



## BASIC DEBIT CARD GUIDE

Below are instructions on how to access your BASIC Flex Account online, how to file claims and information on what is required when filing a claim.

### Access your account online:

1. Visit [www.basiconline.com](http://www.basiconline.com)
2. Click [account access](#) on the top right on any screen
3. Click [account accesses](#) under BASIC Flex and BASIC HRA
4. Click [employee online account access](#) under Lighthouse 1 Online Account Access. The online access page looks like this.



5. **NOTE:** Once you've reached the BASIC Flex account access page, we suggest you bookmark it or add it to your favorites as a future time saver.

6. Login using the following:

#### User name:

Your user name is created using the first letter of your first name, the first four\* letters of your last name and the last four digits of your Social Security number. (IE John Wayne 123-56-6789 = jwayn6789)

\* If your full last name is less than four letters, you will use your full last name. (IE Susan Lee 111-22-3333 = slee3333)

**Password:** The first time logging onto the system, use **BASIC123** as your password. You will be prompted immediately to create a new, unique password before entering the participant portal.

### View your account information:

Your home page will provide you with your current account balance(s) and if there are any actions required by you.

**Accounts:** You can view up-to-date account information at any time.

- Select *Account Summary* to check the balance of any account(s).
- Select *File Claims* to file a claim online.
- Select *Payment History* to see a detail of the claims that have been paid. You can click the blue underlined link at any time to view for more information about your account.
- Select *Election Summary* to view your annual election, year to date contributions, reimbursement method and plan year information.
- Select *Plan Descriptions* to view your pre-tax plan information.

**Profile:** Select *Profile Summary* to review and/or update your personal and dependent information that's on file in the system.

**Notifications:** You can view previously generated notifications and reminders.

Account	Available Balance	Final Service Date	Final Filing Date	Actions
Medical Reimbursement Account 01/01/2009-12/31/2009	\$5,921.74	12/31/2009	3/31/2010	<a href="#">File Claim</a> <a href="#">View Claim History</a>

Claim Number	Claim Status	Receipt Status	Date of Service	Claim Amount	Paid	Pending	Denied
10860509021P0000101	Pending Receipt	Required	9/21/2009	\$5.00	\$0.00	\$5.00	\$0.00
10860509001SP0000101	Pending Receipt	Overdue	9/10/2009	\$22.39	\$0.00	\$22.39	\$0.00
1086050901SC0000103	Pending Reimbursement	Received	6/17/2009	\$28.87	\$0.00	\$22.88	<u>\$5.99</u>
1086050901SC0000102	Pending Reimbursement	Received	6/15/2009	\$12.99	\$0.00	\$12.99	\$0.00
1086050901SC0000101	Paid	Received	5/1/2009	\$15.00	\$15.00	\$0.00	\$0.00



**Forms:** Select the form(s) you would like to download. The forms are in PDF format, requiring Adobe Acrobat Reader. You may download a free version of acrobat reader from the Adobe website:  
<http://www.adobe.com/products/acrobat/readermain.html>.

## The difference between a reimbursement and verification:

### *Reimbursement:*

A reimbursement is when you pay for a qualified expense and DO NOT use your BASIC Debit Card, but pay using check, cash or another credit or debit card. You are requesting a reimbursement from your BASIC Flex account for the money you paid out-of-pocket.

### *Verification:*

A verification is when you pay for a qualified expense with your BASIC Debit Card. You should keep a copy of all documentation for debit card purchases/payments in case you are required to submit them to BASIC as a verification of the expense and as you would for your income tax purposes. **We advise debit card participants to only send verification documents for your debit card purchases when BASIC requests them to be submitted.**

## How to submit a reimbursement:

BASIC provides you with two ways to submit claims: paper form and online submission. In both cases reimbursement will be made directly to you once the documentation is received and approved by BASIC.

