

## Spending Your FSA Dollars on Eligible Healthcare Expenses Just Got Easier!

### Key Benefits of using the BBP Benefits Card

- Easy to use – the BBP Benefits Card is a stored value card that simplifies the process of paying for FSA qualified expenses
- Works at most healthcare related merchants where Visa or MasterCard are accepted
- You spend only the pre-tax dollars in your FSA
- No waiting for reimbursement!

### Common Purchases and Uses for the Card

- Prescriptions
- Eligible over-the-counter healthcare products that do not require a doctor's note
- Office visits to a physician
- Dental service providers
- Vision service providers
- Hospital charges



### Using Your Benefit Card

The BBP Benefits Card may only be used at merchants who have a healthcare related merchant category code (such as physicians, pharmacies, dentists, vision care offices, hospitals, and other medical care providers) or who utilize an Inventory Information Approval System (IIAS).

- When utilizing an IIAS merchant, the merchant allows the Benefits Card to be used to purchase only those items identified on a list of eligible medical expenses maintained by the merchant.
- When purchasing eligible healthcare related items AND ineligible non-healthcare related items, the merchant will only accept the Benefits Card as payment for the healthcare related items. You must pay for the ineligible items with another form of payment.
- You may not use the Benefits Card at any merchant that does not have a healthcare related merchant category code unless that merchant utilizes an IIAS.

**NOTE:** Many pharmacies in retail and discount stores will not qualify as merchants with a healthcare related merchant category code.

In rare circumstances, purchases made at merchants utilizing an IIAS may fail to process appropriately. In those cases, you will be required to submit receipts or other substantiating documentation as described below. A list of merchants utilizing an IRS-approved IIAS is available online at <https://www.sig-is.org/publications> – Merchants: 90% Rule Merchant List.

### Save All Receipts for Purchases Made with the Benefits Card

Please remember to keep all receipts for all purchases made with the Benefits Card. Per IRS regulations, BBP will be required to request itemized receipts to verify the eligibility of purchases made with the card. You will receive an email or letter after each time you use your Benefits Card. You will be required to send in proof to substantiate each claim. If substantiation is not received, your Benefits Card will be turned off until BBP receives the receipt/invoice/EOB for the purchase or a check from you to return the money for ineligible expenses made with the card.

- All receipts or other proofs of purchase must include the dollar amount, date of service, name of provider and a description of the purchased service or product. For over-the-counter healthcare items, the name of the product must be listed on the receipt.
- **Any receipt that does not contain the detailed information described above will be deemed ineligible. Credit card receipts and cancelled checks are not acceptable.**
- If the requested receipt is lost or otherwise unavailable, most providers can provide a detailed statement documenting FSA eligible purchases.

## **Three-Step Card Audit/Verification Process**

View the User & Substantiation Guide here:

[http://www.bbpadmin.com/docs/Participant/User\\_Substantiation\\_Guide\\_FAQ.pdf](http://www.bbpadmin.com/docs/Participant/User_Substantiation_Guide_FAQ.pdf)

Once you receive notice from BBP requesting appropriate documentation (as described previously) to verify a Benefits Card purchase, you will have 30 days to respond. If you do not respond within this time frame, you will receive an additional notice. If you do not respond to either notice within the required time, **your Benefits Card will be deactivated until the card purchase is verified or the money is returned for the ineligible expenses.**

1. You will receive an initial detailed notification when documentation is required to verify a purchase
2. If we do not hear from you within 30 days from the date of the initial notice, you will receive a final notice to submit receipts within 15 days to verify your purchases and prevent your card from being deactivated.
3. If the documentation you submit is incomplete or the expense is ineligible, you will receive a notice allowing you 15 days to submit appropriate receipts or to repay the money (if your purchase is ineligible) and prevent your card from being deactivated.

In an effort to deliver a Benefits Card audit notice to you as quickly as possible, **we will send all notices via e-mail; if we have your current e-mail address.** If we do not have your current e-mail address, please go to the BBP website at [www.bbpadmin.com](http://www.bbpadmin.com) and login under the employee login to submit or update this information. If we do not have your email address at all, please send an email to [Support@bbpadmin.com](mailto:Support@bbpadmin.com) with your full name and Employer name so we can add it to our system and send you login instructions to create your own account. Otherwise you will receive a letter mailed to your home address.

