

Claims Filing Options



Claims Filing Options that meet your needs.

Why file online?

- **Fast**
There's no quicker way to get reimbursed for your FSA or HRA claims.
- **Convenient**
Day or night, on your favorite device, go online and get account information.
- **Safe**
You have encrypted Internet access to the site, which is protected and Verisign secured.
- **Comprehensive**
View account balance and activity.

DBSbenefits.com

Diversified Benefit Services, Inc.
P.O. Box 260
Hartland, WI 53029
(800) 234-1229

File Online—it's fast, convenient and secure

Using your laptop or PC, you can submit your claims online 24/7. DBS's exclusive A.S.A.P.[®] (Advanced Strategic Administration Program) is a safe and quick way to see claim information and get reimbursed from your Health Care FSA (HCFSA), Dependent Care FSA (DCFSA), Limited Purpose FSA (LPFSA), or Health Reimbursement Arrangement (HRA).

1. Login to your online account at DBSbenefits.com
2. Select the Benefit Plan Type (FSA, HRA)
3. Select "Claims > Claims View/Submit > Submit"
4. Complete the required information
5. Attach an image with supporting documentation (.pdf or .jpg)
6. Submit

File on the go—use our Mobile Phone App

Filing using your smartphone or tablet is simple.

1. Login using your A.S.A.P.[®] name and password, click "File a Claim"
2. Take a picture or use an existing photo, click "Attach Image"
3. Select the Benefit Plan Type
4. Enter dollar amount, answer questions, click "Submit"

Visit your favorite app store to download.



File via mail or fax

More traditional filing is available, too.

1. Download a claim form at DBSbenefits.com
2. Select the "Participant Resources Tab > Forms"
3. Complete the form and attach copies of your documentation
4. Mail to Diversified Benefit Services, P.O. Box 260, Hartland, WI 53029
5. Or fax to 262-367-5938

For assistance, please call DBS at **(800) 234-1229**
or visit **DBSbenefits.com**



Important Information About Your PREPAID BENEFITS CARD

Frequently Asked Questions

General Questions on the Prepaid Benefits Card

1. What is the Prepaid Benefits Card?

The Prepaid Benefits Card is a special-purpose MasterCard® Card or Visa® Card that gives participants an easy, automatic way to pay for eligible health care/benefit expenses. The Card lets participants electronically access the pre-tax amounts set aside in their respective employee benefits accounts such as Flexible Spending Accounts (FSAs), Health Reimbursement Accounts (HRAs), and Health Savings Accounts (HSAs).

2. How does the Prepaid Benefits Card work?

It works like a MasterCard® Card or Visa® Card, with the value of the participant's account(s) contribution stored on it. When participants have eligible expenses at a business that accepts MasterCard debit cards or Visa debit cards, they simply use their Card. The amount of the eligible purchases will be deducted – automatically – from their account and the pre-tax dollars will be electronically transferred to the provider/merchant for immediate payment.

3. How does the Prepaid Benefits Card change how the participant is reimbursed for expenses?

Before the Prepaid Benefits Card became available, participants had to pay for their eligible expenses at the time of purchase, submit claim forms along with all receipts, and then wait for the reimbursement to be processed. Checks were issued and mailed to the participants, who then cashed the checks. In essence, participants “paid twice” – through payroll deduction and then at the point of sale – then they had to wait for reimbursement.

However, with the Prepaid Benefits Card, participants simply swipe their Cards and the funds are automatically deducted from their respective benefit account(s) for payment. The Card eliminates most out-of-pocket cash outlays and paperwork, as well as the need to wait for reimbursement checks.

4. Is the Prepaid Benefits Card just like other MasterCard® Cards or Visa® Cards?

No. The Prepaid Benefits Card is a special-purpose MasterCard Card or Visa Card that can be used only for eligible health care/benefits expenses. It cannot be used, for instance, at gas stations or restaurants. There are no monthly bills and no interest.

