Employer Frequently Asked Questions

1. How do members obtain a reimbursement claim form?

By signing in to myEVHC.com, request a form via e-mail at FlexHB@LuminareHealth.com or calling EVHC at 877.267.3359.

2. How do members submit a claim for reimbursement?

Members may fax claims to Benefit Spending Account Team at 866.517.8287 or submit via mail to EVHC, P.O. Box 2968, Clinton, IA 52733. Claims may also be submitted online at myEVHC.com or through the mobile app.

3. How can members check their account balance?

By logging in to their account at myEVHC.com or via the mobile app. Members may also call EVHC at 877.267.3359.

4. The deduction amount on the member's pay stub does not match the information in your system. How can the member get this resolved?

Contact our team at flexeligibilityhb@luminarehealth.com. If a correction is required, they will work with you on resolving the discrepancy.

5. Can members request account statements at any time?

Yes. Members can obtain an account statement by logging on to the member portal, myEVHC.com. They may also contact our customer service team at 877.267.3359 or FlexHB@luminarehealth.com.

6. Are over-the-counter (OTC) drugs covered under the members' plan?

Yes. Members can purchase over-the-counter medications - including feminine hygiene products - using their Benefit Spending Card. There is no need for a prescription. If for any reason their transaction is denied at point of sale, they can manually submit claims for reimbursement.

7. Can members submit a credit card receipt or a balance due statement from their provider in lieu of an itemized statement?

The credit card receipt and the balance due statement do not include the necessary information to process a claim. An Explanation of Benefit (EOB) form or itemized statement will be required.

8. Where can members use their Benefit Spending Card?

For medical FSAs, the Benefit Spending Card is restricted to vendors that provide medical, dental or vision services and have the correct vendor code assigned by MasterCard®. In addition, the Benefit Spending Card may be used at their childcare providers if their plan allows the debit card for daycare transactions. The transaction will be denied if any provider uses a general retail vendor code.

9. What can members pay for with their Benefit Spending Card?

Members may use their Benefit Spending Card to pay for any qualified medical, dental or vision expenses that are not payable under any other plan. If the transaction does not match their plan's copayment, members will be required to submit an itemized receipt for the services covered in the transaction.

10. If a member loses their Benefit Spending Card, can they get a new card issued?

If a member loses their Benefit Spending Card, they should notify the Benefit Spending Account Team immediately so that the card can be turned off to prevent any unauthorized usage. The Benefit Spending Account Team will issue the member a new card. There is a $5.00 charge to reissue a replacement card. This will be deducted from the member's flexible benefit account.

11. A member tried to use their Benefit Spending Card, but the transaction was denied.

There are several reasons why the transaction might be denied. The most common problems are insufficient funds in the account to cover the transaction, or the vendor does not have an approved MasterCard® vendor code. The member should contact he Benefit Spending Account Team at 877.267.3359 if they experience a problem to see if it can be resolved while they are at the provider's office.

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