



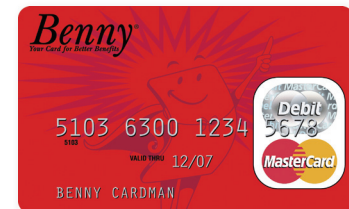
GUARDIAN®

Using your Benny® Prepaid MasterCard® Card

is as easy as

1-2-3!

It's so easy for Guardian Flexible Spending Account (FSA) members to pay for eligible health care expenses. Just use your dedicated Benny Prepaid MasterCard Card (Benny Card) – it deducts money directly from your FSA account. No need to pay with cash up front!



## Using your card is as easy as 1-2-3!

### Step 1 **Activate and sign your Benny Card(s)**

- After you receive your card(s) in the mail, call the number on the card sticker to activate it.
- Wait 48 hours after activation to use your card. (Your full-year FSA health care amount is available upon activation.)

### Step 2 **Use your Benny Prepaid MasterCard Card**

Your Benny Card can be used to pay for *eligible expenses* only for you and your dependents at pharmacies, your doctor's office and vision centers. (Refer to your lists of eligible and ineligible medical care and over-the-counter medical care expenses.)

- At the merchant, separate your eligible items from non-eligible items.
- Present your Benny Card for payment for eligible items.
- If there are *sufficient* funds in your account, the card swipe transaction will be approved and the amount of the FSA-eligible purchases is deducted from your account balance.
- If your expenses are more than your FSA balance, the card swipe transaction will be declined and the clerk will ask for another form of payment. (You may be able to use your Benny Card for the exact amount left in your account and use another form of payment for the difference – check with the merchant.)

### Step 3 **Check your balances**

- You can check your FSA balance by calling the phone number or logging onto the website on the back of your card.
- Checking your balances will help you know whether you have sufficient funds in your account to cover your expenses before you make a purchase.

#### REMINDER – SAVE ALL ITEMIZED RECEIPTS

You may be contacted by your plan administrator to submit certain receipts to verify expenses in order to comply with IRS guidelines. Make sure to save your receipts!

Follow-up letters requesting itemized receipts may be sent to you in the following instances:

1. When benefit plan data is not available and when the card is used to pay a coinsurance bill from a provider (for amounts not covered by insurance).
2. When the employee or dependents are not covered by the employer plan.
3. To verify items that are purchased at a dental, medical or vision location are FSA eligible.

## For even greater convenience use your Benny Card at one of these merchants

What could be more convenient than using your Benny Card to pay for Flexible Spending Account (FSA)-eligible health care expenses? Using your Benny Card at:

- Drugstore.com
- Sam's Club
- Walgreens
- Wal-Mart

By shopping at one of these merchants, your FSA-eligible items are automatically verified at the time of purchase. (Your receipt will identify the FSA-eligible items with an "H" or "F"). You won't need to provide receipts to verify the eligibility of most purchases!

# Medical Care Expenses

## ELIGIBLE FLEXIBLE SPENDING ACCOUNT (FSA) EXPENSES

Adoption - Medical Expense (incurred before adoption is finalized)	Medical monitoring and testing devices (if prescribed by physician for a particular ailment)
Alcoholism treatment	Medicines
Ambulance	Occlusal guards (to prevent teeth grinding)
Artificial limbs	Operations (legal operations which treat a specific ailment)
Artificial teeth	Optometrist
Braille books and magazines (difference between regular material and Braille material)	Orthodontia (unless for cosmetic purposes)
Car controls for handicapped	Osteopath
Chiropractic services	Oxygen
Christian science practitioners (payments for medical care)	Periodontal fees
Coinurance amounts and deductibles	Physical exams (except for employment-related physicals)
Contact lenses and solution	Physical therapy (for specified medical purpose)
Crutches	Pregnancy tests/kits
Dental treatment	Prescription sunglasses
Diagnostic tests	Private hospital room
Drug addiction treatment	Psychiatric care
Eye examinations and eyeglasses	Psychoanalysis
Guide dog or other animal (purchase, training and care of animal)	Psychologist
Hearing aids and examinations	Radial keratotomy
Hospital services	Surgery
Injections	Telephone for the deaf
Insulin	Transplants
Laboratory fees	Transportation for seminar on medical condition & cost of seminar on medical condition
Lasik eye surgery	Vaccinations
Learning disabled child – special school/teacher	X-rays

