

Using your FSA to pay for Dental Expenses



Eligible Dental Expenses

Dental procedures such as teeth cleaning, sealants, fluoride treatments, X-rays, fillings, extractions, dentures and other dental ailments are all eligible expenses that can be paid for with your Flexible Spending Account (FSA). When paying for these expenses, the options listed below are available to you.

Remember, the eligible amount is the amount that is designated as your final patient financial responsibility after insurance pays its portion of the bill. Therefore, if your dentist requests or requires either partial or full payment on the date of your service and then indicates on your statement that insurance has been filed, is pending or is estimated, it is best to pay with a form of payment other than your PayFlex Card® OR wait until you receive an Explanation of Benefits (EOB) from your insurance provider showing your final patient financial responsibility and then pay for your dental bill.

Payment Options

Benefits

Things to consider...

Option 1: (Preferred method)

Once you receive an Explanation of Benefits (EOB) from your insurance provider showing your exact patient responsibility, pay for your dental service over the phone by providing the number on your PayFlex Card.

- Expense is automatically deducted from your healthcare Flexible Spending Account
- Ensures that you only pay for what you owe
- Helps keep card active
- Eliminates claim filing

- You may be required to provide the Explanation of Benefits to PayFlex® at a later date to confirm your expense was eligible. Please be sure to keep your EOB.
- To confirm an expense is eligible, IRS regulations require verification of the date of service, description of service or product and your patient financial responsibility, which is provided on an EOB.

Option 2: (Next best method)

Once you have received dental treatment, pay for the bill with cash, check or personal credit card and submit a claim to PayFlex for reimbursement.

***Make sure to send a copy of your EOB or itemized statement with your claim.**

- Quick reimbursement
- Helps keep card active
- Prevents overpayment status

- If the itemized statement from your dentist indicates insurance has been filed, is pending or is estimated, you must wait and submit your claim after you receive your EOB from your insurance provider.

Option 3: (Only if your dentist requires you to pay before insurance pays)

Once you have received dental treatment, pay for the bill with your PayFlex Card at your dentist office.

- Expense is automatically deducted from your healthcare Flexible Spending Account
- Eliminates claim filing

- If your dentist charges you for an estimated amount OR an amount that is greater than your final patient responsibility (after insurance pays its portion), your FSA will be placed into overpayment status and action will be required.
- To resolve your overpayment status, submit payment to PayFlex or submit a claim for a previously unreimbursed eligible expense to repay your FSA. By taking action, your PayFlex Card will remain active.
- Should you or your dentist receive reimbursement from any other coverage such as insurance, ask your dental provider to credit any amount received back to your PayFlex Card. If that is not possible, you are responsible for reimbursing the plan for the amount you overpaid.

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When using your PayFlex Card[®], there are a few things to remember...

- Your PayFlex Card cannot be used to pay for cosmetic dental procedures such as dental veneers, bonding and teeth whitening.

- You should only use your card for the exact amount you are responsible for.

For Example:

- Let's say you visit the dentist to repair a cracked filling.
- Your dentist tells you the expense is \$300 and estimates that your out-of-pocket expense will be \$72.
- In this case, since your portion is merely an estimate, you should not use your card to pay at the time of service, but instead wait until you receive the Explanation of Benefits (EOB) from your insurance provider before using your PayFlex Card to pay for the service. By waiting to receive the exact amount you are responsible for, you will be able to prevent your account from going into overpayment status and avoid having your card de-activated. In this case, if insurance pays 80% of the cost, you would only be responsible for \$60 instead of \$72.
- To pay the \$60, you can simply call your dentist and provide the office with the number on your PayFlex Card, or you can pay with another form of payment and submit a claim for reimbursement.

- You may be required to provide an Explanation of Benefits (EOB) from your dental insurance carrier to confirm that you used your PayFlex Card for an eligible dental expense.

For Example:

- Let's say you swipe your card to pay for a dental service and the expense is approved when card is swiped.
- A month later, you receive a Request for Documentation letter from PayFlex requesting documentation for the transaction.
- When your card was swiped, ABC FAMILY DENTI was the merchant description provided to PayFlex[®]. Based on this merchant description, it is unclear what service or date of service you paid for with your card.

| Date | Merchant | Amount | Account |
|------------|------------------|---------|-------------------------|
| 07/08/2011 | ABC FAMILY DENTI | \$45.60 | (2011) Healthcare (FSA) |

- In this case, an EOB from your dental insurance provider is required to confirm that the expense was eligible by verifying the actual date of service, description of service and to confirm whether the amount of your financial responsibility equals or exceeds the amount of the transaction.
- To submit your EOB to PayFlex, access your alert messages by logging into www.HealthHub.com. On My Dashboard, click on **Learn More** next to the alert message for claims requiring substantiation. Then select the ABC FAMILY DENTI transaction and upload your EOB. If you do not have access to a computer, you may fax or mail your documentation and the Request for Documentation letter to PayFlex.

