



Frequently Asked Questions Regarding Flexible Spending Accounts and The EBPA Benefits Card

Q: What is the advantage of using the EBPA Benefits Card?

When you use the EBPA Benefits Card, you no longer need to pay out-of-pocket and wait for a reimbursement. However, claims may need to be substantiated and therefore, all receipts should be retained.

Q: How do I activate my EBPA Benefits Card?

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

Q: If prompted at the terminal at point of sale to choose “Credit” or “Debit” what do I choose?

If prompted at the terminal to choose “Credit” or “Debit” – choose “Credit” to sign for the purchase or, if you prefer, and have a PIN, select “Debit” and enter your PIN. If you do not have or do not remember your PIN, ask the merchant to let you sign for the purchase.

Q: Where do I get a PIN if I am using my card as Debit rather than Credit?

You can access your PIN on the EBPA WealthCare Portal. Under debit card tab, click on Debit Card and click on Card Status. There will be a View Pin link next to your card number.

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 complete the [Health Care Account Reimbursement Request Form](#), with the proper documentation for reimbursement.

Q: When do I receive my EBPA debit card?

EBPA Debit Cards are received 5-7 business days after the issue date.

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.

Q: Can I request additional cards for my spouse and dependents?

Yes, additional cards can be requested for your spouse and dependents. Please complete the [Additional Card Request Form](#).

Q: Can the Benefits Card be used for medical, dental, hospital, and vision expenses?

Yes, the Benefits Card can be used for these expenses. If the transaction amount does not match

your employer's benefit plan co-payments, the system will allow the transaction and you will not have to pay out-of-pocket, but a letter will be sent to you requesting an itemized receipt.

Reminder: All medical, dental, hospital and vision claims must be submitted to your insurance carrier first for processing. The Benefits Card should only be used for the portion you are responsible for. You will be asked to substantiate these transactions. If the provider requires payment up-front, you will need to pay out-of-pocket. Once you receive the Explanation Benefits (EOB) and/or an itemized bill from the doctor showing the insurance payment, you can submit a paper claim for reimbursement.

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.

Over-the-counter (OTC) drugs and medicines such as Tylenol, aspirin, etc must be accompanied by a physician's prescription in order to be reimbursed under an FSA. The EBPA Benefits Card can be used for prescribed OTC drugs and medicines as long as the prescription is presented to the pharmacist, or the mail order, or web-based vendor that dispenses the medicine. A paper claim can also be submitted for prescribed OTC medicines or drugs. You should provide (1) a copy of the prescription; (2) an itemized receipt or valid documentation for the over-the-counter item(s) purchased; and (3) a properly completed FSA Claim Form.

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

*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 health care 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 EBPA'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.*

For a complete list of eligible over-the-counter expenses, please see the [Overview of Eligible OTC Expenses](#) or if you have questions, please feel free to call EBPA's FSA Customer Service Department at 1-888-678- 3457. Remember to save your receipts in case they are required.

Q: Will I be asked to substantiate any card transactions?

Yes, there are occasions when you will be asked to substantiate your card transaction.

If substantiation is required, a letter is sent within two days after the transaction requesting you substantiate the transaction. 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 call EBPA's Customer Service Department at (888) 678-3457 should you have any questions regarding substantiation.

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 Inventory Information Approval System (IIAS). The IIAS system will automatically approve all prescriptions and you will not be asked for a receipt.

Q: What are the options for submitting orthodontic expenses to EBPA for reimbursement under a Health Care Reimbursement Account?

If the Orthodontic Service is billed on a monthly payment plan, once the card is used for the first payment, a letter will be sent requiring you to substantiate the transaction. When you send the substantiation, you can indicate it is a recurring transaction by noting "Recurring Expense" on the Substantiation Request Letter. Once we receive this information, we can program the system to automatically approve the monthly transaction for the current election year.

If the Orthodontic service is billed for the year, you may use the Benefits Card, but you will be asked to substantiate. You can also file a paper claim for reimbursement with the Explanation of Benefits (EOB) as your itemized receipt.

Q: Do I still need to save receipts?

Yes, you should save itemized receipts for all FSA purchases. You may be asked to submit receipts to verify that all expenses comply with IRS guidelines. Itemized receipts must provide the date of service, item description, amount, and provider name.

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: 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: 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 the date of termination. Paper claims can still be submitted for eligible expenses incurred prior to the termination date. Terminated employees will have a 120-day run out period to substantiate claims prior to the termination date.

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

You should contact EBPA's FSA Customer Service Department at 1-888-678-3457.

