What is the UMR debit card?
Our debit card is a MasterCard that allows you to pay for flexible spending account (FSA) expenses at the point of service where the funds are automatically deducted out of your FSA. At the beginning of your benefits plan year you will decide how much money to contribute to your FSA. Your contribution amount is assigned to your debit card for you to purchase qualified medical expenses not covered by your insurance/benefit plan.

How do I use the debit card?
The card can be used for most qualified medical, dental and vision out-of-pocket expenses. Over-the-counter supplies that are eligible under the FSA may also be reimbursed with the card, including Band-Aids, contact lens solution and insulin.

Over-the-counter medicines require a doctor’s prescription to be eligible for reimbursement. To use the card, you must present your prescription to your pharmacy, which must dispense the medication and classify the item as a prescription in their IIAS system when ringing up the item. You can also pay for the expense out-of-pocket and submit a claim manually to UMR for reimbursement. Please be sure to include a copy of the itemized receipt with your claim submission.

What happens if I use my debit card incorrectly?
Because you are required to save your receipts, we may request documentation to substantiate a questionable purchase. Failure to respond to these requests may result in card deactivation. Misuse of the card will require reimbursement to your employer for ineligible expenses.

Advantages of the UMR Debit Card:
• Eliminates paying out-of-pocket expenses as the funds are deducted directly from your FSA account
• Significantly reduces manual paper claim submission
• Eliminates waiting for reimbursement checks
• Allows online access to account information at: www.umr.com
• Offsets rising health care costs by increasing your take-home pay
Frequently Asked Questions

Q. How do I know how much money I have available on my card?
A. You can check the balance on your card as well as view transaction history and claim status at www.umr.com. Customer service representatives are also available by calling toll-free 1-800-826-9781.

Q. Why do I need to save my receipts?
A. Because you are participating in an IRS-regulated program, you are required to validate that the expenses you are reimbursed for are FSA eligible. For questions concerning FSA eligible items, call our customer service department toll-free at 1-800-826-9781.

Q. Can I use the card to pay for dental expenses?
A. Yes, however, it is best to wait to pay your dental provider until your dental benefits administrator has processed the claim.

Q. Can I use the debit card to pay my parking and transportation expenses?
A. Yes you can. However, this benefit only applies to transportation and parking expenses that are incurred due to your employment. The transit and parking expenses of your spouse or dependents are not covered.

<table>
<thead>
<tr>
<th>How Pretax Dollars Equal Savings for Employees</th>
<th>Without Flex Plan</th>
<th>With Flex Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Annual Income</td>
<td>$40,000</td>
<td>$40,000</td>
</tr>
<tr>
<td>Contribution to Flex Account (before taxes)</td>
<td>$0</td>
<td>$2,000</td>
</tr>
<tr>
<td>Tax Deduction (estimated at 30%)</td>
<td>$12,000</td>
<td>$11,400</td>
</tr>
<tr>
<td>After Tax Income</td>
<td>$28,000</td>
<td>$28,600</td>
</tr>
<tr>
<td>Increase in Take-Home Pay with Flex</td>
<td>$0</td>
<td>$600</td>
</tr>
</tbody>
</table>

What is a flexible spending account?
A flexible spending account is an employer-sponsored benefit that allows employees to pay for certain qualified medical expenses with pretax income. Through pretax salary reductions, FSAs reduce taxable income and increase take-home pay. Examples of reimbursable expenses include, copays, deductibles and prescription medications. Similarly, a dependent care assistance program (DCAP) allows employees to pay for dependent day care expenses through pretax salary reductions. Employees should determine whether participating in a DCAP or claiming the dependent care tax credit will be more advantageous.

Shouldn’t you benefit?
Flexible Spending Department
PO Box 8022
Wausau, WI 54401-8022
1-800-826-9781

UMR
A UnitedHealthcare Company

© 2013 United HealthCare Services, Inc. UM0109-CPS 0113
No part of this document may be reproduced without permission.
Flexible Spending Account (FSA) Frequently Asked Questions

General FSA Questions & Answers

Where can I find my account balance or the status of my claim?

