Guide to the Benefits Debit Card



- Fewer out-of-pocket expenses at time of service
- No waiting for reimbursement
- Merchant is paid directly at the point of sale
- Increased use of funds, less chance to forfeit at year end
- Card is valid for three years

How It Works

- Use the Discovery Benefits debit card to pay for eligible services and products. Payments are automatically withdrawn from your reimbursement account, so there are fewer out-of-pocket costs. Merchants with the Inventory Information Approval System (IIAS) can provide all IRS-required information right at the point of sale. Your debit card will also work at pharmacies and drug stores that meet the IRS' 90% rule. Documentation needs to be provided for purchases made at a 90% merchant. An IIAS and 90% merchant list can be located on our website at www.DiscoveryBenefits.com.
- PIN numbers can be set up for your benefits debit card. In order to set up a PIN number, please call Discovery Benefits' automated response system at 866-45I-3399 — option I to identify that you are a participant, option I to identify which plan and option 3 to select PIN. Please have your card available for reference to expedite the process. **Note:** For HSAs, your benefits debit card will not need to be assigned a PIN as you will only be able to pay for eligible goods and services at the point-of-sale; cash back and ATM transactions will not be allowed.

Documentation/Receipts

- Due to IRS regulations, certain debit card transactions need to be substantiated. Substantiating means validating a transaction to ensure the debit card was used for IRS-approved items/services within the allowed time frame. If documentation is required for a debit card transaction, you will receive email notifications to log in to your account to view receipt reminders. The receipt reminder will display the documentation required and your next steps. **Note:** If you do not have an email address on file, a receipt reminder will be mailed.
- Debit card use will be put on a temporary hold if documentation is not received within the designated time period. You will be asked to pay back the plan or offset the ineligible amount with documentation for eligible out-of-pocket expenses incurred within the same plan year. The benefits debit card will be reactivated as soon as the appropriate documentation or repayment is received.

Guide to the Benefits Debit Card, continued

When Documentation is Not Needed

- Co-payments tied to the account holder's health plan: These amounts need to be communicated to Discovery Benefits by your employer.
- Purchases made at merchants using the Inventory Information Approval System (IIAS): These merchants will approve eligible expenses at the point of purchase. When using your debit card at these merchants, swipe your debit card for the entire purchase. The items that are eligible expenses will be approved, and the merchant will ask for a secondary form of payment for ineligible items. To find a full list of merchants utilizing IIAS, visit our website at www.DiscoveryBenefits.com/iias.
- Recurring expenses that match the same provider and dollar amount for previously substantiated transactions (e.g., orthodontia claims, maintenance prescription drugs/services).

When Documentation is Needed

- Debit card transactions that do not meet the above criteria will need additional documentation due to IRS regulations. If documentation is required for a debit card transaction, you will receive email notifications to log in to your account to view receipt reminders. The receipt reminder will display the documentation required and your next steps. **Note:** If you do not have an email address on file, a receipt reminder will be mailed.

Documentation Requirements

- Documentation for medical expenses, which is required by the IRS, includes a receipt/statement containing: name of the provider, date(s) of service, type(s) of service and amount (after insurance, if applicable). Explanation of Benefits (EOB) provided by insurance providers are ideal for substantiating claims.
  - When submitting a receipt for a co-payment amount, please be sure the co-payment description is on the receipt. In some cases, you will need to ask for a receipt at the point of service. If "co-payment" is not clearly identified, have the provider write "co-payment" on the receipt and sign it.
- Documentation for dependent care expenses, which is required by the IRS, includes a receipt containing: name of provider, date(s) of service, type(s) of service and dollar amount. **Note:** The daycare provider's signature on the receipt reminder will replace the need to submit a receipt.

Unacceptable forms of documentation include the following:

- Provider statements that only indicate the amount paid, balance forward or previous balance
- Credit card receipts
- Missing or vague medical practitioner's notes
- Bills for prepaid dependent care/medical expenses where services have not yet occurred

How to Submit Documentation

Documentation can be uploaded by logging in to your account at www.DiscoveryBenefits.com or by using the mobile app feature. If you choose to fax your documentation, please include the receipt reminder. Processing time is two business days; if further action is required, you will be notified in writing. Documentation is processed on a Central timezone basis.

Contact Information

Participant Services Hours of Operation	6 a.m. to 9 p.m. CST (M-F)
Participant Services Toll-Free Phone Number	866-451-3399
Toll-Free Fax Number	866-451-3245
Participant Services Email Address	customerservice@discoverybenefits.com (This email is for inquiries only. Please do not submit documentation to this address.)
Mailing Address	Discovery Benefits PO Box 2926 Fargo, ND 58108

Have a Medical FSA balance and want to avoid submitting receipts?

Learn how to easily manage your account, spend down your balance and find a full list of merchants that utilize IIAS at our website.



Note: Some items pictured above may require a prescription or doctor's note to be FSA eligible.