5. How many Prepaid Benefits Cards will the participant receive?

The participant will receive two Cards. If participants would like additional Cards for other family members, they should contact Diversified Benefit Services, Inc. (DBS).

6. Will participants receive a new Prepaid Benefits Card each year?

No, participants will not receive a new Card each year. If the participant will again have a benefit associated with the Card for the following plan year – and he/she used the Card in the current benefit year – the participant will simply keep using the same Card the following year. The Card will be loaded with the new annual election amount at the start of each plan year or incrementally with each pay period, based on the type of account(s) the participant has.

7. What if the Prepaid Benefits Card is lost or stolen?

Participants should call DBS to report a Card lost or stolen as soon as they realize it is missing, so the card can be turned off and replacement cards can be issued. There may be a fee for replacement cards.

Getting Started and Activating Your Card

1. How do participants activate the Card?

Participants should call the toll-free number on the activation sticker on the front of the Card.

Participants can use both Cards once the first Card is activated – they do not need to activate both. They should wait one business day after activation to use their Cards. Each Card user should sign the Card with his or her own name.

2. What dollar amount is on the Prepaid Benefits Card when it is activated?

For Health Care FSAs, the dollar value on the Card will be the annual amount that participants elected to contribute to their respective employee benefit account(s) during their annual benefits enrollment. It's from that total dollar amount that eligible expenses will be deducted as participants use their Cards or submit manual claims.

Some other types of accounts, like Dependent Care FSAs, HRAs, and transportation accounts, are funded incrementally at each pay period, so it is especially important to be aware of account balances in order to avoid Card declines at the point of service.

Using the Card

1. Where may participants use the Prepaid Benefits Card?

IRS regulations allow participants to use their Prepaid Benefits Cards in participating pharmacies, mail-order pharmacies, discount stores, department stores, and supermarkets that can identify FSA/HRA-eligible items at checkout and accept MasterCard® prepaid cards or Visa® prepaid cards. Eligible expenses are deducted from the account balance at the point of sale. Transactions are fully substantiated, and in most cases, no paper follow-up is needed. Participants can find out which merchants are participating by visiting the website on the back of the Card or consulting DBS.

Some plan designs may also allow participants to use their Cards in pharmacies that have certified that 90% of the merchandise they sell is FSA/HRA-eligible. However, since these pharmacies cannot identify the eligible items at the point of sale, another form of auto substantiation or paper follow-up will be required.

Participants may also use the Card to pay a hospital, doctor, dentist, or vision provider that accepts MasterCard® or Visa®. In this case, EB uses its auto-substantiation technology to electronically verify the transaction's eligibility according to IRS rules. If the transaction cannot be auto substantiated, paper follow-up will be required.

2. Are there places the Prepaid Benefits Card won't be accepted?

Yes. The Card will not be accepted at locations that do not offer the eligible goods and services, such as hardware stores, restaurants, bookstores, gas stations and home improvement stores.

Cards will not be accepted at pharmacies, mail-order pharmacies, discount stores, department stores, and supermarkets that **cannot** identify FSA/HRA-eligible items at checkout. The Card transaction may be declined. Participants can find out which merchants are participating by visiting the website on the back of the Card.

3. If asked, should participants select "Debit" or "Credit"?

DBS's Prepaid Benefits Card is actually a prepaid card. But, since there is no "prepaid" selection available, participants should select "Credit." Participants do not need PIN and cannot get cash with the Prepaid Benefits Card.

4. How does the Card work in participating pharmacies, discount stores, department stores, and supermarkets?

- a. Bring prescriptions, vision products, eligible OTCs and other purchases to the register at checkout to let the clerk ring them up.
- b. Present the Card and swipe it for payment.
- c. If the Card swipe transaction is approved (e.g., there are sufficient funds in the account and at least some of the products are FSA/HRA-eligible), the amount of the FSA/HRA-eligible purchases is deducted from the account balance and no receipt follow up is required. The clerk will then ask for another form of payment for the non-FSA/HRA-eligible items.
- d. If the Card swipe transaction is declined, the clerk will ask for another form of payment for the total amount of the purchase.
- e. The receipt will identify the FSA/HRA-eligible items and may also show a subtotal of the FSA/HRA-eligible purchases.
- f. In most cases, the participant will not receive requests for receipts for FSA/HRA-eligible purchases made in participating pharmacies, discount stores, department stores, or supermarkets.