### **You Will Not Be Required to Submit a Receipt When:**

- The expense matches a specific co-payment you have under your employer's medical, pharmacy, vision, or dental plans. For example, you may not be required to submit a receipt if you have a \$10.00 co-pay for physician office visits, and the payment was made to a physician office in the amount of \$10.00.
- Recurring expenses will not result in a request for documentation as long as the expense equals the same amount, duration and provider as a previously approved expense. Recurring transactions will be processed and approved without documentation only after substantiating receipts or other documentation is provided and the initial transaction is reviewed and approved.
- You purchase your FSA-eligible items at a merchant utilizing an IRS-approved Inventory Information Approval System (IIAS).
- In limited scenarios, your claim information may be provided through an electronic file from your insurance carrier or other provider. In these scenarios, expense substantiation may not be required if the electronic claim file is accompanied by an electronic or written confirmation from the healthcare provider (e.g., your prescription benefits manager) that identifies the nature of your expense and verifies the amount.

**Note:** You **MUST** still obtain and retain the third-party receipt when you incur the expense and swipe the card, even if you believe it will not be needed. All receipts should be retained for at least one year following the close of the plan year in which the expense is incurred.

### **Co-Pay Helpful Hints**

You may swipe your card for an amount up to five times (5x) the maximum co-payment amount to include:

- **Single co-payment for a specific benefit**  
If the transaction equals a multiple of a specific co-payment that is applicable to you under your employer's plan, then no additional substantiation is required; however, the transaction will fall outside of this auto-adjudication (verification) category if the transaction amount exceeds five (5) times the applicable co-payment amount.
- **Different co-payment for a specific benefit**  
If the transaction equals a multiple of a co-payment for a particular benefit or a combination of the co-payments for a particular benefit, then no additional substantiation is required; however, this transaction will fall outside of the auto-adjudication (verification) category if the transaction amount **exceeds five (5) times the maximum co-payment for a particular benefit.**



FSA DCAP Claim Total Reimbursement Requested \$ \_\_\_\_\_

This is a recurring claim for the current plan year – please enter for the entire plan year. If my recurring expense changes, I will notify BBP.

<b>*Only required for DCAP claims*</b>	
Name of provider, Employer Identification Number (Social Security number for an individual), and address of service provider	

FSA Mileage Claim Total Reimbursement Requested \$ \_\_\_\_\_

Date	Destination (Hospital, Clinic, etc.)	Total Mileage Traveled	Amount Reimbursed <i>(19 cents per mile)</i>

Parking / Transit Claim Total Reimbursement Requested \$ \_\_\_\_\_

*\*\*Please submit provider receipt with this transit claim. If daily parking please send a calendar of days you parked, if not daily parking please submit parking receipt. If a transit claim please e-mail BBP first as BBP debit card needs to be used for transit expenses.*

**I affirm that:**

- I HAVE NOT ALREADY BEEN PAID FOR THESE EXPENSES FROM MY FSA AND I HAVE NOT REQUESTED and WILL NOT RECEIVE REIMBURSEMENT FOR THESE EXPENSES FROM ANY OTHER PLAN; AND I have submitted the above information in good faith and it is correct to the best of my knowledge.

**I understand that:**

- Reimbursement is not a guarantee that this payment is tax-free.
- The service(s) for which I am requesting reimbursement must be incurred during my period of coverage, which begins the first day of the plan year as set forth by my employer if I enrolled during the Open Season, or the day after my enrollment is accepted by BBP, whichever is later, and \*ends based on the year-end option set forth by my employer. \*Please see your Summary Plan Description or call BBP for questions regarding this.
- I have 90 days following the end of the Benefit Period or end of Federal Service to submit my claim for reimbursement of eligible expenses incurred during my period of coverage. If I do not submit claims for reimbursement by that date, I will forfeit any funds remaining in my account(s) in accordance with IRS rules.
- I cannot use health care expenses reimbursed through my general purpose HCFSA or HRA as a deduction on my personal income tax return.
- The expenses for which I am requesting reimbursement are for myself, my spouse, my dependent or adult child through age 26 for FSA Medical and HRA expenses.
- I am solely responsible for informing BBP of my updated contact and banking information. PLEASE NOTE: There is a \$25 fee to stop a check sent to the incorrect mailing address or to reissue misplaced checks. There is a \$25 fee for failed direct deposits.

I authorize release of payment through my Flexible Spending Account. I authorize BBP, or its representatives, to obtain necessary information from all physicians, hospitals, medical service providers, pharmacists, employers, and all other agencies or organizations (including other insurers) to consider the claim for reimbursement under my Flexible Spending Account.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Please mail, fax, or e-mail completed claim form to the following address:  
125 West Orchard Street – Itasca, IL 60143  
Phone (630) 773-2337 – Fax (630) 775-8568  
E-mail: Questions: support@bbpadmin.com  
Claims: claims@bbpadmin.com