

See the Doctor? Swipe the card!

take care®!



When you use your **take care**® Visa benefits card to pay for qualified expenses, the money is instantly deducted from your account(s). You don't have to reach into your pocket to pay for qualified expenses, file a claim, and then wait to get reimbursed.

SWIPE, SAVE AND GO! The **take care**® card makes paying for your eligible expenses fast and easy: You receive an eligible service, you swipe your take care® card and you get a bill or receipt. The **take care**® card is accepted at most doctor's offices and select merchants to pay for qualified expenses. Your spouse or dependents can also get a card. The card does not have a PIN, so select CREDIT instead of DEBIT when you're checking out.

And, you'll save 25% to 40% on qualified purchases or services. That's because the money in your account is pre-tax dollars. Your savings are based on the percentage of tax you would have paid on those dollars if you had paid the expense out-of-pocket.

Each time you use your card, our system will review the expense to try and "make a match" to automatically approve your claim:

- Co-payments** Your Debit Card is programmed to identify and automatically approve standard copayment amounts for your employer's group health plan.
- Real-time** Your transaction will be automatically verified when you shop at one of our retail partners such as CVS®, Walgreen's®, Wal-mart® and Drugstore.com®.
- Recurring** After we verify the first transaction of the year, recurring expenses of the same amount with the same provider are automatically approved. This works great for Orthodontia payments, allergy shots and "Day Care."

PLEASE: It is important that you keep copies of all of your bills, receipts and statements for expenses that you paid using your take care® card. This is an IRS requirement.

While 80% or more of all debit card transactions are automatically approved, some debit card transactions will require additional documentation to satisfy the IRS requirements. For example, if your employer's group plan has \$15 and \$30 medical co-payments but you swipe your card for \$55 at the doctor's office, that wouldn't be recognized as a standard co-payment. In those situations, we will send you an email asking you to provide documentation so we can verify that the transaction was an eligible expense.



If you are notified that a transaction needs to be documented, you will need to provide us with “independent, third-party documentation” of the expenses paid, such as detailed bills or statements prepared by your provider or Insurance “Explanation of Benefits” forms with:



- The identity of the care provider (imprinted or address-stamped);
- The name of the person who received care;
- The date and nature of the services, and;
- Your actual cost for those services.

The charge card receipt itself will not usually provide all of the information needed to approve the payment. “Generic” receipts, balance forward and “payment on account” may not be sufficient to document your expenses.

Effective 1/1/2011, over-the-counter medications are only eligible if prescribed by a physician so you will not be able to pay those expenses with your card.

To be reimbursed for your OTC medication expenses, you will need to pay out of pocket and submit that expense for reimbursement along with a copy of the prescription or completed Letter of Medical Necessity form.



The expenses you pay with your debit card must be eligible services incurred (services received) during the plan year while you are an active participant. Personal use, cosmetic and personal hygiene products and procedures are not eligible. For more information on eligible expenses, please click on the picture shown above.

The IRS has issued very specific regulations and requirements for the use of debit cards that we must follow. First among those rules is their requirement that if your card transaction cannot be automatically approved, it must be documented within 90 days of the transaction. If you cannot provide the required documentation or if you used your debit card to pay for non-qualified expenses, you have three ways to clear out the documentation requirements:

- Offset - Submit a manual claim with other eligible expenses not paid by the debit card;
- Reverse - Go to your care provider and have the charge reversed off of your debit card, or;
- Repay - Repay the balance due from your personal funds.

For more information on your debit card and to manage your account, please log into your account online at www.FlexToday.com, Secure: Employee Login. To submit your debit card documentation, go to www.FlexToday.com, Secure: Claims Portal.

Please be sure to include your name and email address in the “add a message” section so we can correctly apply your documentation. To protect your privacy – both medical and personal – we do not accept claims or debit card transaction documentation by email.



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The take care® Visa® benefits card is issued by M&I Bank FSB pursuant to a license from Visa U.S.A. Inc. Take Care Plans are not administered by M&I Bank FSB.

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