5. Why do participants need to save all of their itemized receipts?

Participants and their other eligible users should always save itemized receipts for FSA and HRA purchases made with the Prepaid Benefits Card. They may be asked to submit receipts to verify that their expenses comply with IRS guidelines. Each receipt must show: the merchant or provider name, the service received or the item purchased the date and the amount of the purchase. The IRS requires that every card transaction must be substantiated. This can occur through automated processing as outlined by the IRS (e.g. copay matching, etc.). If the automated processing is unable to substantiate a transaction, the IRS requires that itemized receipts must be submitted in order to validate expense eligibility.

6. How long do participants need to save their itemized receipts?

Participants should save itemized receipts for FSA and HRA until the end of the benefit year and/or grace period (if applicable). HSA participants should save receipts for three years to comply with IRS document retention rules.

7. What if participants lose their receipts or accidentally swipe the Card for something that's not eligible?

Usually the service provider can recreate an account history and provide a replacement receipt. In the event that a receipt cannot be located, recreated, or if the expense is ineligible for reimbursement, the participant can reimburse their employer the amount so it can be credited back to the participant's FSA/HRA account.

8. May participants use the Prepaid Benefits Card for prescriptions ordered prior to activating the Card?

No. The Card must be activated prior to the order and/or purchase date of prescriptions. In some cases, participants need to wait 1 business day after activating the Card to purchase prescriptions at their pharmacy. For example, if the Card is activated on Tuesday, a prescription can be ordered and picked up on Wednesday.

9. Sometimes the participant is asked for the CVV when paying the balance due or when placing an order by phone or online. What is this and where is it found?

CVV stands for "Card Verification Value." It is a 3-digit number that can be found on the back of the card to the right of the signature panel.

10. How do participants know how much is in their account?

They can visit the DBS website or phone app and view their account activity and current balance. Or, they can call DBS at the phone number on the back of the Card to obtain their current balance. Participants should always know their account balance before making a purchase with the Card.

11. What if participants have an expense that is more than the amount left in their account?

By checking their account balance often – either online, via the phone app or by calling DBS at the phone number shown on the back of the Card – participants will have a good idea of how much is available. When incurring an expense that is greater than the amount remaining in their account, participants may be able to split the cost at the register. (Check with the merchant.) For example, participants may tell the clerk to use the Prepaid Benefits Card for the exact amount left in the account, and then pay the remaining balance separately. Alternatively, participants may pay by another means and submit the eligible transaction manually via a claim form with the appropriate documentation to DBS.

12. What are some reasons that the Prepaid Benefits Card might not work at point of sale?

The most common reasons why a Card may be declined at the point of sale are:

- a. The Card has not been activated.
- b. The Card has been used before the 24-hour period after activation is over.
- c. The participant has insufficient funds in his or her employee benefit account to cover the expense.
- d. Non-eligible expenses have been included at the point-of-sale. (Retry the transaction with the eligible expense only.)
- e. The merchant is encountering problems (e.g. coding or swipe box issues).
- f. The pharmacy, discount store, department store, or supermarket cannot identify FSA/HRA-eligible items at checkout according to IRS rules.

13. Is the participant responsible for charges on lost or stolen Prepaid Benefits Cards?

If DBS and the issuing bank are notified within 2 business days, the participant will not be responsible for any charges. If the notification is after 2 days, the participant may be responsible for the first \$50 or more. Replacement Cards may be purchased.

14. Whom do participants call if they have questions about the Prepaid Benefits Card?

Call DBS at the phone number shown on the back of the Card.

