

HELPFUL TIPS

FOR USING YOUR CARD

How to use your card

- Refer to your plan design for a list of qualified medical expenses for you and your eligible dependents.
- Use your card for services within the current plan year.
- Run your card as “credit”.

For prescriptions:

Swipe your card for the amount you owe for covered prescriptions at the point-of-sale.

For medical, dental and vision expenses (based on your plan design):

You may want to consider using your card only after you receive your EOB. The EOB tells you how much you owe the provider after the insurance plan has paid its portion, if any. Paying before you receive your EOB may result in overpayment, which will require you to reimburse the overpaid amount to your account.

CARD SUBSTANTIATION:

While your HealthEquity® Visa® Reimbursement Account Card provides the convenience of not having to use out-of-pocket funds, you may still need to submit itemized bills if your merchant doesn't capture the information the IRS requires to substantiate, or validate, a purchase at the point-of-sale.

Why we need to substantiate transactions

Transactions must be substantiated to ensure that the money is truly spent on qualified medical expenses. Occasionally, some merchants do not provide all of the information required by the IRS, so HealthEquity may request documentation from you.

Submitting card documentation

When submitting documentation, ensure the following information is shown on the itemized bill or Explanation of Benefits (EOB):



- Name of provider
- Service(s) provided
- Date(s) the service took place (documentation showing only the date paid or billing cannot be accepted)
- Amount patient is responsible to pay
- Patient name

Documentation submitted without all required information will not be accepted. Documentation can be submitted through the HealthEquity mobile app (once you activate your account through the HealthEquity website), on the member portal, mailing, faxing or email.

Timing and communication of letter requesting documentation

If substantiation is needed for your transaction, you will receive notification(s) asking you to send documentation to HealthEquity. If documentation is not submitted within 60 days of receiving your first request, you'll receive an additional request for documentation. At this time, transactions that are not substantiated may be deemed ineligible and your card may be suspended.

Know your balance

The card only works when it has a positive balance, so make sure you have sufficient funds in your account to cover an expense. To check your balance, sign into the mobile app, log into the member portal or contact HealthEquity using the number on the back of your card.

This card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC. Your card can be used everywhere Visa debit cards are accepted for qualified expenses, such as the pharmacy counter or doctor's office. This card will not work at ATMs, gas stations, restaurants, or other establishments not health related and you cannot get cash back. See Cardholder Agreement for complete usage restrictions.

HealthEquity®
Building Health Savings™

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Rules for (OTC) over-the-counter Medications

If you have a prescription for an OTC medicine, you must pay out-of-pocket at the point-of-sale and manually submit a reimbursement request.

Submit a claim request through the member portal or use the reimbursement form found on the portal. You can even upload supporting documentation online.

When submitting a claim for medicinal OTC items (i.e., medicated bandages, ointment with antibiotic), a doctor's note or letter of medical necessity stating the specific medical condition to be treated is required.

- A non-specific doctor's note is not sufficient (for example, a note stating that you need to take aspirin isn't sufficient, but a note stating that you need to take aspirin for arthritis for the next four months is sufficient).
- A letter of medical necessity form is available on your member portal under Docs & Forms.

Questions?

Call the number on the back of your card. We're available every hour of every day.

Letter of medical necessity

Some expenses are ineligible, unless prescribed by a doctor. In those cases, you need a letter from your medical provider detailing the service(s), medical need, treatment, and the treatment duration (not to exceed 12 months). A letter of medical necessity form is available on your member portal under Forms.

Save all itemized bills

In the event that your transaction must be substantiated, you must provide an itemized bill.

Timeframe of substantiation

The normal turnaround time for processing the documentation you submit to substantiate a card purchase is five business days.

Overpayment checks

When a transaction is deemed ineligible or an itemized bill isn't provided, a personal check for the amount of the ineligible expense may be required to reimburse the account.

Termination

If you retire or leave your company before the end of your plan year, stop using your card immediately and consult your employer's plan documents concerning terminated employees.

FAQs

Q Will I get a new card at the start of each plan year?

A No. Your current card will be reloaded with funding for the new plan year.

Q If I paid with my card, can I also reimburse myself with a claim?

A No. You've already used your account by paying with your card and cannot be reimbursed again for the service.

Q What if my card isn't accepted to make a payment?

A Submit a manual claim and upload documentation to your member portal or through the mobile app. You can also download a reimbursement request form by logging in to the member portal.

Q What do I do if my card is lost or stolen?

A Call member services to deactivate your lost or stolen card and have a new one issued.

Q Can my spouse or dependent(s) use the card?

A Yes. You can contact HealthEquity to order cards for your spouse or dependent(s).

Q Should I send an itemized bill for claims I think will need substantiation?

A Yes. Upload itemized bills or other forms of documentation to the document library. Then, attach the document to the transaction and we will contact you if we need more information. You can also check the substantiation status of the card transaction(s) in your member portal.

Q What do I do if the card is accidentally used for ineligible expenses?

A Contact member services. You'll need to send an overpayment check to reimburse your account or submit documentation of another qualified expense to cover the ineligible amount.

Q How do I submit documentation?

A Upload and submit documentation through the portal or mobile app.