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# BenefitsWise

## "Better Benefits Through Collaboration"

### Get the Most Out of Your ICUBA Visa Debit Card!

On behalf of the 26 employer members of ICUBA we are thrilled to welcome you to ICUBA's 19<sup>th</sup> consecutive year of operation. It was April 1, 2003 when the State of Florida authorized ICUBA to operate as a self-funded multiple employer arrangement with the sole purpose of providing health benefits to employees of private Florida education employers on a non-profit basis. ICUBA takes this responsibility seriously. As such, ICUBA offers best in class health benefits through collaboration to the more than 15,000 employees and their family members currently enrolled.

A prime example of a best in class benefit offered by ICUBA is the Health Reimbursement Account (HRA) and the Flexible Savings Accounts (FSA) for healthcare and dependent care. All plan participants have a choice between using the Debit Card or to submit claims the old fashioned way, by paying for the expenses up front and sending in a request for reimbursement later. No matter how you choose to manage your account ICUBA's administrator can accommodate you.

As with all ICUBA employee benefits, the HRA was designed through collaboration with all the ICUBA employer members. That is why the ICUBA HRA benefits have... (see pg 2)



### How to Best Comply with IRS Rules When Using Your FSA or HRA

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 plans (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 partners.
- 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. The first Debit Card receipt reminder will occur 60 days after the transaction. The second receipt reminder will occur in another... (see pg 2)

### Informative Webinars Coming Soon!

We are working with Discovery WEX to put together a few informative webinars for our members. Please be on the lookout for more information for these events as follows:

**Tuesday, 2/16: @ 4:00 PM Eastern**

**Wednesday, 2/17 @ 11:00 AM Eastern**

**Thursday, 2/18: @ 11:00 AM Eastern**

*Participation in the WEX webinar, and completion of a short quiz, can earn medical plan participants \$10 Rally Onsite event credit.*



Remember to visit our website—<http://ICUBAbenefits.org>

This user friendly site is your one stop shop for all things benefits! Visit our single sign-on section located below the scrolling banner and gain access to ICUBA's Brand Partners including BCBS My Health Toolkit , Rally, OptumRx Prescription Drug Portal, Resources for Living EAP, Aetna Navigator, SurgeryPlus and of course, the ICUBA Visa Debit Card!

## Get the Most Out of Your ICUBA Visa Debit Card! (Continued)

superior features not found in a typical HRA:

- Interest earned, when applicable, is credited to your HRA balance amount each calendar year quarter.
- Unlike FSA “use it or lose it” provisions, HRA balances rollover from year to year.
- ICUBA HRA balances vest after 36 continuous months of participation. This means that you are allowed to take your vested HRA balance with you after you leave your employer, and \$10.60 will be taken from your HRA account balance each month in order to cover administrative expenses tied to your HRA, including keeping your Debit Card active.
- All eligible expenses as allowed by law are eligible for reimbursement through the HRA.

We are proud that ICUBA was one of the first adopters of an HRA back in 2004. The HRA is a superior employee benefit because these benefits are delivered tax-free. Because of their tax-favored status, the IRS oversees these plans, which were made for employees who needed help covering their costs of medical care and day care. As part of their oversight, the IRS wants to be sure these plans are being used appropriately, so they put a few rules in place to protect these plans from being disqualified for their tax favored status. They have rules in place regarding what kind of expenses are eligible. Additionally, every Debit Card swipe and claim filed needs to be reviewed for eligibility, to make sure they are the kind of expenses that come from medical or dependent care costs allowed by the IRS. But the good news is there are systems in place to make sure that the expenses you are paying for are IRS eligible.

The work required to service more than 8,000 employee accounts with an average account balance of more than \$2,500 requires ICUBA to find a brand partner that can provide full service. After a long evaluation process ICUBA decided that Discovery Benefits, effective October 2020, would be our best brand partner to administer the HRA and FSA benefits through a Debit Card. After working with Discovery Benefits for 10 years, WEX bought Discovery Benefits in January of 2019. As such all the branding of Discovery Benefits will, over time be changed to WEX. All the same features of the website and app remain, only the name changes.



## How to Best Comply with IRS Rules When Using Your FSA or HRA (Continued)

45 days. The documentation you provide should include:

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

The Explanation of Benefits (EOB) provided by each insurance carrier contain all of this information and are readily available to you. You may access your EOB's 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 provides 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 expressly forbidden by the IRS. You may be required to provide additional information in order 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.

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



## 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

**Important:** You must have direct deposit set up in your online account in order to repay the amount of the denied claim. Once you sign in, take a minute to review → [How to set up direct deposit](#) for instructions.

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 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 benefits 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:** In order 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:

Discovery Benefits  
PO Box 2926  
Fargo, ND 58108-2926

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

## Helpful Links for navigating your funds!

We have included a couple of links below to assist:

This video → [Understanding Documentation Requirements](#) will quickly walk you through how to provide documentation when requested, 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.

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

This link → [FSA Store](#) gives you easy access to a place where participants know they are purchasing eligible over-the-counter (OTC) items.

This link → [Inventory Information Approval System \(IIAS\)](#) will direct you to an IIAS store locator. These are stores that use software that automatically substantiates the expense you incur at the point of sale.

