SISC Flex Card - Questions & Answers

Q 1. What is the SISC Flex Card?
   A. It is a signature based pre-loaded Visa card that can simplify the process of paying for eligible expenses. It allows you to pay for expenses at the point of sale, thereby reducing the burden of having to pay out of pocket and waiting for a reimbursement check. The convenience of using the SISC Flex Card is a privilege offered to Plan participants who agree to follow the IRS rules that apply to Health Care benefit cards.

Q 2. What are the provisions of using the SISC Flex Card?
   A. When you sign your card you are agreeing to follow the “My Use of Card Promises” included with your card. You certify that you will use the card only for payment of eligible expenses under your Plan and that any expenses paid with the card have not been reimbursed nor will you seek reimbursement under any other plan. The card is authorized for qualified purchases only, and cannot be used at all merchants. IRS regulations require that all debit card transactions are substantiated, and that improper use of the card results in suspension of card privileges.

Q 3. How does the SISC Flex Card work? Should I select “Debit” or “Credit”?
   A. The SISC Flex Card works like a credit card. Even though it says “Debit” on the front of the card, when making a purchase with a keypad or screen, select credit. The card does not have a PIN so you must select credit and sign for the transaction. You cannot get cash with the card. When making a purchase without a keypad or screen, give your card to the clerk and sign the receipt. If you are asked whether it’s a credit or debit purchase, say “credit.” If debit is used, your purchase will be declined.

Q 4. Where can I use my SISC Flex Card?
   A. Your SISC Flex Card can be used at medical offices, dental and vision providers, pharmacies and online prescription or mail-order (e.g. Medco). In some cases it may also be accepted at non-healthcare merchant facilities such as supermarkets, grocery stores, wholesale clubs, web based vendors, or discount stores to purchase eligible healthcare items. You may be asked to provide the three-digit security or authorization code on the back of your card. This code is the last three numbers shown on the signature line on the back of your card.

Q 5. What happens if the transaction is larger than my available balance?
   A. Transactions exceeding your available balance will be rejected. You can request that the merchant charge only up to your available balance and then pay the rest on your own.

Q 6. What if my provider does not accept VISA?
   A. Use another form of payment and submit a claim form for reimbursement.

Q 7. Do I still need to file a claim when I use my SISC Flex Card?
   A. Yes. Under the IRS guidelines, all card transactions must be substantiated as an eligible expense. Therefore, when necessary, you will be required to furnish a claim form and supporting documentation for review. Claim forms and instructions are available on our website.

Q 8. How long do I have to submit a claim form and supporting documentation?
   A. You have 40 days from the date of the card transaction to provide requested documentation to SISC Flex. The SISC Flex office must receive the requested documentation within 40 days or card privileges will be suspended. Three suspensions in a Plan year will result in your card being closed for the remainder of the year. If a participant has failed to provide requested documentation, or has other unresolved card issues at the end of a Plan year, future participation in the Plan may be denied.

Q 9. Do I need to save my itemized receipts?
   A. Participants should always save itemized receipts or statements from transactions made with the SISC Flex Card. In some cases, SISC will not request supporting documentation for your transaction. However you should always keep all itemized receipts or statements in the event you receive a request to provide documentation or you are audited by the IRS. Remember, these are tax code programs, and under the IRS rules you must submit documentation when requested, just like your personal income tax. SISC is required to do this under the federal tax code for debit card programs.

Q10. Will I receive notification if a claim form and supporting documentation is needed?
    A. If the participant is required to submit documentation to substantiate a transaction, a letter will be generated and mailed to the participant within ten days of the transaction. This “Request for Documentation” letter will let the participant know they have 40 days from the transaction date to submit the necessary documentation to the SISC office. If documentation is not received, on the 41st day, the participant’s SISC Flex Card privileges will be suspended and a second request letter will be mailed. The “Suspension of SISC Flex Card” letter will notify the participant that SISC Flex will attempt to recover the amount from future eligible claims. It is not necessary to wait for SISC to send a letter requesting the information. You may submit your claim form and supporting documentation as soon as the expense is incurred. This is a good habit to establish in order to avoid having your card privileges suspended.

