

If you make a mistake at a healthcare merchant, your Benefits Card transaction may still be processed even though an item may be ineligible. In that case, don't be overly concerned, but do contact your Plan Administrator as soon as you become aware of the mistake. Your Plan Administrator will tell you how to reimburse your account for the ineligible item.

What if there's not enough money in my account?

In some cases where a merchant is able to accept less than the requested amount, they will authorize up to your account balance. In most cases, the transaction will simply be denied. You'll have to pay for the product or service yourself and submit the receipt, along with the claim form, as described in your plan documents. You'll then be reimbursed for any eligible expenses with whatever is left in your account.

TIP: You'll be able to view your account balances online. Check with your Plan Administrator for your cardholder Web address.

Do I need the receipts?

Possibly – so please save all of your itemized receipts! For some expenses, your Plan Administrator or the IRS may need additional information, including receipts, to verify eligibility of the expense and comply with IRS rules. That's why it's important for you to save all receipts and fax or mail them in promptly when requested.

YOUR PHARMACY	
123 MAIN STREET ANYTOWN, US 12345	
Aspirin	\$3.50
Bandages	\$2.85
Cough Medicine	\$5.25
Sales Tax	\$0.85
TOTAL SALE	\$12.45
THANK YOU FOR YOUR BUSINESS!	

If you have an FSA plan and you do not submit documentation, your Plan Administrator will be forced to declare those expenses ineligible – and you'll have to reimburse your account. If you fail to do so, you could jeopardize the tax-exempt status of your account and lose access to your Benefits Card.

What do I do now?

1. Read the enclosed Cardholder Agreement.
2. Sign the back of your Benefits Card to indicate that you understand and accept the terms of this Agreement.
3. Use the Benefits Card to pay for eligible products and services.
4. Remember to keep all your receipts.

TIP: Your Benefits Debit MasterCard® is good for up to three years. So hang on to it! Even if you use up this year's funds, you'll be able to use the Benefits Card again next year if you re-enroll in this plan.

Experience the Benefit.

Since its introduction in 1997, millions of people have used the convenient Benefits Card to pay for a wide range of eligible products and services – and to capitalize on today's increasingly popular tax-exempt employee benefit accounts. Now, thanks to your employer's commitment to offering a leading-edge benefits portfolio, so can you!

If you have questions about your card or your account, please contact your Plan Administrator. If you do not know who your Plan Administrator is, contact your HR department.

The information provided in this brochure is intended for use as a guideline and should not be construed to indicate the benefits covered by your employee benefits plan. The eligibility for reimbursement of any particular expense is determined in accordance with your plan documents, which govern in all instances. Please consult the plan documents for further information.

This card is issued by The Bancorp Bank pursuant to license from MasterCard International Incorporated. The Bancorp Bank; Member FDIC. MasterCard is a registered trademark of MasterCard International Incorporated.

how to use your
Benefits
Debit
MasterCard®



What's this card for, exactly?

The **Benefits Debit MasterCard®** gives you easy access to the funds in your consumer benefit accounts. Depending on the benefit accounts offered by your employer, your card may be linked to a:

- Flexible Savings Account (FSA)
- Health Reimbursement Arrangement (HRA)
- Health Savings Account (HSA)
- Dependent Care Account (DCA)
- Transit/Parking Account

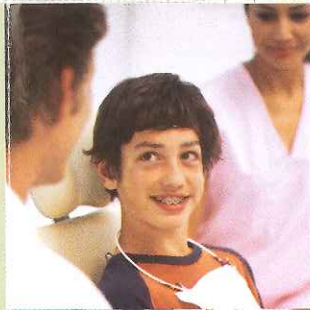
Now that you've opted to participate in such a plan, your employer is providing you with the enclosed Benefits Card.

In most ways, your card works just like any debit card. There are three important differences:

First, its use is limited to specific merchants based on the benefit account(s) you have selected, and to expenses deemed eligible by your Benefits Plan.

Second, you cannot use it at an ATM, or to obtain "cash back" when making a purchase.

Third, you are not given a PIN with this card. Should a merchant or provider ask you for a PIN, just explain that this particular card does not have one. When given the option between debit and credit at the terminal, choose "CREDIT."



** For a listing of the products and services that are eligible in your plan, please refer to your plan documents.*

What's an eligible expense?

That depends on your particular Benefits Plan. For example, if you have a healthcare FSA or HSA, eligible expenses may include*:

- Medical and dental deductibles and co-payments
- Eye exams, contact lenses, and glasses
- Prescription drugs
- Orthodontia or other dental care
- Physical therapy and chiropractic care
- Medical devices such as hearing aids and diabetic testing supplies
- Smoking cessation programs
- Specific over-the-counter (OTC) products (see below)

What over-the-counter products are eligible expenses?

Beginning 1/1/2011, over-the-counter drugs and medicines are eligible only when prescribed by a doctor. Please check with your Employer or Plan Administrator for specific eligibility and reimbursement process.

What's not eligible?

Anything that's not listed in your plan documents or any item not deemed a qualified medical expense. Please keep in mind that you are responsible for how the funds in your account are spent; these tax-exempt accounts are governed by the IRS and your plan documents.

If you're ever in doubt about the eligibility of a particular product or service, check your plan documents or ask your Plan Administrator. (If you do not know who your Plan Administrator is, contact your HR department.)

Where can I use my Benefits Card?

You can use your Benefits Card at certain healthcare and non-healthcare merchants or transit merchants specified by your Benefits Plan. A *healthcare merchant* includes medical providers such as doctors, dentists, vision care facilities, and other locations that sell only medical services/products. A *non-healthcare merchant* is any retailer who may carry healthcare products along with other product lines. Examples of non-healthcare merchants include: grocery stores, mass merchandisers, and pharmacy stores.

Your Benefits Card is designed to work at both healthcare merchants (that are identified as eligible under your plan) and non-healthcare merchants who have a healthcare inventory approval system in place (IIAS) that allows them to determine if purchased items are eligible at the point of sale. Since this inventory system will only allow you to purchase eligible items with your Benefits Card, you will not need to provide receipts or other documentation to substantiate the eligibility of your purchases. Additionally, this inventory system allows for a more standard set of eligible items from merchant-to-merchant. As long as you are shopping at a retailer who has a healthcare inventory system in place, your FSA or HSA Benefits Card transactions will be approved for only eligible items.

Your plan may also allow you to use your card at merchants without an inventory approval system if that merchant has at least 90% of gross sales from prescriptions/Rx or qualified over-the-counter healthcare products. In this case, you may be required to submit receipts to substantiate purchases from these merchants.

Some plans may limit your card use to prescriptions-only, so please review your plan documents to verify if this applies to you.

For a listing of merchants with the healthcare inventory system, please contact your Plan Administrator.

What if I make a mistake?

If you are using your Benefits Card at a non-healthcare merchant who has the healthcare inventory system and your Benefits Card does not work or does not authorize your full transaction, it's probably because all or some of your items are ineligible. If you are purchasing items that are not eligible, your store clerk will ask you for another form of payment for those items. If you are unsure of what's eligible, ask your Plan Administrator or check your plan documents.

TIP: If you go to a drug store for a number of items – some eligible, some not – the merchant may need to ring them up separately. Use your Benefits Card to pay only for eligible items.