure your employees that any funds left in their account are not affected by card suspension.

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



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Benefit card FAQ

Answers to the most common employee questions.

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. Most plans have a provision allowing you to carry over your FSA funds from one year to the next.

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

We accept all relay calls.

Ask for PSA Sales.

PSASales@PacificSource.com