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Q11. What do you need to substantiate a claim?
A. For IRS purposes, all card transactions must be verified. In most cases, participants will need to send their supporting documentation for the SISC Flex Card transaction to SISC Flex with the appropriate claim form as follows:
   - For prescription drugs, attach a legible receipt from the service provider, which includes the: 1) Date prescription was purchased; 2) Drug name and prescription number, or the Rx label; 3) Amount of purchase; 4) Name of the pharmacy; and 5) Patient name. The Rx ticket typically contains all required information.
   - For medical, dental, vision and other health care expenses, documentation must include a legible copy of the provider’s itemized statement of the charges including: 1) Provider’s name and address; 2) Date of service or purchase; 3) Description of service or product; 4) Amount charged for service or product; and 5) Patient name. A copy of the Explanation of Benefits (EOB) from your insurance provider is acceptable and preferred.
   - For eligible over-the-counter (OTC) expenses, the item must be clearly defined on the receipt indicating: 1) Date of purchase; 2) Amount of purchase; 3) Name of the product; and 4) Merchant name and address. If the item is abbreviated on your receipt, you must attach a photocopy of the package label showing the full product description. Effective January 1, 2011, OTC drugs and medicines must be prescribed.

Q12. What are qualified expenses?
A. Please refer to the SISC Flex brochure or the SISC Flex website at: http://sisc.kern.org/flex/employee.html for information on eligible expenses.

Q13. What if I accidentally use my card for an ineligible expense?
A. You will need to reimburse the amount of the ineligible expense back to SISC Flex. The reimbursement will be credited to your Health Care Spending Account. Failure to reimburse SISC Flex will result in having your card suspended and being denied enrollment in future Plan years. You may also submit an eligible expense (paid out-of-pocket) to offset the ineligible expense charged to your Flex Card.

Q14. What are some reasons my card might not work?
A. Some reasons your card may not work include:
   1) Your account balance may be too low to cover the expenses;
   2) You may have outstanding claims that you have not cleared and your card is suspended; or
   3) You are trying to use your card at a non-IIAS merchant or for ineligible expenses.
  You should contact the SISC Flex office for information on why your card didn’t work.

Q15. How can I claim other eligible expenses not processed by my SISC Flex Card?
A. Submit a claim form and supporting documentation for reimbursement. Please remember that OTC drugs and medicines must be prescribed, and a manual claim submitted. OTC products that are not considered drugs or medicines (e.g. blood pressure monitors, bandages, support braces/wraps, hearing aids, etc.) may continue to be reimbursed if the product is medically necessary and is not merely for good health or for cosmetic purposes. A manual claim must be submitted for all OTC products. You may also be required to provide a Certification of Medical Necessity.

Q16. May the SISC Flex Card be used during the grace period?
A. SISC Flex provides a grace period for the Health Care Spending Account to help clear out the balance left on your previous year account. No, the card should not be used during the grace period. Pay for the eligible expense out of pocket and submit a manual claim and supporting documentation for reimbursement.

Q17. I have some outstanding charges from a prior year. Can I use the card to pay off old bills?
A. No. Any card use must be for services incurred in the current Plan year. The incurred date is the date you received treatment, filled a prescription, etc. The date that you actually pay the bill is irrelevant.

Q18. Do I receive a new card every year? How many cards will I receive?
A. No, your card will be reloaded with your annual election amount at the beginning of each Plan year (assuming you re-enroll each year at open enrollment). You will be issued two cards in your name, however if you need an extra card. Simply call the SISC Flex office. Your card is good for three years. The expiration date is shown on the front of your card.

Q19. How do I check the fund balance in my account?
A. You may check your account balance and recent activity on our website at https://flex.sisc.kern.org, by phone (661-636-4416) or e-mail sisclflex@kern.org.

Q20. If I terminate employment can I continue to use the card?
A. No, the card will be canceled when you terminate. If you have qualifying expenses to submit after your termination, you can file a claim for out of pocket expenses. Remember, though, that your qualifying expenses must be incurred during your period of employment.