## INELIGIBLE FLEXIBLE SPENDING ACCOUNT (FSA) EXPENSES

Athletic club dues for general health	Late fees or missed appointments
Athletic lessons or training for general health	Liposuction
Body or ear piercing	Long-term care service
Chauffeur services	Maternity clothes
Cosmetic surgery, procedure or products without medical necessity	Massage therapy for general health
Diapers for infants	Medical savings accounts
Diaper service	Personal hygiene products
Educational/training classes without medical necessity	Personal items
Electrolysis	Pre-payment of services
Exercise equipment for general health	Tattoos or tattoo removal
Fees not paid to provider	Teeth whitening or bonding
Funeral services	Transportation to and from work
Hair transplants	Trip or vacation for well-being
Home nursing care for a healthy infant	Weight loss programs/Food for general health
Household or domestic help	Wellness programs
Illegal operations or treatments	Uniforms
Insurance premiums	Vitamins, supplements or herbs without medical necessity

FOR QUESTIONS REGARDING MEDICAL CARE REIMBURSEMENTS THROUGH YOUR FSA, CONTACT FLEXPLAN CUSTOMER SERVICE AT 1-866-359-4542.

This listing does not represent all allowable or non-allowable charges.

# Over The Counter (OTC) Medical Expenses

The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your benefits card for these purchases.

## Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

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| <ul style="list-style-type: none"> <li>• Acid controllers</li> <li>• Acne medications</li> <li>• Allergy &amp; sinus</li> <li>• Antibiotic products</li> <li>• Antifungal (Foot)</li> <li>• Antiparasitic treatments</li> <li>• Antiseptics &amp; wound cleansers</li> <li>• Anti-diarrheals</li> <li>• Anti-gas</li> <li>• Anti-itch &amp; insect bite</li> <li>• Baby rash ointments &amp; creams</li> <li>• Baby teething pain</li> <li>• Cold sore remedies</li> </ul> | <ul style="list-style-type: none"> <li>• Contraceptives</li> <li>• Cough, cold &amp; flu</li> <li>• Denture pain relief</li> <li>• Digestive aids</li> <li>• Ear care</li> <li>• Eye care</li> <li>• Feminine antifungal &amp; anti-itch</li> <li>• Fiber laxatives (bulk forming)</li> <li>• First aid burn remedies</li> <li>• Foot care treatment</li> <li>• Hemorrhoidal preps</li> <li>• Homeopathic remedies</li> <li>• Incontinence protection &amp; treatment products</li> </ul> | <ul style="list-style-type: none"> <li>• Laxatives (non-fiber)</li> <li>• Medicated nasal sprays, drops, &amp; inhalers</li> <li>• Medicated respiratory treatments &amp; vapor products</li> <li>• Motion sickness</li> <li>• Oral remedies or treatments</li> <li>• Pain relief (includes aspirin)</li> <li>• Skin treatments</li> <li>• Sleep aids &amp; sedatives</li> <li>• Smoking deterrents</li> <li>• Stomach remedies</li> <li>• Unmedicated nasal sprays, drops &amp; inhalers</li> <li>• Unmedicated vapor products</li> <li>• Weight Loss Reduction Aids*</li> </ul> |
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OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your benefits card for these items.

## Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

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| <ul style="list-style-type: none"> <li>• <b>Baby Electrolytes and Dehydration</b><br/>Pedialyte, Enfalyte</li> <li>• <b>Breast Pump and Lactation Supplies</b></li> <li>• <b>Contraceptives</b><br/>Unmedicated condoms</li> <li>• <b>Denture Adhesives, Repair, and Cleansers</b><br/>PoliGrip, Benzodent, Plate Weld, Efferdent</li> <li>• <b>Diabetes Testing and Aids</b><br/>Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products</li> <li>• <b>Diagnostic Products</b><br/>Thermometers, blood pressure monitors, cholesterol testing</li> <li>• <b>Ear Care</b><br/>Unmedicated ear drops, syringes, ear wax removal</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Elastics/Athletic Treatments</b><br/>ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts</li> <li>• <b>Eye Care</b><br/>Contact lens care</li> <li>• <b>Family Planning</b><br/>Pregnancy and ovulation kits</li> <li>• <b>First Aid Dressings and Supplies</b><br/>Band Aid, 3M Nexcare, non-sport tapes</li> <li>• <b>Foot Care Treatment</b><br/>Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles</li> <li>• <b>Hearing Aid/Medical Batteries</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Home Health Care (limited segments)</b><br/>Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints &amp; casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs</li> <li>• <b>Incontinence Products</b><br/>Attends, Depend, GoodNites for juvenile incontinence, Prevail</li> <li>• <b>Prenatal Vitamins</b><br/>Stuart Prenatal, Nature's Bounty Prenatal Vitamins</li> <li>• <b>Reading Glasses and Maintenance Accessories</b></li> <li>• <b>Vitamins and Supplements*</b><br/>Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements</li> </ul> |
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FOR QUESTIONS REGARDING MEDICAL CARE REIMBURSEMENTS THROUGH YOUR FSA, CONTACT FLEXPLAN CUSTOMER SERVICE AT 1-866-359-4542.

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\*Expense requires a physician statement of medical necessity

