



## WEX (formerly Discovery Benefits)– Member FAQ's

No matter how you choose to manage your account, ICUBA's administrator WEX can accommodate you. Here are some FAQ's which may be helpful when navigating the Health Reimbursement Account (HRA) and Flexible Spending Account (FSA) benefits.

### I thought we were using Discovery Benefits – who's WEX?

After working with Discovery Benefits for 10 years, WEX bought Discovery Benefits in January 2019. As such, you will continue to see branding changes over time with all the same features, only a name change.

### How do I access my HRA Account?

Members may access their accounts through <http://icubabenefits.org>. Click on the Visa card, the link below it, or the link under My Carrier accounts. This single sign-on will provide access to your WEX account providing your balance, claim history, and many resources such as an eligible expense list and access to the FSA store.

### How do I access my WEX account without the ICUBA portal?

WEX offers the ability for participants to manage their benefit account(s) online. If you have an email address on file with WEX, you can create your account online. Just go to [www.wexinc.com/discovery-benefits/](http://www.wexinc.com/discovery-benefits/), click the Login button and select HSA, FSA, HRA & Commuter Login. Select "Create your new username and password" and complete the steps below to activate your account.

1. User Identification: Complete the required fields. Note: You can supply either your social security number OR Employee ID number. Then select Next.
2. Enter One-Time Password: You will receive an email with a one-time password. Enter the one-time password and select Next.
3. Security Questions: Pick the security questions you would like to answer. Note: You will be prompted to answer security questions when completing certain functions within the portal. Then select Next.
4. Change Username and Password: A temporary username will auto-populate. Double click on the auto-populated username to personalize it. Note: Keep a record of your personalized username and password. WEX does not store this information.
5. Select Submit. If you do not have an email address on file, WEX will need to help you set up your online account.

Please call WEX at 1-866-377-5102, Option 1 to ensure you can access your account online when you need to. If you do have an email address on file, please update it, if necessary, to an email address that is the most accessible for you to manage your benefits.

### Can I contribute to my HRA?

Members enrolled in the medical coverage receive access to employer funds through the Health Reimbursement Account (HRA). This account is only funded with employer contributions. If a member would like to take advantage of pre-tax savings, they may elect to enroll in the Healthcare Flexible Spending. Elections into this program can be made either during a new hire, life, or annual enrollment event. Please contact HR if you have any questions on eligibility.



## How do I know if I am using my elected Healthcare FSA or my HRA?

When a member elects to take part in Healthcare Flexible Spending, the funds are automatically used first before a member begins accessing their available HRA funds. Cards are designed with the member in mind, ensuring all “use or lose benefits” are exhausted first.

## Where can I find my balance?

Members may access their accounts through the ICUBA benefits portal at <http://icubabenefits.org>. Click on the link below the card that says, “Get My Account Balance.” This will single-sign you on to your account with WEX supplying access to your balance, claim history, and many resources, such as an eligible expense list.

## Is there a list of eligible expenses?

You can find a list of eligible expenses by visiting [WEXinc.com](http://WEXinc.com)>Customer Support> Benefits Toolkit>Eligible Expense List. You may also click on the following link: [Eligible Expense List](#).

## When I order items through the FSA store, is that automatically approved?

Yes, all items available at [www.FSAstore.com](http://www.FSAstore.com) are 100% FSA/HRA eligible. If you make purchases through this website, no documentation will be needed as these transactions are automatically approved.

## My card shows up declined at a retail store, how do I know which stores to use?

Get reimbursed for your eligible expenses quickly. Use the WEX card at pharmacies, healthcare providers, and general merchandise stores that have an IRS-approved Inventory Information Approval System (IIAS) in place when you check out. Any purchases not auto approved by an IIAS or brand partner file may require documentation. A helpful resource for finding stores in your area that currently have IIAS systems in place is provided in the following link: [SIGIS IIAS Store Locator](#). Typically, members will achieve greatest results by paying at the pharmacy, as opposed to the retail checkout.

