



## BASIC DEBIT CARD GUIDE

Below are instructions on how to use your BASIC Debit Card, as well as instructions to access your account online.

### Account Creation:

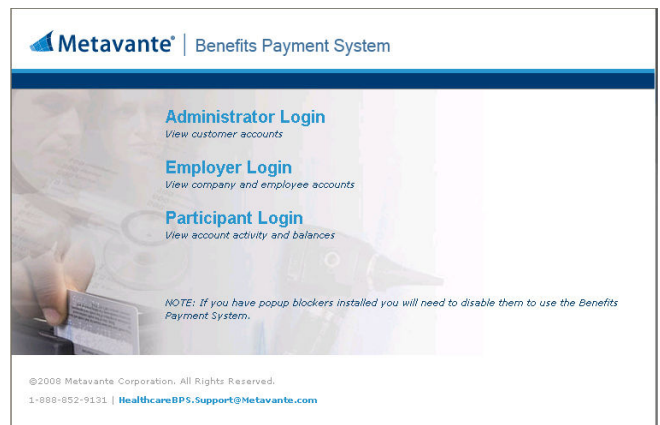
1. Go to [www.BenefitsPaymentSystem.com](http://www.BenefitsPaymentSystem.com)
2. Click on the "Participant Login"
3. Click on "Create Account"
4. Enter your First and Last Name
5. Then enter your employee ID (social security number, no spaces or dashes)
6. Enter your full Card Number
7. Choose a unique User ID – at least 4 characters in length
8. Then choose a unique password – 8 to 16 characters with at least 1 number
9. Re-enter your password
10. Enter your mother's maiden name or security word
11. Enter your city of birth
12. Enter an email address
13. Click yes/no regarding emailed statements and inquires
14. Click **Submit** and it should tell you that you have successfully created an account!
15. You will be asked to change your password every 90 days for security purposes

The screenshot shows the 'Participant Portal' 'Account Creation' page. It includes a heading 'Account Creation' and a sub-heading 'Create a new user account.' Below this is a text box with instructions: 'Enter the information below to create your account. Please contact your Plan Administrator for questions regarding access to this site or for questions about balances and statements.' The form contains several input fields: 'Name \*' (split into 'First' and 'Last'), 'Employee ID \*', 'Employer ID \*', 'Card Number \*', 'New User ID \*', and 'Password \*' (with a re-entry field). Each field has a small blue icon to its right.

### Access your account online:

There are two ways to access your account online.

1. Through BASIC's website at [www.basiconline.com/Account\\_Access/account\\_access\\_2/](http://www.basiconline.com/Account_Access/account_access_2/) (Scroll down to Metavante/MBI and click employee Account Access)
2. Or go directly to Metavante/MBI at <http://www.benefitspaymentsystem.com/>
  - a. Click on Participant Login
  - b. Enter User ID and password
  - c. You can then go to the My Accounts section and choose to view your history and/or balance summary.



If you have difficulty creating your online account access, please contact BASIC at 800-444-1922 ext 1 or by email at [flexcard@basiconline.com](mailto:flexcard@basiconline.com).



## Eligible Expenses

IRS regulations govern the eligibility of claims. As your Flex Administrator, BASIC helps ensure that you and your employer stay within those regulations. For a list of common eligible expenses visit [www.basiconline.com](http://www.basiconline.com), click on the employee section, BASIC Flex, Education. If you have a question regarding a specific item, please call a BASIC Flex Customer Service Representative at 269-327-1922 ext 1 or 800-FSA-FLEX.

## OTC

Effective January 1, 2011, Over the Counter (OTC) drugs and medicines will no longer be eligible without a prescription (RX)/letter of medical necessity from a physician.

This change:

- Applies to claims incurred on or after January 1, 2011
- Is not applicable to claims submitted after 1/1/2011 for purchases made in 2010
- Applies to grace period and non-calendar year claims incurred beginning January 1, 2011
- Requires the RX to be submitted with each claim and renewed yearly.

NOTE: If you have the BASIC Benefits Card the excluded items cannot be purchased with the card. These items will need to be purchased with another form of payment then submitted for reimbursement with your letter of medical necessity/RX and receipt for the product purchased.

To check a specific item you may want to refer to [www.drugstore.com](http://www.drugstore.com) or [www.walgreens.com](http://www.walgreens.com) where you can search for eligible items. If the item is an eligible expense, it will have a  FSA, indicating it is approved. You may also call a BASIC Flex Customer Service Representative for clarification. Please note: not all items appearing on these web sites as FSA eligible items qualify for reimbursement.

## Necessary Documentation

As a FSA Administrator we are required to receive specific documentation showing that your purchase is an eligible expense according to the IRS regulations. Below are helpful hints to ensure you submit proper documentation that is necessary in order to avoid a delay or denial of your reimbursement request.

- **Explanation of Benefits (EOB)**- The best form of documentation for medical, dental & vision expenses is an EOB from your insurance carrier.
- **Itemized Statement**- An itemized statement from your provider is also acceptable but needs to include date of service, detailed description of the service provided, provider's name, address & charge for the service. This is true for verifications as well as reimbursement requests.
- **Prescriptions**- For prescriptions, please provide a cash register receipt that lists RX next to the item number and/or RX tag. Pharmacy print-outs are also acceptable.
- **Vision**- Send detailed vision bills from your provider which include date of service, detailed description of the service provided, providers name, address & charge for the service. Please note: Warranties and/or service plans are not eligible for reimbursement.
- **Orthodontics**- Send detailed documentation or payment coupons from your provider which indicate orthodontic treatment and also include date of service, provider name and description of service.
- **Letter of Medical Necessity (if needed)**- A letter of medical necessity needs to include a diagnosis, duration of treatment and description of treatment plan. Letters of Medical Necessity or Prescriptions from your provider expire one year after date written. A Letter of Medical necessity form can be found at: [www.basiconline.com/employees/services/BASIC\\_Flex/Participant\\_Forms](http://www.basiconline.com/employees/services/BASIC_Flex/Participant_Forms)
- **Massage Therapy and Weight Loss Programs**- For massage therapy and weight loss programs, please submit a copy of the physician's statement of medical necessity; including diagnosis with every reimbursement request.
- **OTC**- Effective 01/01/2011 OTC Drugs and Medicines will no longer be eligible without a prescription (RX)/letter of medical necessity from a physician.
- **Faxing**- Circle items on receipts or bills with a pen. Please don't use a highlighter; they often fax too dark to read. If the original is light please make a darker copy prior to faxing.



