Frequently Asked Questions
Regarding
Middlebury College FSA Benefits Card

Glossary of Terms:

Co-Insurance – the percentage of covered expenses paid by Middlebury College’s Health and Dental plans and the patient (typically 80%/20%) after the deductible (if any) is met.

Co-Pay or Co-Payment – a fixed dollar amount which is paid for covered services (Prescriptions and Eye Exams)

Explanation of Benefits (EOB) – documentation provided by an insurance company explaining how a claim was processed and paid. This document shows an amount that the patient is responsible for. The patient’s responsibility amount is what is allowed to go through the Health Care FSA

Substantiation – proof that a Flexible Spending expense is allowable under IRS rules. Typically this is proven with an itemized receipt for services rendered or an EOB

Question and Answers:

Q: What is the Benefits Card?

The Benefits Card is a debit card issued by MasterCard. The Benefits Card can be used to access funds in your Health Care and Dependent Care Flexible Spending Account. If you elected the Health Care account the card will be pre-funded with your annual Health Care election amount effective January 1st of the plan year. If you elected the Dependent Care account, funds will be available on the card once deducted from your income.

Q: Will everyone receive a Benefits Card?

Yes, every participant in the Flexible Spending Account plan will receive a Benefits Card at their initial enrollment in the FSA plan. Retain your initial card as it will be reactivated for any future year election.

Q: How many Debit Cards will I receive?

You will receive one card. You can order an extra debit card for your spouse or other eligible dependent by calling CBA Blue at 1-888-222-9206.

Q: Do I need a new Benefits Card each year?

No. The Benefits Card is valid for three years from date of issue as long as you remain part of your employer’s benefit plan and elect FSA each year. The Benefits Card will be loaded with your new annual election amount at the beginning of each plan year for Health Care and
incrementally with each pay period for Dependent Care. The expiration date is three years from date of issue.

Q: How do I activate my Benefits Card?

The first time you use your card, it will be automatically activated.

Q: Do I choose debit or credit at the card terminal when I use my card?

Although the Benefits Card is a debit card, you should choose credit at the point of sale system; as there is no pin number associated with the card.

Q: How does the Benefits Card work?

The Benefits Card works like a MasterCard, with the value of your account stored on it. When you have eligible expenses at a business that accepts MasterCard, you simply use the Benefits Card. The amount of the eligible purchases will be deducted – automatically – from your account and the pre-tax dollars will be electronically transferred to the provider/merchant for immediate payment.

Q: Is the Benefits Card just like other MasterCards?

No, the Benefits Card is a special-purpose MasterCard that can be used only for FSA-eligible items. It cannot be used, for instance, at gas stations or restaurants.

Q: Where may I use the Benefits Card?

The Benefits Card can be used at any qualifying location where MasterCard is accepted including hospitals, physician offices, dental offices, vision service locations and pharmacies.

Q: Are there places the Benefits Card won’t be accepted?

Yes, the Benefits Card will not be accepted where MasterCards are not accepted (Costco for example). The Benefits Card will not be accepted at locations that do not offer eligible goods and services, such as, hardware stores, restaurants, bookstores, gas stations, and home improvement stores.

Q: What if my doctor’s office doesn’t take credit cards?

In these instances, you will need to pay with cash or check and submit a manual claim. Claim forms can be located in Human Resources and on-line at http://www.middlebury.edu/offices/business/hr/staffandfaculty/benefits/flex.

Q: Why would I want to use the Benefits Card?

When you use the Benefits Card, you no longer need to pay for healthcare expenses out-of-pocket and wait for a reimbursement. By allowing immediate access to funds in your FSA account your Benefits Card helps with cash flow and in limited situations it may reduce your paperwork. However, claims often need to be substantiated and therefore all receipts should be retained.
Q: What expenses are eligible for use with my Benefits Card?

Generally, your Benefits Card can be used to pay for:

- Pharmacy prescription co-payments
- Coinsurance, deductible or other out-of-pocket expenses for medical, dental and vision expenses (after your claim has been processed by your medical, dental, vision plan).
- Co-payments at your doctor’s office
- Child Care expenses

Q: How can I use the Benefits Card for Prescription co-payments?

You may use your Benefits Card at your pharmacy just like any other debit or credit card. You should choose credit at the point of sale system; there is no pin number associated with the card.

The IRS has ruled that the Benefits Card can only be used at pharmacies that have the Inventory Information Approval System (IIAS) system in place. You will be able to purchase prescriptions at pharmacies that do not have this system, however, you will need to pay for the prescription and submit a paper claim for reimbursement.

Q: How can I use the Benefits Card to pay my deductible, co-insurance and other out-of-pocket expenses?

All medical, dental, and vision claims should first be submitted by your provider to your health or dental insurance company for processing (if you are on the Middlebury College’s Medical or Dental Plan that is CBA Blue & our Vision Plan is with VSP). When you receive your EOB you will see how much you are responsible for. You may then use the credit card payment option on your provider’s bill to pay up to the patient’s responsibility amount using your Benefits Card. The Benefits Card should only be used for the portion you are responsible for. Be sure to keep your EOB in case substantiation is required.

Q: Can the Benefits Card be used for over-the-counter expenses?

Yes, the card can be used for over-the-counter IRS eligible expenses.