15. Can a participant use the Prepaid Benefits Card to access last year's money left in the account this year?

Any funds eligible for carryover will be available on the card within the first week of the new plan year. The card can only be used to pay for dates of service within the new plan year. Services incurred during the prior plan year must be submitted online, via mobile phone app, by fax (262-367-5938) or by mail. Your card can not be used for prior plan year expenses.

16. How will a participant know to submit receipts to verify a charge?

The participant will receive a letter or notification from DBS if there is a need to submit a receipt. All receipts should be saved per the IRS regulations.

17. What if a participant fails to submit receipts to verify a charge?

If receipts are not submitted as requested to verify a charge made with Prepaid Benefits Card, then the Card may be suspended until receipts are received. The participant may be required to repay the amount charged. DBS will advise the participant that the Card has been suspended, if a receipt is not received. Submitting a receipt or repaying the amount in question will allow the Card to become active again.



Important Information About Prepaid Benefits Card Substantiation

Participants may have questions about the requirements for submitting receipts when the Prepaid Benefits Card is used to pay for a service. This handout provides an explanation of the receipt substantiation requirements.

IRS rules govern substantiation requirements

The IRS has established specific guidelines that require all Flexible Spending Account (FSA) and Health Reimbursement Arrangement (HRA) transactions – even those made using a health care payment card – to be substantiated (verified that the purchase was an eligible medical expense).

The IRS requires that FSA/HRA administrators have the date of service, nature of the expense, provider name and the out-of-pocket cost on file for each expense paid for with a card.

Common myths about receipt requirements

1. If the Prepaid Benefits Card is used for an eligible service, no further receipts or documentation are needed to support the expense.
2. All claims at a doctor, dentist or vision provider do not require receipts.

These are misconceptions since some services from medical, dental, vision or pharmacy providers are ineligible expenses. As an example, teeth whitening is an ineligible expense. In addition, the date of service must be within the FSA/HRA plan year. The payment date is not always the date of service.

IIAS and Auto Substantiation

Inventory Information Approval System (IIAS) is a Federal Government approved system used by many pharmacy merchants that identifies eligible prescription and over the counter products. This system limits FSA/HRA health care payment cards to only those eligible items.

This system makes it easier for account holders to manage eligible over-the-counter products and pharmacy expenses, since the merchants automatically substantiate purchases at the point of sale.

Always save itemized documentation of your expenses

Employees should save their itemized receipts from every health care payment card transaction and all of the Explanation Of Benefits (EOBs) they receive from health/pharmacy/dental plans.

An easy approach for keeping this information on hand is to designate one envelope or folder to store all itemized health care payment card receipts and EOBs. Using this process will help employees find documentation if requested.

Information required on documentation

All receipts or documentation must include the following information:

- Name of person who incurred the service or expense
- Name and address of the provider or merchant
- Date of service for the amount charged
- Detailed description of the service
- Amount due for the service provided



EOBs contain all of the required information and are excellent sources of documentation. *Credit card receipts and cancelled checks are not acceptable!*

Receipts for over-the-counter (OTC) products and prescription items do not need to include the person's name, but must display the name of the item (e.g. band aids).

IMPORTANT - Requests for additional information

If a debit card transaction is not auto-substantiated, DBS will send you a request for documentation via email or traditional mail.

It is important that you act upon the request. If you do not, the IRS requires DBS to suspend the use of your card. You are responsible for submitting proper documentation and may need to pay the plan back if you fail to do so. Contact DBS for assistance.

You can submit debit card substantiations utilizing our Mobile App. It's easy, convenient and secure!

Submitting substantiation documents via our phone app is easy. When you login to our app, click the icon titled "Debit Card Substantiation". Take a picture of your document(s), click "OK" and then "Submit". You just submitted your supporting documents! In addition, you do not have to wait for DBS to send you a notice that substantiation is needed. If you would like to submit your documentation right away, follow the procedures above and your documents will be queued in our system.

For assistance please call our Customer Service Department at 1-800-234-1229.

DBSbenefits.com