

FLEX CARD

Save all documentation!



Your employer has provided you with the convenience of the Flex Card to pay for your eligible expenses at the point of sale. For maximum convenience and savings, there are a few important things to know when using your Flex Card.

1. Sometimes you may need to provide documentation

Expenses that can be **automatically approved** according to IRS regulations include:

- Prescriptions purchased at IIAS* merchants
- Copays associated with your employer's group health plan
- Recurring expenses - you'll need to submit documentation for the first claim, but if the amounts and providers match subsequent charges, those claims will auto-approve.

Expenses that most often **require documentation**:

- Dental & Vision expenses
- Expenses that do not match copays for your group health plan
- Coinsurance or deductible expenses

*Inventory Information Approval System - To learn more about IIAS and find out what stores qualify, you may access <https://www.sig-is.org/>.

2. If we need your documentation, we'll let you know.

The provider is paid immediately. A documentation request is required to ensure the IRS regulations are met. Documentation requests are sent by email** on the following schedule:

- The first documentation request will be sent out once your claim is processed
- 45 days later a second documentation request is sent
- 60 days after the claim is processed a final documentation request is sent
- 75 days after the claim is processed Flex Cards are automatically suspended until the documentation is received and the claim will automatically be denied and a request to repay the plan will be sent if proper documentation has not been received

**Please make sure your email address is up to date. You can check your email address by logging into your account at www.mycafeteriaplan.com. If an email address is not on file, we will mail a letter via USPS. All notifications are also placed on your online account.

3. Documentation needs to contain 5 pieces of information.

When you use your Flex Card, please ask the provider for an itemized statement. The statement needs to include the following:

Provider name • Patient name • Date of Service • Service provided • Amount charged

You may also submit an Explanation of Benefits (EOB) from your insurance company for medical, dental and vision expenses. It is very important to submit documentation when requested in order to remain eligible for the tax advantage provided by your plan and continue using the convenience of the Flex Card.

myCafeteriaPlan provides multiple methods for submitting documentation so you can choose which is easiest for you. Documentation can be sent by:



Online
www.mycafeteriaplan.com



Mobile App
myCafeteriaPlan
On-the-GoSM



Mail
432 E. Pearl Street
Miamisburg, OH 45342



Fax
(937) 865-6502

For more information please contact Customer Service at: Customer_Service@myCafeteriaPlan.com or (800) 865-6543.

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Tips to making the most of your Flex Card

At the Dentist...

Use your Flex Card for*:

- Regular Exams
- Cleanings
- X-Rays
- Crowns
- Bridges
- Fillings

You will receive a documentation request when:

- The amount charged does not match a copay with your employer's benefit plan.

Do not use your Flex Card for:

- Teeth whitening
- Veneers for cosmetic purposes
- Electronic toothbrushes and accessories
- Toothpaste and mouthwash for general use

At the Eye Doctor/Vision Center...

Use your Flex Card for*:

- Eye exams
- Contact Lenses
- Prescription glasses
- Prescription sunglasses

You will receive a documentation request when:

- The amount charged does not match a copay with your employer's benefit plan.

Do not use your Flex Card for:

- Warranties
- Discount club memberships
- Non-prescription sunglasses



At the General Physician/ Hospital/ Pediatrician/ Specialist...

Use your Flex Card for*:

- Copays for services provided in the current plan year
- Deductibles for services provided in the current plan year
- Coinsurance for services provided in the current plan year

You will receive a documentation request when:

- The amount charged does not match a copay with your employer's benefit plan.

Do not use your Flex Card for:

- Cosmetic procedures
- Prior plan year dates of service

Important:

Regardless of where you use your Flex Card you will receive a documentation request if the amount does not match a copay with your company's insurance plan or the expense is not a prescription. Be sure to request itemized documentation when using your Flex Card!

*The expenses listed are examples and do not represent an all inclusive list. Some eligible expenses will require follow up documentation to be submitted. For more information see IRS Notice 2006-69.



DON'T FORGET!

Use your Flex Card for copays associated with your employer's benefits and prescription expenses only to avoid the need to send in documentation!

Use your Flex Card to pay for services provided in the current plan year only.

DISCLAIMER: Every effort has been made to present this information accurately, however, this is just a summary overview. An overview means that details, explanations and qualifiers are left out. This information is intended only to provide general guidance and you should not rely on it as a complete explanation of this topic. This is not a legal document.