## Why are some charges paid and others ask for a receipt?

If you use your debit card, over 80% of all transactions are auto-approved without any extra work on your part. You swipe your card and move on with your life! Auto approval occurs in the following situations:

- Many tech-savvy merchants (e.g., drug stores, Amazon, grocery stores) use software that automatically substantiates the expense you incur at the point of sale.
- The expense you submit exactly matches the copay you are required to pay under an ICUBA-sponsored benefit plan (medical, prescription drug, dental, or vision).
- The expense you submit exactly matches data received on a file feed from an ICUBA sponsored medical, prescription drug, dental or vision brand partner.
- You have recurring expenses for the same amount at the same location from which you have previously substantiated a claim.

If over 80% of claims are auto-approved, that means that about 20% of claims will require you to provide documentation to ensure they are eligible expenses. You will receive one or more receipt reminders letting you know documentation is required. If you provide documentation but it is not sufficient to substantiate the claim, you will receive a request for more information.



## What type of receipt do I need?

The documentation you supply should include:

- Your Legal Name (as found on your card)
- Date of service received
- Name of provider or merchant
- Dollar amount
- Description of service or item received

The Explanation of Benefits (EOB) provided by each insurance carrier contains this information and is readily available to you. You may access your EOBs through the single sign-on portals at <http://icubabenefits.org>. If you are saving your receipts, you may also submit the cover slips stapled to your prescriptions, daycare provider invoices, or detailed/itemized receipts from your providers.

TIP: A recommended best practice is to take out your phone, snap a picture of your receipt, and upload it to the Discovery Mobile App. You can also submit your documentation by uploading claim information online, or download, print, and send the receipt via mail or fax.

Some situations will always require documentation:

- *Potential cosmetic procedures:* Your doctor supplies both medically necessary and cosmetic procedures in the office. Examples of cosmetic procedures include a dentist providing teeth whitening services or a dermatologist treating wrinkles. While whiter teeth and wrinkle free skin are both awesome, these procedures are considered cosmetic (not medically necessary) and are not eligible expenses as stated by the IRS. You may be required to provide additional information for the card swipe to be approved.
- *Obscure dates of service or transaction amounts:* Your debit card swipe does not match amount on a file feed from an ICUBA sponsored medical, prescription drug, dental or vision benefit plan. For example, your doctor's office swipes your debit card for an amount that is more (or less) than the amount you should pay that day for that service. You will need to provide additional information that matches the EOB in order for the card swipe to be approved.

## What is an Explanation of Benefits? Where do I get one?

The Explanation of Benefits (EOB) provided by each insurance carrier holds specific information outlining service(s) billed by a provider to the insurance carrier. This information is readily available to you and may be found through the single sign-on portal at <http://icubabenefits.org>. Each insurance carrier has their own portal. Within each portal, members may find a list of claims supplying access to downloadable documents, outlining services billed and patient responsibility. If you are saving your receipts, you may also submit the cover slips stapled to your prescriptions, daycare provider invoices, or detailed/ itemized receipts from your providers, as an alternative solution to the Explanation of Benefits option.

## What about medical expenses from a provider that are not sent to the insurance provider? Some procedures are not covered by insurance, so they are not sent.

For claims that are not sent to insurance, the best form of documentation is an itemized receipt from your provider. Receipts from the provider require **ALL** the following documentation:

Name

Date – when the service was received

Amount – the amount/cost of the service received

Provider – where the service was received

Services provided/received – what service was received



## How do we document an expense when the doctor's office requires "estimated" payment up front?

If your provider requires an "estimated" payment up front, WEX will need the receipt as the charged amount may not match the carrier file. In this case you will need a receipt from the provider. Receipts should include name, date, amount, provider information and services received. Services need to be medically necessary as prescribed by a doctor.

## What is the timeline for claim documentation?

The first receipt request is sent 60 days after the card swipe, after review of claims files pending auto approval. If no response is received, another request is sent 105 days after card swipe. If no response is received another request is sent 200 days after card swipe. The next request would be sent at 261 days after card swipe and at this time, card could be suspended.

