

IMPORTANT TO NOTE

We hope your Benny Prepaid Benefits Card provides you with timesaving convenience for making all of your FSA purchases. Here are a few important reminders for optimal use of your Card:

- You could be charged an annual administrative fee for use of the Card. This fee, if applicable, will be deducted from your FSA in one lump sum amount during the first month of plan participation. Please check with your employer to verify if this is part of your FSA arrangement.
- As a participant, you will receive two Cards—one for yourself and one for an eligible dependent.
- The Card can only be used for **current plan year elections and expenses**. If your plan offers a grace period (the 2½ month period directly following the end of your plan year), you will need to pay out-of-pocket and submit for reimbursement for expenses applied to the prior plan year. For FSA purposes, an expense is incurred at the time a service is furnished—not when you are billed, charged or pay for the service.
- Using the Card to pay for anything other than qualifying expenses may result in permanent revocation of the Card. You will be responsible for repaying any ineligible expenses charged to your Card.
- You have the option to pay using a PIN (Personal Identification Number) at the point of sale in addition to the signature process. To request a PIN for your Benny Prepaid Benefits Card:
 - Call 866.898.9795
 - The automated system will prompt you to create your own self-selected PIN for your Benny Prepaid Benefits Card. It is recommended that you create a unique PIN that cannot be easily guessed by others.
 - Keep your PIN private.
- The Card will be cancelled automatically upon your termination of employment or ineligibility for FSA benefits.
- Please notify us immediately if your Card is lost or stolen or someone has used it without your permission. A replacement Card fee may apply.

NOTE: This program is subject to change without notice.

WEBSITE MATERIALS

You can find helpful reimbursement account information from the “Resources” section of www.healthtrustnh.org or by going to the “Coverage” section, click on the “My FSA Account” button and follow login instructions for linking to downloadable forms, a *List of Eligible/Ineligible Expenses* and more.

ADDITIONAL INFORMATION

More information regarding the Benny Prepaid Benefits Card is provided on the *Flexible Spending Account Prepaid Benefits Card Frequently Asked Questions* handout, which is included in our FSA Welcome Kit. You can also download a copy of the handout by going to the “Resources” section of www.healthtrustnh.org, click on the “Forms, Documents, Brochures” button in the left-hand sidebar and visit the “Flexible Spending Account” category. For additional assistance, contact HealthTrust by calling **800.527.5001** (toll-free) or emailing fsa@healthtrustnh.org.

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PO Box 617 • 25 Triangle Park Drive
Concord, NH 03302-0617

www.healthtrustnh.org

Rev. 11/14

INTRODUCING

THE BENNY™ Prepaid Visa® Card

*A convenient Prepaid Benefits Card for
purchasing qualified health and dependent care*



A Flexible Spending Account offering from:



The Benny Prepaid Benefits Card

is a debit card option that is part of the Healthcare Flexible Spending Account (FSA) or Dependent Care Reimbursement Account being administered by HealthTrust on behalf of your employer. If you have selected this option, you will receive a Benny Prepaid Benefits Card by mail from Evolution1—a leading employee benefits technology company and HealthTrust’s partner for providing convenient, electronic payment solutions.

Benny is prepaid to provide you with a convenient way to purchase eligible health and dependent care expenses. With the Healthcare FSA, your total annual election is immediately available for purchases made with the Card. For the Dependent Care Reimbursement Account, the amount available for purchases is only equal to the account balance at the time of the transaction.



Please read the following guidelines to ensure you benefit the most from using the Benny Prepaid Benefits Card.

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DOCUMENTING CHARGES

All charges made to the Benny Prepaid Benefits Card are only *conditionally reimbursed* until related receipts are received and approved by HealthTrust per Internal Revenue Service (IRS) regulations. Within **14 days** of using the Benny Prepaid Benefits Card to pay for an approved FSA expense, you will need to provide documentation of the expense* to HealthTrust. This can be in the form of a bill, receipt of payment (from provider or insurer), explanation of benefits or written statement from an independent, third party noting the service incurred and its expense amount.

*Documentation is not required if the expense equals the copayment amount required by 1) your employer’s medical plan for a doctor’s office visit, or 2) your employer’s pharmacy plan for a prescription. Also, if a retail store uses an Inventory Information Approval System to verify if a purchased item is on the IRS list of eligible expenses (through the item’s SKU number), documentation of that purchase is not required.

REQUIRED RECEIPTS

All receipts submitted to HealthTrust should include the following IRS-required information:

- Name & address of service provider
- Date service & expense were incurred
- Name of person receiving the service
- Detailed description of service provided
- Amount charged for service

Credit card receipts from your Benny Prepaid Benefits Card transactions cannot be submitted as

SUBMITTING PAPERWORK

Please clearly mark each receipt as “Substantiation for Debit Card Purchase” to ensure proper processing.

Your FSA receipts for documenting charges can be submitted to HealthTrust one of the following ways:

By fax: 603.415.3099

By mail: HealthTrust
FSA Debit Card Substantiation
PO Box 617
Concord, NH 03302-0617

By email: fsa@healthtrustnh.org

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substantiation because they typically do not include all of the required information previously noted. Also, if your employer allows over-the-counter items to be covered under your FSA plan, receipts must include the item’s printed name; handwritten item names are not acceptable.

CORRECTIVE MEASURES

Please know that if receipts are not submitted to document your Benny Prepaid Benefits Card charges—or the Card is used incorrectly—HealthTrust and your employer are obligated by law to pursue one or more of the following corrective measures:

- Require you to reimburse HealthTrust for the amount in question
- Deny reimbursement of subsequently submitted claims incurred during the same period of coverage until the payment amount is fully recovered
- Take other action deemed reasonably necessary to recover mistaken payments and ensure that they do not recur (e.g., by denying access to the Card use until payment is recovered or revoking the Card)

If none of these methods succeed in recovering a mistaken payment, your employer may either report the amount of the mistaken payment to you and the IRS as taxable income or treat the amount owed as it would any other business debt.