## Paper Claim:

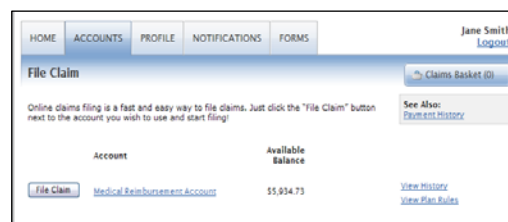
*You should keep a copy of all receipts as you would for your income taxes.*

- Reimbursement form:
  - A reimbursement/verification form is required with all submissions.
  - Use a separate line for each receipt
  - **Please check the NO box to the left of the line you have entered the information**
- Submit your reimbursement/verification form with the required documentation (see necessary documentation section above) to BASIC:
  - Fax claims to: 800-391-6562
  - E-mail claims to: [claims@basiconline.com](mailto:claims@basiconline.com)
  - Mail claims to: BASIC, 9246 Portage Industrial Drive, Portage, MI 49024
  - Claims status: 800-444-1922 ext 1 or online at <https://basic.lh1ondemand.com>
- Reimbursements will be made directly to you.
  - It is the employee's responsibility to pay the provider if payment was not made at the time of service
- Claim submission Run-Out Period.
  - Your plan has a run out period to submit claims at the end of each plan year or after termination of coverage from the plan. Consult your Summary Plan Description or check with your HR department to determine the length of time you have to submit claims after one of these events have occurred.

## Online claim:

Online claims filing is only effective for the plan year you are currently enrolled in. **To submit claims during a grace or run out period, please use the paper form detailed above.**

1. Visit your online account access website (instructions and directions included)
2. Click the File Claims link listed on the home page or click file claims located under the Accounts Tab.





3. Click the File Claim button next to the plan you wish to file a claim for.
4. Enter your claim information and submit the claim. Make sure you have valid documentation for your expenses, as you will need to submit them to BASIC.
5. If you have more than one claim you'd like to file, you may click File New Claim to add to your claims basket.
6. Once all claims are entered, you must agree to the Terms & Conditions (click on appropriate box) and submit the claim(s) by clicking Submit.
7. PLEASE PRINT AND SEND THE ONLINE CLAIM CONFIRMATION WITH YOUR DOCUMENTATION!

The Confirmation page verifies that all claims have been successfully submitted! You must print this page and fax, mail or email it along with your documentation to BASIC. If the required documentation is not received, your claim(s) will not be paid. Please remember claims need to be faxed, mailed or e-mailed into BASIC prior to your plans final filing date.

### How to submit verification:

You should keep a copy of all documentation for debit card purchases/payments in case you are required to submit them to BASIC as a verification of the expense and as you would for your income tax purposes.

Regulations and software system upgrades allow detailed debit card transaction data to be submitted directly to BASIC for many debit card transactions. When this data is provided, BASIC uses it to adjudicate/approve debit card transactions so that you do not need to send in documents to verify transactions. **We advise debit card participants to only send verification documents for your debit card purchases when BASIC requests them to be submitted.** You will **NOT** need to verify when you use your Card for Office Visits if the total transaction exactly matches one of the single co-pays, as indicated by your employer's insurance plan and input into our system. If the total sale amount does not exactly match one of the single co-pays, then the documentation will be required. If BASIC needs to review the documentation for a debit card purchase, you will receive a request for the documentation via mail or email (if available).

When documentation is requested, follow the steps below:

- Submit your reimbursement/verification form or a copy of the documentation request notice with the required documentation (see necessary documentation section above) to BASIC:
  - Fax claims to: 800-391-6562
  - E-mail claims to: [claims@basiconline.com](mailto:claims@basiconline.com)
  - Mail claims to: BASIC, 9246 Portage Industrial Drive, Portage, MI 49024
  - Claims status: 800-444-1922 ext 1 or online at <https://basic.lh1ondemand.com>
- **Important Note:** If using the verification form to submit your documentation:
  - Use a separate line for each receipt you have
  - **Check the YES box to the left of the line you have entered the information.**
  - It is important for you to check this box to insure you are not issued a reimbursement check. If a reimbursement is made, which results in paying for an item or service more than once, you will need to return the check or repay your employer.

### Eligible Expenses:

IRS regulations govern the eligibility of claims. As your Flex Administrator, BASIC helps ensure that you and your employer stay within those regulations. For a list of common eligible expenses, visit [www.basiconline.com](http://www.basiconline.com), click on



the employee section, BASIC Flex, Education. If you have a question regarding a specific item, please call a BASIC Flex Customer Service representative at 800.444.1922 ext 1.

