



## Flexible Spending Account Questions & Answers

### IMPORTANT INFORMATION ABOUT THE PLAN

- The claims processing with a SHDR Benefit Access Visa® Debit Card **is not paperless.**
- Failure to follow claim processing guidelines will result in deactivation of the Flex Card
- Claims can continue to be filed via paper.

*Please read the following information carefully. Complete details of the Flexible Spending Account can be found in the Summary Plan Description.*

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### Who is my Flexible Spending Account Administrator and how do I contact them?

Stanley, Hunt, DuPree & Rhine, Inc. (SHDR)  
Flexible Reimbursement  
P.O. Box 6400  
Greenville, S.C. 29606

#### Customer Service:

Monday – Friday 8:00 a.m. until 6:00 p.m. EST, 1-800-768-4873, 1-800-930-2441 or 864-527-0785  
FAX: 864-527-0729  
24 Hours - 7 Days Automated Service 1-800-413-6706

#### Web information:

[www.shdr.com](http://www.shdr.com) - A pin number is required and will be generated by SHDR  
[www.mybenny.com](http://www.mybenny.com) - You will create your own password by using your e-mail or by creating a fictitious e-mail address.

### How do I obtain a SHDR Benefit Access Visa® Debit Card?

- Two cards are sent to you automatically within two weeks of enrollment.

### Can I get separate cards for my dependents?

- One dependent card is available at a cost of \$10.00. You will need to send a check payable to SHDR and mail it with your request to SHDR. You will need to include the dependent's name and social security number. You should receive the dependent card within two weeks after SHDR receives the request.

### What does the card look like?

- It is a burgundy plastic card that is identified as “SHDR Benefit Access VISA® Card” with a VISA® logo.



### What are the effective ways to use the Benefit Access Card?

**“Best of Breed” partnership** – We have selected the best partners to provide added service and convenience to our customers and cardholders. Partnerships include:

- **drugstore.com** – We have partnered with drugstore.com to offer the first 100% paperless IRS-compliant system for electronic substantiation of OTC medications with Flexible Spending Account. In addition, cardholders are able to purchase contact lens and contact lens solution in a completely paperless online environment at the drugstore.com contact lens store, [www.visiondirect.com](http://www.visiondirect.com).

**How long can this card be used?**

- Each card is valid through the date shown on the front of the card.

**How do I benefit from using the card as opposed to the traditional paper method?**

- Using the card *reduces your initial cash outlay.*
- The card automatically debits the funds from your account, directly paying the vendor at the point of sale, therefore, avoiding the hassle of double out-of-pocket expenditures.

**Is the card paperless?**

- No, the card is not paperless. Although it is intended to minimize the need for substantiation (receipts), IRS regulations dictate the circumstances when receipts or services rendered may be required. Our new (SHDR Benefit Access Card) is designed to minimize the need for you to provide receipts; however, it is sound practice on your part to keep your receipts in case substantiation is required.

**Can I choose not to use the Benefit Access Card and continue to submit paper claims?**

- Yes, you may use either or both.

**How do I obtain a claim form?**

- You will receive a confirmation packet during the first month of the plan year, which includes an information letter confirming your election, your pin number for the SHDR web site, a claim form and a direct deposit authorization form. Claim forms are also located on the benefits website, [www.SHDR.com](http://www.SHDR.com) and from the Human Resource Department.

**What if I do not receive my card or if I misplace it?**

- A letter can be mailed or faxed to SHDR requesting a replacement card. Include your name, address and the last four digits of your social security number. The replacement cost is \$10.00 if the card is lost.

**How do I know how much money is in my account?**

- At the beginning of the plan year, you determine the amount of money you want to contribute per paycheck. You can view your flex card account balance online, 24 hours a day 7 days a week.

**Do I have to wait for the money to be deposited into my account in order to make a claim for reimbursement?**

- The amount you set aside each year for the Health Care Reimbursement Account is available to you at any time throughout the plan year. The amount available to you for your Dependent Care Account is *only the amount you have contributed to date.*

**How do I know when you need additional information?**

- In cases when substantiation of claims is necessary, you will receive written notification in the following order: The first letter is sent within 21 days of the purchase. The second letter is sent 21 days later. If the requested information is not received by SHDR, the third letter is sent 21 days later notifying you the card will be deactivated if we do not receive the information. The fourth and final letter is sent 21 days later notifying you the card has been deactivated.