You can access your account information via our Web site or over the phone. Please refer to the Web address or customer service toll-free phone number listed on the back of your medical ID card. If you do not have a medical ID card, you can call 1-800-826-9781 to speak to a customer service analyst.

When contacting customer service, you will be prompted to enter your Social Security number/member ID. As an alternative, you may submit a question to our customer first representatives (CFRs) by e-mail from the UMR member Web site.

What information do I need to register for access to the UMR member Web site?

You will need to provide your name, group ID number, member ID number or Social Security number, and date of birth. You may also be asked to provide an e-mail address so you can obtain important notices about your benefit plan.

After entering this information, you will be prompted to record a personalized username and password. This username and password is required each time you login to the member Web site.

How do I get my group number?

Your group number should be provided in a welcome letter when your FSA account is originally set up. If you do not have this number, a CFR can help you obtain it.

How long does it take for a claim to be processed?

The standard turnaround time for most dependent care account (DCA) claims is within three working days. For health care account (HCA) claims, the general turnaround time is five working days. A small percentage of claims will occasionally require further substantiation or clarification.

Please note: Once the claim is processed, it will appear on the UMR member Web site.

Is my claim eligible for reimbursement?

Please refer to your summary plan document (SPD) for specific regulations. A general list of eligible and ineligible expenses is also provided on the UMR member Web site. This list is not all-inclusive, and is subject to change at any time.
If I want to submit a paper claim to UMR for reimbursement from my FSA, how do I complete the claim form(s)?

There are two separate claim forms: one for dependent care claims and one for health care claims. Be sure you are using the correct one.

To access the forms, register or login to the UMR member Web site, then follow the prompts to view your FSA information.

What documentation is required to verify the eligibility of my FSA expense?

You will need to include a copy of third-party documentation containing 1) date of service, 2) type of service (for health FSA) 3) charged amount, and 4) name of the provider for each claim.

- For dependent care requests, the third-party documentation can either be in the form of a receipt from the provider, or the provider can sign the claim form verifying the information listed is correct.

- For health care requests, a receipt, bill, or statement from the provider, or an explanation of benefits (EOB) from your benefits administrator should be submitted for third-party documentation.

To allow for proper reimbursement, you must include the total reimbursement amount being requested on the claim form. The claim form needs to be signed and dated by the employee. UMR cannot process your request without a signature. Make a copy of your documents for your records before mailing or faxing this information to the UMR address/fax number provided on the claim form.

What information should I include when I fax an FSA claim to UMR?

Include your completed claim form and third-party documentation along with a cover sheet with the employer name, employee name, daytime phone number, and number of pages being sent. The toll-free fax number that you should use to submit your claims is provided on the claim form.

Why wasn’t I reimbursed the full amount that I requested?

Dependent care claims can only be reimbursed up to the amount that is currently contributed to the account at the time that the claim is processed. The balance of the claim will pend in the account and pay out as more contributions are made to the account. If a health care claim is not paid in full, review the EOB to determine if part of the expense was denied for further substantiation.
Health Care FSA Questions & Answers

_Is there a limit to the amount of money that can be contributed to a health care FSA?_

As of Jan. 1, 2013, the health reform Law will limit the amount that can be contributed to a health care FSA. Please refer to your plan document for the specific limit allowed by your plan.

_What is a letter of medical necessity and what expenses require this?_

Expenses that could be considered dual purpose (having both medical and personal benefits) may need a medical practitioner’s note explaining the diagnosis and treatment action that is needed for this specific medical condition. Some examples of expenses that require a letter of medical necessity are: massage therapy, capital expenses, weight loss programs and dietary supplements.

_Can the member submit a copy of the medical practitioner’s recommendation with each claim or are they required to get an original note with each claim submission?_

The medical practitioner’s recommendation is valid for one calendar year, unless a lesser length of time is specified in the letter. UMR keeps a copy of these letters on file.

_Who needs to write the letter of medical necessity?_

The letter of medical necessity needs to come from a medical practitioner who has the "professional competence" to diagnose and treat the illness.