Effective January 1, 2011, the IRS requires a physician’s prescription in order to be reimbursed under FSA’s for over-the-counter (OTC) drugs and medicines such as Tylenol, aspirin, etc. The card cannot be used to purchase these items. If a physician’s prescription is obtained, a paper claim will need to be submitted for reimbursement.

Insulin and other OTC medical supplies, such as band-aids, will continue to be eligible without a prescription and can be purchased with your Benefits Card at all eligible vendors.

For a list of eligible over-the-counter expenses, visit http://www.middlebury.edu/offices/business/hr/staffandfaculty/benefits/flex, or if you have questions, call CBA Blue’s customer service unit at 1-888-222-9206.

Q: What if my provider requires payment up front?

Remember if you are on Middlebury College’s Health or Dental Plan and you are seeing an In-Network doctor (Blue Cross/Blue Shield network), the doctor is contractually required to bill CBA Blue for you. If you are not on Middlebury College’s plans or if you are seeing an Out-of-Network provider and the provider requires payment up-front, you may need to pay out-of-pocket. Once you receive the Explanation of Benefits (EOB) and/or an itemized bill from the doctor showing the insurance payment, you can submit a paper claim for reimbursement.
Q: Do I need to save receipts?

Yes, you must save itemized receipts and EOBs for all FSA charges/purchases. You may be asked to submit receipts to substantiate or verify that all expenses comply with IRS guidelines.

Q: If I do need to substantiate a card transaction, what is the process?

The Benefits Card system matches your card charges against medical, dental and prescription claims processed by CBA Blue under Middlebury College’s group. A system match consists of the same date of service and an exact match between the amount paid to the provider and the processed claim (if you pay any amount other than exactly the patient’s responsibility amount on one EOB the system will not be able to make a match and you will need to substantiate the payment).

Should a 60 day time period elapse in which no match is made between a charge and a processed claim a formal request for substantiation will be mailed to your home. If you do not respond to the first letter, a second letter is sent 15 days later. If you do not respond to the second letter, a third letter is sent 15 days after the second letter advising you that your card has been deactivated. Your card will be reactivated once you have substantiated the claim; sent another claim to offset the cost of the previous transaction; or sent in a check to repay the plan.

Please note: All VSP vision claims and all medical and dental claims not processed under Middlebury College’s Medical or Dental Plans will need to be substantiated. EOB’s or itemized receipts to substantiate card usage can be faxed to 1-888-291-0920 or mail to CBA Blue Reimbursement Account Dept., PO Box 2365, S. Burlington, VT 05407-2365.

Please call CBA Blue’s Customer Service Department at 1-888-222-9206 should you have any questions regarding substantiation.

Q: Will I need to substantiate OTC medical supplies?

Eligible over-the-counter items are auto-substantiated at vendors through a process called the “Inventory Information Approval System” (IIAS). The IIAS is the retailer’s point of sale system which identifies eligible healthcare FSA purchases by comparing the inventory control information (e.g., UPC or SKU number) for the items being purchased against a pre-established list of eligible medical expenses. The list is restricted to “eligible medical expenses” as described in Sections 213(d) of the IRS code. The eligible medical expenses are totaled and sent to CBA Blue’s card system which approves the payment and no receipts for these approved items will be requested. A link to an updated list of IIAS merchants can be found on our website home page as well as on your FSA login page.

Q: If I use my card for a Prescription will I be asked for a receipt?

You will not be asked for a receipt if the pharmacy has the IIAS system as noted above. The IIAS system will automatically approve all prescriptions and you will not be asked to substantiate the claim.

Q: How do I know how much is in my account?

FSA plan participants can find current account balances anytime online by logging into their account at http://select.cbabluevt.com/middlebury/ or by calling Blue’s Customer Service Department at 1-888-222-9206. Please be sure to check out the link “First time user” for
information on creating a log on and password for your Flexible Spending Account. If you need assistance contact Blue’s Customer Service Department at 1-888-222-9206.

Q: Does my online FSA account information display both paper claim submissions and Benefits Card claims?

Yes, when you go online to view your personal account activity, paper claim transactions will be listed as “MANUAL” and Benefits Card transactions will be listed as “CARD.”

Q: What happens if there is not enough money in my account to pay the full cost of the service?

The transaction will be denied. You will have to pay for the product or service and submit the itemized bill/receipt, along with a claim form.

Q: Will I be able to use my Benefits Card to access prior year FSA account balances?

No, the Benefits Card can only access the available balance in your current FSA plan year.

Q: Can the Benefits Card be used for Dependent Care expenses?

Yes, the Benefits Card can be used for Dependent Care expenses if the provider accepts credit cards.

Q: If I terminate, when will the Benefits Card be deactivated? Can claims still be submitted for eligible expenses prior to termination?

The Benefits Card is deactivated as of the date of termination. Paper claims can still be submitted for eligible expenses incurred prior to the termination date.

Q: Do I have to use the Benefits Card?

No, you do not have to use the Benefits card. The Benefits Card is provided as a convenience. If you choose not to use the Benefits Card, you may send in a paper claim form with the proper documentation for reimbursement to CBA Blue (via fax or mail).

Q: If I have a question regarding my Benefits Card or account, who do I call?

You should contact CBA Blue’s Customer Service Department at 1-888-222-9206.

Q: What do I do if my Benefits Card is lost or stolen?

Lost or stolen cards should be reported to CBA Blue immediately at 1-888-222-9206. Once you report your lost or stolen card you will not be responsible for any charges.