



What Do I Need to Know About the OneBridge Visa® Benefits Card?

And other frequently asked questions.

Easy to Use and Saves You Time!

No more filing claims and waiting for reimbursements. Conveniently pay for qualified medical care expenses with your OneBridge Visa® Benefits Card.

How can I get a OneBridge Visa® Benefits Card?

We will automatically send you a Benefits Card when you are eligible. However, if you haven't received a card, you can elect one when registering your Portal Account at portal.yourwaybenefits.com or by calling us at **1-888-865-1628**.

Can I use my card for my Covered Dependents?

Yes. You can use your card to pay for qualified expenses for you and your Covered Dependents.

Is there a monthly fee, and can I request additional cards?

No, there is no monthly fee associated with the Benefits Card, and you can request separate cards for your Covered Dependents at no additional cost.

What types of expenses can be paid with my card?

You can use your card to pay for qualified premiums and other qualified medical care expenses, including office visits, prescriptions, over-the-counter (OTC) medicines and drugs, lab work, hospital stays, dental and vision services, etc. Permitted expenses may be limited by the type of plan or type of coverage you have under the Plan at the time you incur the expense. For more information, refer to the resource **What are the Different YourWay Coverage Types?**

Refer to our **What is a Qualified Medical Care Expense?** resource for a more comprehensive list of qualified expenses.

Can I use my card for over-the-counter (OTC) drugs or medicines?

Yes. You can use your Benefits Card to purchase both over-the-counter drugs and medicines without a prescription from a physician. As a reminder, it is still a good practice to always save your supporting documentation as copies might be required.

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Will I always need to send in supporting documentation?

Actually no. Many transactions are approved without requiring additional documentation, and this type of approval depends on a number of factors, like:

1. If the merchant or provider is using a merchant category code that associates them with a qualifying service or expense, as well as their use of the Inventory Information Approval System (IIAS), which automatically recognizes eligible items under an FSA or HRA plan.
2. If the merchant's category is limited to only services that are for qualifying expenses, like the following categories:
 - Ambulance Services
 - Medical and Dental Laboratories
 - Optometrists and Ophthalmologists
 - Orthopedic Goods, Prosthetic Devices
 - Osteopaths
 - Podiatrists and Chiropractors
3. If the amount of the transaction is equal to a standard copay amount like \$10, \$15 or \$20 (and like amounts in increments of \$5).
4. If the merchant is someone that we have experience with.

Note: it is still always a good idea to save your documentation just in case it's ever needed in the future.

Why have I not had to send in supporting documentation with my other (or my previous) benefits card?

Other administrators may not strictly follow IRS rules that require additional substantiation for certain types of transactions. This may include a prior administrator or an administrator for a different benefit plan in which you are a participant. Also, transactions using an HSA benefits card do not require independent substantiation by the administrator (though you may later be required to provide documentation directly to the IRS).

For benefit card transactions that do require independent substantiation, we do our best to approve these with information we already have available (without requiring additional documentation from you) to the fullest extent permitted by IRS rules. Unfortunately, we are not always able to approve transactions in this way, and in those cases, we apologize for any inconvenience.

How will I know if further documentation is required?

We will let you know by e-mail or by push notification (on your mobile phone) within a week of the transaction date if we need supporting documentation. Also, you can always log into your Portal Account at portal.yourwaybenefits.com or through our **HRAgo®** mobile app to see if additional supporting documentation is required.

What information is required as Proper Supporting Documentation?

Refer to our **What is Proper Supporting Documentation?** resource for more details.

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How do I send in supporting documentation?

It's easy. The quickest way to submit your supporting documentation is through your online portal account or by our mobile app, HRago.

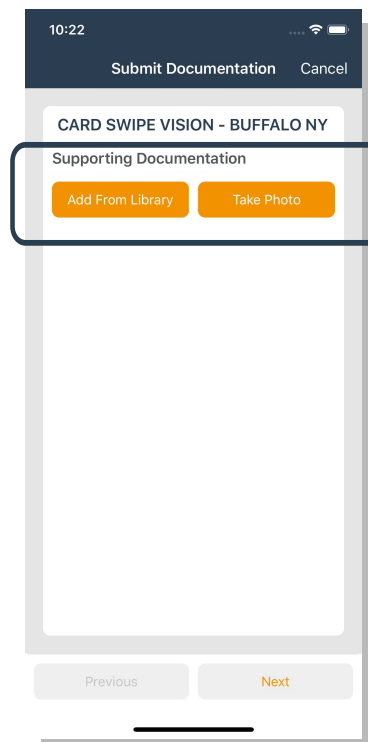
You can also mail in your documentation along with a form that we can send you. Please call our customer care team to request the form.

Please note that your supporting documentation must include the following:

- Purchase or service date,
- Description of service or item purchased, including a premium payment²,
- Name of person receiving service,
- Provider or merchant name³, and
- Amount

2- Subject to your plan or coverage type

3- Dependent Care Supporting Documentation also requires the providers TIN or SSN



Can I submit documentation just once for an expense I pay all the time?

Yes. If you have a recurring expense for the same dollar amount at the provider or merchant, all you need to do is provide proper documentation for the first transaction and simply check the Recurring Payment box when uploading your documentation through your Portal account or mobile app.

What happens if I don't provide proper supporting documentation when you ask me for it or the transaction is for an ineligible expense?

We will reach out to you multiple times to remind you of your obligation to send in supporting documentation. If your documentation isn't received by 120 days after the transaction date, the IRS does require that we suspend your card at that time.

Additionally, any unsupported transaction that is associated with your HRA account will have an overpayment placed on this account for the unsupported amount. This overpayment represents that an amount was paid from your account for which we have not yet received proper supporting documentation. See **What is an "overpayment," and how can I resolve it?** on the next page.

Should any unsupported transactions against your FSA account remain unsupported at the end of the FSA plan year, then these transactions will be reported to your employer and may be reported as a taxable income.

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What is an "overpayment," and how can I resolve it?

An "overpayment" is an amount paid from your Benefits Account for which we have not yet received proper supporting documentation. If an "overpayment" is noted on your account, it will remain there until resolved.

To resolve an "overpayment," you can either 1) submit proper supporting documentation; 2) pay back your Benefits Account; or 3) submit new claims for qualified medical care expenses with proper supporting documentation, and instead of the approved claim amount being paid to you, we will use this to reduce your outstanding "overpayment" until it has been resolved.

What if my card gets suspended?

We'll turn your card back on after all unsupported transactions have been resolved.

What if my card is lost or stolen?

You should immediately call us at **1-888-865-1628**. Our friendly customer care team is available to assist you.

How can I cancel my card?

Just give us a call at **1-888-865-1628** during normal business hours and ask us to cancel your card. You will need to resolve any unsupported transactions before we can cancel your benefits card.

Questions?

Please call us at **1-888-865-1628** and one of our friendly representatives will be happy to assist.