_May I be reimbursed for my spouse’s medical expenses or is the account meant only for my expenses?_

The health care FSA can be used to cover the medical expenses of the member, his or her spouse, and their dependents even if those family members are not covered under the employee’s medical and dental benefits.

_Are prescription co-pays reimbursable?_

Yes. Prescription drugs are an eligible expense.

_Are insurance premiums of any kind allowable for reimbursement under the health FSA?_

No.

_How are orthodontia claims reimbursed?_

Please refer to your employer’s plan document for orthodontia administration.
Is there a limit to the amount of over-the-counter items that can be purchased?

The Internal Revenue Service (IRS) regulations state that in order for an expense to be eligible for reimbursement under the health FSA, the expense must have been incurred within the plan year. So only eligible over-the-counter items that are purchased AND used within that plan year will qualify for reimbursement. Stockpiling over-the-counter items at the end of the plan year to use up any remaining balances will not be acceptable. If you have a question regarding the number of items you can purchase, please contact our customer service department for assistance. Please remember as of Jan. 1, 2011, over-the-counter medicines and drugs will require a prescription.

Are dietary supplements a reimbursable expense?

Dietary supplements can be reimbursable if they treat a specific medical condition. However, they also fall into the “dual-purpose” category and would need a letter of medical necessity as stated above.

Are shipping and sales tax costs included?

Yes. Shipping costs and sales tax are a part of the expense to obtain the item and are reimbursable.

Can I be reimbursed for an electronic toothbrush prescribed by my dentist?

No, because everyone uses a toothbrush to maintain general health.

Dependent Care FSA Questions & Answers

Does it matter if the provider does not claim the income on their tax return?

The provider will only need to claim the income if it is over a certain amount, which depends on their age and marital status. Check with a tax consultant, or visit the IRS Web site for more information.

Would kindergarten expenses be eligible for reimbursement?

No. Kindergarten is considered educational in nature, whether it is half day, full day, voluntary, or state mandated. Therefore, it is not a qualifying expense.
Frequently Asked Questions about the FSA Debit Card

What is the debit card?

The debit card from UMR is a MasterCard® that gives you an easy, automatic way to pay for qualified health care expenses. The debit card lets you electronically access pretax contributions you set aside in your flexible spending accounts (FSAs).

How does the debit card work?

It works like a MasterCard®, with the value of your account(s) contributions stored on it. When you incur qualified eligible expenses at a business that accepts MasterCard®, simply use your debit card. The amount of your qualified purchases will be deducted – automatically – from your account and the dollars will be electronically transferred to the provider/merchant for immediate payment.

Is that all I have to do?

No. You must also remember to save all your itemized receipts and/or Explanation of Benefits for all expenses paid from your FSA.

Why do I need to save my receipts?

It's important that you save all itemized receipts. The IRS requires that all FSA reimbursements be substantiated. The debit card is designed to pay the merchant immediately without any supporting documentation from you. To remain compliant with the IRS regulations, UMR may need to request a copy of your itemized receipt to validate that the expense was eligible for reimbursement from your FSA. If a receipt cannot be provided to substantiate an expense, the transaction will be classified as an improper payment and your card privileges may be suspended. Please save all your itemized receipts.

What happens if there is an improper Payment?

UMR will request that the funds be returned to the Flexible Spending Account in which the improper payment occurred. Participants may return funds made payable to UMR, PO Box 8022, Wausau WI 54402 or they can submit an eligible manual claim and UMR will use it to offset the improper expense. Participants can contact the Customer Service Representatives to inquire about offsetting the improper expense.

Is the debit card just like other MasterCard® cards?

The debit card is a special MasterCard®, but only for qualified expenses. There are no monthly bills and no finance charges.
If asked, should I select "Debit" or "Credit?"

During the card activation process you will be asked if you would like to select a "PIN" for your card. You are not required to select/use a PIN number and you cannot get cash with the debit card. If you choose to use the "PIN" option for transaction authorization, then you would select the "Debit" option at the register. If you choose not to use a "PIN", then you’ll select the "Credit" option when authorizing a transaction using your signature. **BE SURE TO SAVE YOUR ITEMIZED DOCUMENTATION!**

Are there places the debit card won’t be accepted?