## Is there a time frame in which documents are to be submitted if more information is requested?

If at any point, a receipt is submitted but does not contain all requested information, a Request for More Information (RMI) would be sent. If requested information is not submitted within 30 days, debit card could be suspended.

## What needs to be listed on a receipt requested directly from the provider. Does it need to have provider notes?

A receipt submitted from the provider requires the following: Patient Name, Date of Service, Amount, Provider Information, Services Received. *(Provider notes are not normally necessary unless it is documenting medical necessity of services received.)*

## How to Repay or Offset A Denied Debit Card Claim

If a debit card claim has been denied and you are unable to provide further documentation to substantiate it, the IRS requires you to repay your plan or offset the denied amount.

### Repay the claim:

To repay the denied claim in your online account, complete the following steps:

1. Navigate to the Tasks section on the Home tab and click the link for repayments due.
2. Click "Repay."

Note: A message will display the effective date of your repayment. Funds used to repay the claim will be added back to your plan's available balance to use for eligible expenses.

To watch a video tutorial on *How to repay a denied benefits debit card claim* → [click here](#).

To repay the denied claim using the Benefits Mobile App by WEX/Discovery Benefits, complete the following steps:

1. Navigate to the Tasks section on the home screen and tap the link for repayments due.
2. Tap "Make Repayment."
3. Tap "Next."
4. Agree to the repayment disclaimer.

Note: A message will then display the effective date of your repayment. Funds used to repay the claim will be added back to your plan's available balance to use for eligible expenses.

To watch a video tutorial on *How to repay or offset a denied benefits debit card claim in the benefit's mobile app* → [click here](#).



**Offset the claim:** The IRS allows you to submit documentation for eligible out-of-pocket expenses incurred within the same plan year to offset the denied claim; however, documentation for previously reimbursed claims cannot be used to offset the denied claim.

To offset the denied claim in your online account, complete the following steps:

1. Navigate to the Tasks section on the Home tab and click the link for receipts needed.
2. Click "Upload Receipt(s)."
3. Add an itemized receipt or statement or an Explanation of Benefits (EOB) for out-of-pocket expenses for which you have not yet been reimbursed.

Note: To offset the denied claim, the dollar amount of the out-of-pocket expenses must equal or exceed the amount of the denied claim. You can submit multiple out-of-pocket expenses to offset the denied claim. Allow two business days for documentation to be processed.

To watch a video tutorial on *How to offset a denied benefits debit card claim* → [click here](#).

If you prefer to submit documentation to offset your denied claim by mail or fax, include a copy of the denial letter or write the claim number on your documentation so it applies to the correct claim.

You can Fax documentation to 866-451-3245 or you can Mail documentation to:  
WEX, PO Box 2926, Fargo, ND 58108-2926

For more information, please contact,  
WEX at 1-866-377-5102, Option 1

## How long should it take for me to talk to a representative when I call WEX?

When you call WEX it should take less than 30 seconds to connect with a representative.

## Can I pay claims from a prior plan year?

HRA participants have 365 days from Date of Service (DOS) to submit claims. FSA participant guidelines/grace periods are set by the Internal Revenue Service (IRS), however it is best to check with the HR department of your member institution to confirm if grace period applies to your population.

## Is there a mobile app I can use?

Members may access the mobile app either through the Google Play or App Store, by searching Benefits Mobile App by Discovery Benefits. The mobile app gives you convenient, real-time access to all your benefits accounts in one spot. This makes it easy to use your funds and view recent account activity without ever needing to call in. Scan bar codes to confirm items are eligible for purchase, take pictures of receipts and upload to your account, check qualified expenses before swiping your card.

Check out this video → [Benefits Mobile App](#) walking you through the easy access to your accounts and other perks available with this user-friendly mobile app.

**Helpful Tip:** The [Mobile App](#) is a great place to store your receipts in case they are requested later, and the [FSA store](#) is a great place to purchase over-the counter (OTC) and other qualifying items you can use your card to purchase. This can be especially helpful at the end of the plan year so you can use up any funds you have not yet spent.