## The difference between a reimbursement and verification:

### *Reimbursement:*

A reimbursement is when you pay for a qualified expense and DO NOT use your BASIC Debit Card, but pay using check, cash or another credit or debit card. You are requesting a reimbursement from your BASIC Flex account for the money you paid out-of-pocket.

### *Verification:*

A verification is when you pay for a qualified expense with your BASIC Debit Card. You should keep a copy of all documentation for debit card purchases/payments in case you are required to submit them to BASIC as a verification of the expense and as you would for your income tax purposes. **We advise debit card participants to only send verification documents for your debit card purchases when BASIC requests them to be submitted.**

## How to submit a reimbursement

*You should keep a copy of all receipts as you would for your income taxes.*

- Reimbursement form:
  - A reimbursement form/verification form is required with all submissions.
  - Use a separate line for each receipt
  - **Please check the NO box to the left of the line you have entered the information**
- Submit your reimbursement/verification form with the required documentation (see necessary documentation section above) to BASIC:
  - Fax claims to : 800-391-6562
  - Secure Claims Upload: <https://claims.basiconline.com>
  - Mail claims to: BASIC, 9246 Portage Industrial Dr, Portage MI 49024
- Reimbursements will be made directly to you
  - It is the employee's responsibility to pay the provider if payment was not made at the time of service.
- Claim submission Run-Out Period
  - Your plan has a run out period to submit claims at the end of each plan year or after termination of coverage from the plan. Consult your Summary Plan Description or check with your HR department to determine the length of time to submit claims after one of these events have occurred.
- Check Claims Status: online at [www.BenefitsPaymentSystem.com](http://www.BenefitsPaymentSystem.com)

## How to submit verification:

*You should keep a copy of all documentation for debit card purchases/payments in case you are required to submit them to BASIC as a verification of the expense and as you would for your income tax purposes.*

IRS Regulations allow for certain debit card transactions to be automatically adjudicated/approved for pretax payment so that you do not need to send in documentation to verify the eligibility of the transaction(s). In the event that a debit card transaction does not meet the criteria of automatic adjudication/approval, BASIC will request that you provide documentation from your provider for our review. You will receive the request for documentation via mail or email (if applicable).

When documentation is requested, follow the steps below:

- Submit your reimbursement/verification form or a copy of the documentation request notice with the required documentation (see necessary documentation section above) to BASIC:
  - Fax claims to: 800-391-6562
  - Secure Claims Upload: <https://claims.basiconline.com>
  - Mail claims to: BASIC, 9246 Portage Industrial Dr, Portage MI 49024
  - Check Claims Status: online at [www.BenefitsPaymentSystem.com](http://www.BenefitsPaymentSystem.com)
- *Important Note:* If using the verification form to submit your documentation:
  - Use a separate line for each receipt you have.
  - **Check the YES box to the left of the line you have entered the information.** It is important for you to check this box to insure you are not issued a reimbursement check. If a reimbursement is made,



which results in paying for an item or service more than once, you will need to return the check or repay your employer.

## Frequently Asked Questions:

*What happens if I forget to submit verification?*

- If we do not receive your documentation within 60 days of the purchase, your BASIC Debit Card will be deactivated
- If your card is deactivated, you can have it reactivated by submitting the requested documentation or refund the amount charged (see steps below under ineligible items)
- While your card is deactivated you may still submit reimbursement requests for items or services for which you paid out of pocket (see above for instructions regarding reimbursements)
- You can prevent your card from being temporarily deactivated by monitoring your transaction status via your online access

*What happens if I purchase an ineligible item(s)?*

- You will receive a letter from BASIC requesting a refund
  - Mail a check, payable to your employer, to BASIC at 9246 Portage Industrial Dr, Portage MI 49024. Once this is received, your account will be credited and the check will be forwarded to your employer

*What if I do not have my BASIC Debit Card and I need to purchase a qualified product or service?*

- Pay your bill with your own cash, debit/credit card, or check
- Keep your itemized receipt
- Submit a request for reimbursement (see above)

*Why won't my card work at the pharmacy or retailer?*

- The pharmacy or retailer may not be IAS compliant
- You may have outstanding debit card transactions that need to be verified
- You may be trying to purchase an item that is not eligible under IRS Regulations

## Dependent Care (Day Care) Facts:

- This is a pay-as-you-go account, meaning reimbursements are made when funds are available
- Child Care provider must claim payments as income
- Meals and transportation expenses are not eligible
- Child(ren) must be under the age of 13 and be a dependent for income tax purposes
- Child Care provider may not be a minor child or dependent of the tax payer
- Overnight camps are not eligible
- Education/schooling for Kindergarten and beyond is not eligible

## Dependent Care Necessary Documentation:

- Completed reimbursement/verification form or online claim confirmation
- Itemization of dates of service and charges
  - Receipt from Day Care provider or
  - Day Care providers' signature on the reimbursement/verification form