



How the MGIS Benefits Purchasing Card Works With Your Insurance Plan

USING THE CARD WITH YOUR INSURANCE PLAN IS EASY!

The MGIS *Benefits Purchasing* card provides an easy way to pay at the point-of-service for your portion of eligible out-of-pocket expenses such as: healthcare visits, prescription drugs, glasses and contacts. Using the card is as easy as 1-2-3. You simply:

1. **Check Your HCRA, DCRA Account Balances** by visiting the MGIS Flex website: www.We-R-CDH.com
2. **Give the provider your card** at the time of service to pay for your portion of the eligible expense (the amount required after insurance has paid its portion).
3. **Keep all receipts** for expenses paid with the card (per IRS Guidelines).

The card may be used at eligible service provider locations that accept Visa® or MasterCard® and **can only be swiped for the amount in your account**. If you try to swipe the card for more than your account balance, the transaction will be denied. However, you can ask the provider to swipe the card only for the balance in your account and then pay the rest out of pocket. You may also use your card when paying 'balance due' statements from providers.

AVAILABILITY OF FUNDS

Depending on the type of account you have, you will have the following amount available in your account:

- **Health Care Reimbursement Account (HCRA)** - The amount allotted for the year, minus any deductions you've already made.
- **Dependent DayCare Reimbursement Account (DCRA)** - The amount you have contributed year to date through payroll deductions, minus any withdrawals you have already made.

POINTS TO REMEMBER

- IRS Guidelines require substantiation of every card purchase; therefore, you must keep your receipts and, if requested, submit a copy of your receipts to MGIS. If you do not have the receipts, you will be required to reimburse the Plan.
- Your Plan may offer an extended grace period after the Plan Year ends during which employees can **incur** eligible claims and spend unused flex dollars. Any funds not used by the end of the Plan Year, or grace period if applicable, will be forfeited to the Plan.
- Your Plan may also provide a run-out period after the Plan Year or grace period ends. The run-out period allows you to continue to **submit** reimbursement requests for services incurred during the Plan Year or grace period.



How to Use the Card

- Give the provider (hospital, clinic, pharmacy, etc.) your insurance card **first**
- Pay for your co-payment or deductible with the MGIS *Benefits Purchasing* card
- Once your insurance pays its portion, pay for the remaining amount due with the MGIS *Benefits Purchasing* card

- If your service provider does not accept Visa® or MasterCard®, you will be required to pay for the service and submit a manual Reimbursement Request Form (available on the Flex website).
- The card will only work at eligible service provider locations. If you use the card at an eligible service provider location but purchase ineligible items, MGIS will request reimbursement from you.
- If a provider does not use a correct System Merchant Code, the card will not work. If the transaction fails twice, call MGIS.



CONSUMER-DIRECTED HEALTHCARE

- Give the provider (doctor, hospital, pharmacist, etc.) your medical insurance card first. When asked to pay your portion of the copayment or deductible, give the provider the MGIS Benefits Purchasing card. You can also use your card to pay for your portion of an eligible bill (after insurance has paid its portion, if applicable) by calling in or writing your card number on a 'balance due' statement from the provider. Remember, you can only use your card pay for a service performed (or expense incurred) during the current Plan Year.
- If your provider requires that you pay the entire amount of the charge up front (before insurance pays its portion), please do **not** use your MGIS Benefits Purchasing card to pay for the expense. Pay for the expense with another form of payment, wait for insurance to reimburse you for its portion of the expense, and then submit a manual claim to MGIS for the amount you paid out of pocket. If you use your MGIS Benefits Purchasing card to pay for an entire bill up front, you will be required to reimburse your Flexible Spending Account for the amount that insurance pays. It is your responsibility to contact MGIS if this happens.
- Keep all receipts for expenses with the card (such as bills for medical and dental visits, prescription drugs, glasses and contacts), as the IRS requires this information. MGIS may ask for documentation to verify the eligibility of your claim. If you do not have the receipts, you will be required to reimburse the Plan.
- You can check the balance in your FSA account 24 hours a day by clicking on the "LOGIN" menu at www.We-R-CDH.com, and following the instructions.

AN INDUSTRY LEADER

One of the first administrators to develop debit card technology, MGIS has been a leading benefits provider to the healthcare industry since 1969. A dedicated MGIS Account Manager supports you long after the sale with white-glove administration. Our website, www.We-R-CDH.com, offers tools to assist you and your employees with CDH information, savings calculators, and 24/7 account access.

THE COMPETITIVE ADVANTAGE IS YOURS

Tap the power of CDH savings and spending accounts from MGIS. Save your clients valuable tax dollars, increase employee satisfaction through increased participation and contributions, and increase your sales revenue.

LEARN MORE

To learn more about innovative CDH solutions from MGIS, contact:

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or visit us on online at www.We-R-CDH.com.