**How does the Benefit Access Card work with recurring claims?**

- Any recurring claims will require you to send a receipt for the initial expense. The next time you incur the same expense under the same provider; there will be no need to send further receipts for that expense.

**How do I submit any requested information for a Benefit Access Card expense?**

- Via fax or mail to SHDR. (see contact info on first page)
- Attach requested documentation. Example – A prescription receipt with the name of prescription or statement which shows service provided.

**What if I misplace a receipt that is needed for proof of service?**

- Contact your provider for a replacement receipt or statement.
- If you cannot obtain a receipt, you will have to send a check to SHDR to be refunded back into your reimbursement account.

**What happens if I use my Benefit Access Card for an ineligible expense, for example, I purchased a prescription and vitamins?**

- A Letter will be sent to you informing you of the ineligible expenses (vitamins).
- A check for the cost of the vitamins plus taxes should be sent to SHDR.
- The money will be refunded to your FSA account.

**What happens if I do not refund the money for the ineligible expense?**

- The card will be deactivated and no further claims will be paid until the refund is processed.

**Over the counter (OTC) items are reimbursable under our Plan. How do I substantiate them?**

- The provider receipt must state the OTC product name and the date and amount of purchase. The person who is to use the OTC product must be clearly written on the claim form.

**What types of expenses are eligible for reimbursement?**

- Expenses for medical care, which include amounts for the diagnosis, cure, mitigation, treatment, or prevention of disease; or for the purpose of affecting any structure or function of the body. Examples are office visits, dental exams, co-pays, contacts and solutions, and OTC items such as Tylenol® and bandages for existing medical conditions.
- The IRS Publication 502 can be used, but only as a guideline, as it is intended for preparing income taxes.

**What expenses are ineligible?**

- Over the counter items such as vitamins and dietary supplements.
- Cosmetic products and procedures such as teeth whitening.
- Items used for mere health, such as toothpaste and face creams.

**If I do not use the Benefit Access Card, how do I receive reimbursement for paper claims?**

- A check made payable to you will be sent to your home address, or, if you have set up the Direct Deposit process, the amount will be directly deposited into your savings or checking account.

**What kind of documentation is required for my expenses?**

- Provider name and address
- Patient name
- Date of service
- Service rendered and the amount charged
- Any amounts the insurance may have paid. Your Explanation of Benefits (EOB) will be the best documentation to send.

**What is the processing schedule for paper claims?**

- Checks are processed on Tuesday. Direct deposits will be in your bank account within two business days.

**When should I have my paper claim to SHDR for processing?**

- Checks are processed and mailed on Tuesday. All claims should be received no later than the end of day the Friday prior to the processing day.

**Where do I get my pin number to view my account information on the SHDR web site?**

- The pin number is located on the confirmation statement you will receive at the beginning of your plan year.
- It is also located on your quarterly statement.
- You can request your pin number at anytime from SHDR.

**When does my plan year end?**

- You have until March 15, 2008 to incur claims for the January 1, 2007 – December 31, 2007 plan year. You have until May 31, 2008 to submit claims for this time period.

**For example, assume you elect an annual benefit under Health Care Reimbursement Plan of \$1,200 for 2007. As of December 31, 2007, you have only incurred \$1,000 of eligible expenses. Prior to the amendment of the Plan, you would forfeit \$200. However, under the new Plan provision, any eligible expenses incurred during the "grace period" will be treated as having been incurred in both the Plan Year in which the expense was incurred as well as the preceding Plan Year. Thus, in this example, if you incur an eligible expense of \$500 on January 31, 2008 (which is within the "grace period), \$200 of the expense would be treated as having been incurred during the 2007 Plan Year (i.e., you would not forfeit the \$200 balance that remained at the end of the Plan Year), and the remainder of the expense (\$300) would be treated as having been incurred during the 2008 Plan Year.**

**What if I have money left over in my account at the end of the plan year?**

- The IRS requires the fund to be forfeited to your employer if not used by March 15, 2008.
- When filing claims, your previous Plan Year funds will be exhausted before your new Plan Year funds are utilized.

**What is the maximum dollar amount I can elect for my Plans?**

- Medical Health Care Account - The maximum for this plan year is \$5,000.
- Dependent Day Care Account - The maximum for dependent day care is \$2,500 for single participants and \$5,000 for married participants or head of household.

**What happens if I terminate my employment?**

- You will be able to request reimbursement for health care and daycare expenses that you incurred *prior* to your termination. Please review your Summary Plan Document (SPD) for any additional rights or benefits provided by your plan.