Yes. Examples include department stores, discount stores and grocery stores that don’t have an IIAS (Inventory Information Approval System) implemented. The IIAS allows you to use your card for prescriptions and eligible OTC (over the counter) supplies and automatically substantiates them at the point of sale. Your card will decline at non healthcare merchants who do not have an IIAS implemented. You may still patronize these merchants but you will need to pay for your expenses by another means and submit a paper claim to UMR for reimbursement. Other examples of places in which the debit card cannot be used include hardware stores, restaurants, bookstores, gas stations and home improvement stores.

Are there any medical providers, where the card may not work?

Yes. Each provider is assigned a Merchant Category Code (MCC) by MasterCard®. The debit card will decline if the provider’s MCC is not an approved healthcare, dental or vision provider MCC. An example could be counseling services. Not all counseling services are eligible for Flexible Spending dollars, so the MCC of a provider of counseling services would not be an approved MCC. This does not mean the expense is not eligible; however, you would need to pay by another means and submit a manual claim for reimbursement.

Can I use the debit card for over-the-counter (OTC) medications and supplies?

Your debit card can be used to purchase eligible OTC supplies, however per IRS regulations, as of 1/1/2011 OTC medications can no longer be purchased with the debit card. OTC medications now require a Drs Prescription to be eligible for reimbursement from an FSA. You may need to pay for OTC medications with another form of payment and submit a claim form with the itemized receipt and a copy of the prescription to UMR to request reimbursement.

Can I use the debit card for dependent care expenses?

Maybe: Please refer to your plan document to verify if this is allowed by your employer. If it is, you would be able to get up to your contribution balance at merchants who have a Merchant Category Code (MCC) for a daycare provider. If the provider’s MCC code is not eligible, you would need to pay by another means and submit a manual claim for reimbursement.

What are some reasons my debit card might not work at the point of service?

- Your card has not been activated.
- You have insufficient funds remaining in your respective employee benefit account to cover the expense.
- The merchant is encountering problems.
• The non-healthcare merchant does not have the IIAS implemented.
• You are attempting to use the card at a non allowable merchant/provider

How many debit cards will I receive?

You’ll receive two debit cards, both in the employees’ name. An eligible dependent can sign the back of the 2nd card and use it for eligible expenses.

Do I need a new debit card each year?

While it is important to spend all of the funds in your account each year, you should also keep your card for the next plan year. As long as you elect to participate in your FSA plan each year, your debit card will be loaded with your new annual election amount at the start of each plan year for up to five years.

What if I lose my debit card or need another one?

You can request a replacement through your plan administrator, UMR.

What dollar amount is on my debit card?

The dollar value on your card will be the amount you elected to contribute to your health care FSA during your benefits enrollment period. It’s from that total dollar amount that eligible expenses will be deducted as you use your card or submit manual claims.

Can I use the debit card if I receive a statement with a Patient Due Balance for a medical service?

Yes. As long as you have money in your account for the balance due, simply write the debit card number on your statement and send it back to the provider. The expense must be incurred during the plan year for which you are using the funds. Prior plan year expenses are considered improper and the funds will need to be returned to the plan.

How do I know how much is in my account?

You can visit your FSA Web site at www.UMR.com to view your account activity and current balance. Or, you can call UMR at the phone number on the back of your card to obtain your current balance. It’s a good idea to know your account balance before you make a purchase with your debit card.

What if I have an expense that is more than the amount left in my account?

By checking your account balance often -- either online or by calling UMR at the phone number on the back of your card -- you will have a good idea of how much is available. When incurring an expense that is greater than what is remaining in your account, you can split the cost at the register. For example, tell the clerk you wish to use your debit card for the exact amount left in your account and then pay for the remaining balance separately. Alternatively, you may submit the qualified transaction manually via a claim form with the appropriate documentation to UMR.