Benefit Spending Cards

Simplifying The Payment Process For Medical, Day Care Expenses

To provide members with an easy way to pay eligible medical and day care expenses through their flexible spending accounts, EHVC offers a signature debit card known as a Benefit Spending Card. Members simply swipe the card at an authorized vendor to make a payment, and the designated amount is withdrawn from their flexible spending account.

How Does The Benefit Spending Card Work?

With flexible spending accounts (FSAs) from EHVC, members set aside pre-tax dollars to pay for eligible medical or day care expenses from separate accounts. Using the Benefit Spending Card allows members to pay for eligible medical, dental, vision and pharmacy expenses from their medical reimbursement plans. With a flick of the wrist, members can also use the card to pay eligible day care expenses from their dependent care accounts when providers accept MasterCard®.

More About The Benefit Spending Cards

Benefit Spending Cards are issued in the name of the employee. If a qualified dependent is going to use the card, they simply need to sign the back of the card as an authorized user. If a card is lost or stolen, a replacement can be ordered. There is a $5.00 fee for an additional or replacement card, which is deducted from the member's benefit spending account.

Processing And Shipping The Cards

Several steps are required before the Benefit Spending Card can be printed and mailed directly to employees:

- First, employers must provide EHVC with eligibility information from the medical claims system, including information on who should get a Benefit Spending Card.
- Second, the employer must make the required deposit with Bancorp Bank.
- Third, the signed ACH Form must be received by Wex Inc. a leader in innovative payment for consumer-directed health benefits, which prints the cards.

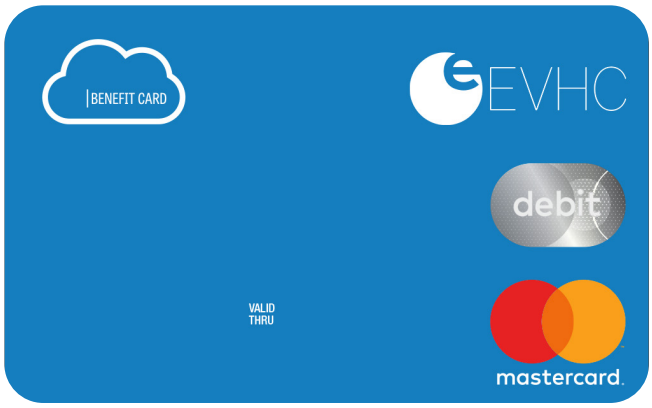
During peak times (December-January) the Benefit Spending Cards are printed and mailed within 6 weeks after WEX, Inc receives the information. During non-peak times, cards may mail within 4 weeks after WEX, Inc. receives the information.

Debit Card Transactions For Medical Claims

Per IRS regulations, all debit card transactions must be substantiated, which can be done automatically in most cases. Medical plan co-payments are entered into the system, and debit card transactions are compared to plan benefits. When the debit card transaction matches a plan co-payment, the transaction is considered substantiated, and no further action is required of the member.

However, at times, a debit card transaction may not match the health plan's copayment. In this case, the member will be asked to submit a receipt or other documentation to validate the claim within a given time period, or the debit card will be turned off (or suspended). If the card is suspended, new claims submitted by the member by mail or fax may or may not be reimbursed depending on the size of the claim. This situation will continue until the claim is resolved.

Benefit Spending Card Front



Benefit Spending Card Back

1-877-267-3359 or myEVHC.com

All customer service calls related to the Benefit Spending Card should be directed to Customer Service at 877.267.3359.

EVHC