### OTC:

Hundreds, but not all, over-the-counter drugs are considered eligible expenses under the IRS regulations. To check a specific item you may want to refer to [www.drugstore.com](http://www.drugstore.com) or [www.walgreens.com](http://www.walgreens.com) where you can search for eligible items. If the item is an eligible expense, it will have a  FSA, indicating it is approved. You may also call a BASIC Flex Customer Service Representative for clarification. Please note: not all items appearing on these web sites as FSA eligible items qualify for reimbursement.

### Necessary documentation:

As a FSA Administrator, we are required to receive specific documentation showing that your purchase is an eligible expense according to the IRS regulations. Below are helpful hints to ensure you submit proper documentation that is needed to avoid a delay or denial of your reimbursement request.

- **Explanation of Benefits (EOB)**- The best form of documentation for medical, dental & vision expenses is an EOB from your insurance carrier.
- **Itemized statement**- An itemized statement is also acceptable but needs to include date of service, detailed description of the service provided, provider's name, address & charge for the service. This is true for verifications as well as reimbursement requests.
- **Prescriptions**- For prescriptions, please provide a cash register receipt that lists RX next to the item number and/or RX tag. Pharmacy print outs are also acceptable.
- **Vision**- Send detailed vision bills which include date of service, detailed description of the service provided, provider's name, address & charge for the service. Please note: Warranties and/or service plans are not eligible for reimbursement.
- **Orthodontics**- Send detailed receipts or payment coupons which indicate orthodontic treatment and also include date of service, provider name and description of service.
- **Letter of medical necessity**- A letter of medical necessity needs to include a diagnosis, duration of treatment and description of treatment plan.
- **Massage therapy and weight loss programs**- For massage therapy and weight loss programs, please submit a copy of the physician's statement of medical necessity; including diagnosis, length and frequency of treatment, with every reimbursement request. Obtain a new physician's statement of medical necessity at the beginning of each plan year.
- **Faxing** - Circle items on receipts or bills with a pen. Please don't use a highlighter; they often fax too dark to read. If the original is light, please make a darker copy prior to faxing.

### Frequently Asked Questions:

*What happens if I forget to submit verification?*

- If we do not receive your documentation within 30 days of the purchase, your BASIC Debit Card will be deactivated.
- If your card is deactivated, you can have it reactivated by submitting the requested documentation or refund the amount charged (see steps below under ineligible items).
- While your card is deactivated you may still submit reimbursement requests for items or services for which you paid out of pocket (see above for instructions regarding reimbursements).
- You can prevent your card from being temporarily deactivated by monitoring your transaction status via your online access.

*What happens if I purchase an ineligible item(s)?*

- You will receive a letter from BASIC requesting a refund.
  - Mail a check, payable to your employer, to BASIC at 9246 Portage Industrial Dr., Portage, MI 49024. Once this is received, your account will be credited and the check will be forwarded to your employer.



*What if I do not have my BASIC Debit Card and I need to purchase a qualified product or service?*

- Pay your bill with your own cash, debit/credit card, or check
- Keep your receipt
- Submit a request for reimbursement (see above)

*Why won't my card work at the pharmacy or retailer?*

- The pharmacy or retailer may not be IIAS compliant.
- You may have outstanding debit card transactions that need to be verified.
- You may be trying to purchase an item that is not eligible under IRS Regulations.

### **Dependent Care (Day Care) Facts:**

- This is a pay-as-you-go account, meaning reimbursements are made when funds are available.
- Child Care provider must claim payments as income.
- Meals and transportation expenses are not eligible.
- Child(ren) must be under the age of 13 and be a dependent for income tax purposes.
- Child Care provider may not be a minor child or dependent of the tax payer.
- Overnight camps are not eligible.
- Education/schooling for Kindergarten and above is not eligible.

### **Dependent Care Necessary documentation:**

- Completed reimbursement/verification form or online claim confirmation.
- Itemization of dates of service and charges.
  - Receipt from Day Care provider or
  - Day Care providers' signature on the reimbursement/verification form.

**Important Note:** If filing your claim for Dependent Care online, be sure to include a copy of your online claim confirmation with your reimbursement/verification form or receipt(s).