emeriti
RETIREMENT HEALTH



What Do I Need to Know About the Emeriti Benefits Visa® Card?

And other frequently asked questions.

Easy to Use and Saves You Time!

No more filing claims and waiting for reimbursements. Conveniently pay for qualified medical care expenses with your **Emeriti Benefits Visa® Card**.

How can I get a Emeriti Visa® Benefits Card?

We will automatically send you a Benefits Card when you are eligible. However, if you haven't received a card, you can elect one when registering your Portal Account at **MyEmeritiHealth.org** or by calling us at **1-866-363-7484**.

Can I use my card for Covered Individuals?

Yes. You can use your card to pay for qualified expenses for you and any Covered Individuals.

Is there a monthly fee, and can I request additional cards?

No, there is no monthly fee associated with the Benefits Card, and you can request separate cards for your Covered Individuals at no additional cost.

What types of expenses can be paid with my card?

You can use your card to pay for qualified premiums and other qualified medical care expenses, including office visits, prescriptions, over-the-counter (OTC) medicines and drugs, lab work, hospital stays, dental and vision services, etc. Permitted expenses may be limited by the type of plan or type of coverage you have under the Plan at the time you incur the expense, such as a premium-only plan.

Refer to our **What is a Qualified Medical Care Expense?** resource for a more comprehensive list of qualified expenses.

Can I use my card for over-the-counter (OTC) drugs or medicines?

Yes. You can use your Benefits Card to purchase both over-the-counter drugs and medicines without a prescription from a physician. As a reminder, it is still a good practice to always save your supporting documentation as copies might be required.

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Do I need to submit supporting documentation for my debit card transaction?

Sometimes. Despite being allowed to use your Benefits Card at many qualifying merchants, the IRS requires us to obtain proper supporting documentation under certain circumstances. As a best practice, you should always save your supporting documentation in case we need copies.

What information is required as Proper Supporting Documentation?

Refer to our **What is Proper Supporting Documentation?** resource for more details.

What types of transactions are usually verified automatically without documentation?

Claims will be automatically substantiated for merchants using the Inventory Information Approval System (IIAS), and also, if the amount of the transaction is equal to copay amounts as permitted permitted by your plan, and prescriptions. However, even if a charge falls under these categories, it does not guarantee automatic substantiation or that the expense is eligible under the terms of the plan, so please **save your supporting documentation**. A listing of IIAS Merchants can be found at **sig-is.org.**

How will I know if further documentation is required?

We will let you know by e-mail or by push notification (on your mobile phone) within a few seconds of the transaction if we need supporting documentation. Also, you can always log into your Portal Account at **MyEmeritiHealth.org** or through our **HRAgo®** mobile app to see if additional supporting documentation is required.

Can I submit documentation just once for an expense I pay all the time?

You will need to provide proper supporting documentation for the first transaction and recurring transactions for the same dollar amount at the same provider or merchant will be auto substantiated.

What happens if I don't provide proper supporting documentation when you ask me for it or the transaction is for an ineligible expense?

IRS rules will require us to suspend your card. We'll give you plenty of time before that happens. Within seconds of the original transaction, we will let you know by e-mail or push notification if additional documentation is required to support the transactions.

Also, we will send you monthly e-mail reminders—starting within 30 days of the transaction date — requesting that you either submit proper supporting documentation or send payment to refund your account. You may also be able to offset the "overpayment" by submitting regular claims for qualified expenses. See **What is an "overpayment," and how can I resolve it?** below.

If your transaction is still outstanding after 90 days, you will receive final notification by mail. If you do not submit the requested documentation, we are required to suspend your card. This will happen 120 days after the transaction date. When a card is suspended, access to all funds using your Benefits Card is suspended, but you will still be able to submit traditional claims for reimbursement.

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What is an "overpayment," and how can I resolve it?

An "overpayment" is an amount paid from your Benefits Account for which we have not yet received proper supporting documentation. If an "overpayment" is noted on your account, it will remain there until resolved.

To resolve an "overpayment," you can either 1) submit proper supporting documentation; 2) pay back your Benefits Account; or 3) submit new claims for qualified medical care expenses with proper supporting documentation, and instead of the approved claim amount being paid to you, we will use this to reduce your outstanding "overpayment" until it has been resolved.

What if my card gets suspended?

We'll turn your card back on after all unsupported transactions have been resolved.

What if my card is lost or stolen?

You should immediately call us at **1-866-363-7484**. Our friendly customer care team is available to assist you.

How can I cancel my card?

Just give us a call at **1-866-363-7484** during normal business hours and ask us to cancel your card. You will need to resolve any unsupported transactions before we can cancel your Benefits Card.

Questions?

Please call us at **1-866-EMERITI (866-363-7484)** and one of our friendly representatives will be happy to assist.

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