

The CONEXIS Benefit Card is a convenient and effective way for you to access your FSA dollars to pay for eligible unreimbursed healthcare expenses and/or over-the-counter (OTC) medicines and supplies. However, IRS established guidelines require CONEXIS to verify all benefit card transactions. Therefore, you may receive a letter from CONEXIS requesting verification of purchases made with your benefit card.



Save All Receipts for Purchases Made with the Benefit Card

Please remember to keep all receipts for purchases made with the benefit card. Per IRS regulations, CONEXIS is required to request itemized receipts to verify the eligibility of purchases made with the card. Itemized receipts are those that clearly state the date of service, a description of the purchased service or product, the vendor, and the amount of the purchase.

- Always retain itemized receipts and proofs of purchase made with the card for out-of-pocket, unreimbursed healthcare expenses and/or OTC medicines and supplies
- All receipts or other proofs of purchase, must include, dollar amount, date of service, name of provider, and a description of the purchased service or product.
- Any receipt that does not contain the detailed information described above is not acceptable.
- Credit card receipts and cancelled checks are not acceptable.
- If the requested receipt is lost or otherwise unavailable, most providers will print a detailed statement documenting FSA eligible purchases
- Examples of qualified FSA locations and providers include: hospitals, physician offices, dental offices, vision service providers, and pharmacies. The card will not work at non-medical merchants, such as grocery and discount stores.

Three Step Card Audit/Verification Process

Should you receive written notice from CONEXIS requesting appropriate documentation (as described above) to verify a benefit 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 benefit card will be deactivated until the card purchase is verified.

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 send receipts within 30 days to verify your purchases and prevent your card from being deactivated.
3. If the documentation you submitted was incomplete or the expense was ineligible, you will receive a third and final notice allowing you an additional 30 days to either send the correct type of receipts or to repay the money (if your purchase was ineligible) and prevent your card from being deactivated

In an effort to deliver a benefit 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 CONEXIS Web site at www.conexis.org and login under the employee/participants section to submit or update it.

If You Use Your Healthcare FSA to Purchase Over-The-Counter (OTC) Drugs and Supplies

Please keep all of your receipts, and be aware that they must contain the following:

- Date of purchase
- Name of item, e.g. Nyquil
- Cost of the item

If your receipt contains only an ID number or merchandise code for the OTC product(s) purchased, the receipt is not considered valid and will be rejected when submitted with your FSA claim form or “Request for Receipt” letter for purchases made with your benefit card.

Per IRS requirements, you may be required to obtain a doctor’s note on “dual-purpose” OTC drugs. A partial list of OTC drugs is available on the CONEXIS Web site.

You Will Not Be Required to Submit a Receipt When:

- The expense amount is identical to a pre-defined co-payment amount under your employer’s medical, pharmacy or dental plans
- All recurring expenses will not result in a request for documentation as long as the transaction has the same amount and vendor. The transaction will be accepted without documentation after proof is provided for the initial transaction

Co-Pay and Over-The-Counter (OTC) 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.**

- If you use the benefit card for non-prescription, OTC purchases, like Tylenol or cough medicine, you will usually receive a “request for receipt” notice from CONEXIS per IRS rules. Many national retail outlets with pharmacies, such as Walgreens and Longs will automatically verify the eligibility of your OTC card purchases at the point of sale. In such cases you will not receive a request for receipt notice. However, we strongly suggest that you still save all receipts and pay for your eligible OTC items separately from prescription(s)

Online Information

- Responses to receipt notifications may be faxed to 800-864-0121
- Participant services representatives can be reached at 877-864-9549 from 6:00 a.m. to 5:00 p.m. PST, Monday through Friday
- Access the CONEXIS Web site www.conexis.org for account information or www.mbicard.com for account status