Please note: PayFlex is required by the IRS to ensure participants are utilizing the card for eligible expenses. This means the date of service, description of service or product and final patient financial responsibility must be verified. Therefore, it is important to keep all itemized statements and EOBs.

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Frequently Asked Questions

1. What does overpayment status mean?

Overpayment status occurs when you have used the PayFlex Card[®] to pay for a dental expense and the documentation does not support the amount paid. For example, if you use your PayFlex Card to pay for a dental bill that exceeds your final patient responsibility, your account will go into overpayment status OR if you submit an itemized statement from the dentist and it indicates insurance is estimated, pending or filed, the card transaction will be denied until final patient financial responsibility is determined. Please note, when your account is placed in overpayment status, your PayFlex Card will be temporarily deactivated until appropriate documentation or payment is provided to PayFlex[®].

2. How do I know if my account is in overpayment status?

If your account is in overpayment status, an alert message will be posted on www.HealthHub.com under **Alerts** on **My Dashboard**. In addition, if you are enrolled in the email option for *eNotify* (PayFlex's electronic notification service), you will receive an Explanation of Benefits for overpayment from eNotify@payflex.com. If you do not select the email option for Explanation of Benefits notices, PayFlex will mail the notices to your home address on file. All documents will be stored online, in case you misplace the notice.

Access your Explanation of Benefits online

To view and/or download notices, go to www.HealthHub.com, click on **Employee Account Login** and enter your username and password. On **My Dashboard**, select **My Documents** from the left hand navigation bar, then select **Coupon with EOB Report** from the drop down menu. If your account is in overpayment, you will see the Explanation of Benefits notice(s) that have been sent to you. In addition, if your account is in overpayment status, your card will be deactivated. You can view your card status online by clicking on **Manage My Debit Cards** under **Quick Links** on the left hand navigation bar.

Enroll in eNotify

To enroll in *eNotify*, login to www.HealthHub.com and select **My Settings**. Then click on **Manage Notifications**, enter your email address twice and select the notifications you wish to receive either via email or web alert. To save your changes, click **Submit**.

3. What should I do if my account is in overpayment status?

To keep your account in compliance, you must do one of the following:

1. Fax, mail or upload a legible copy of the Explanation of Benefits from your insurance provider for the denied expense that indicates the date of service, description of service and final patient financial responsibility to confirm whether the amount equals or exceeds the transaction amount; OR
2. Fax, mail or upload a detailed receipt or Explanation of Benefits for another eligible expense incurred in the same plan year and having an amount greater than or equal to the original denied expense; OR
3. Mail a check to PayFlex for the amount of the original denied expense to repay the plan.

4. I used my PayFlex Card to pay for my dental expenses and my dentist overcharged me. Who is responsible for fixing this issue?

If you were overcharged by your dentist, you are responsible for obtaining reimbursement for the amount you were overcharged. In order to keep your PayFlex Card active and your account in compliance, you must mail PayFlex a check for the amount you were overcharged to repay your account OR submit a claim for another eligible expense to cover the expense OR have your dentist credit the amount back to your PayFlex Card.

5. I received a bill from my dentist for an estimated amount and I used my PayFlex Card to pay for the bill. Why did I receive an Explanation of Benefits notice from PayFlex that states my account is in overpayment?

In this situation, your account is in overpayment status because your final patient financial responsibility is unknown. Once your insurance provider has paid their portion, then the final patient financial responsibility will be confirmed. To keep your card ACTIVE and avoid overpayment, it is best to not use the PayFlex Card until insurance has processed the claim and provided you with an Explanation of Benefits showing your final patient financial responsibility. (See "What should I do if my account is in overpayment status?")

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Frequently Asked Questions (continued)

6. I used my PayFlex Card[®] at the dentist and it was approved. Why am I receiving a Request for Documentation letter for my dental expenses?

According to IRS guidelines, PayFlex[®] is required to verify that all purchases made with your PayFlex Card are eligible expenses. You will receive a letter since the merchant description from the card swipe does not clarify the date of service, description of service, or your final patient financial responsibility. In order to keep your card ACTIVE, you must provide an Explanation of Benefits from your insurance provider or an itemized statement from your dentist that shows the date of service, description of service, all insurance payments and your final patient financial responsibility for the transactions listed on the letter.

7. What is the difference between an Explanation of Benefits (EOB) from PayFlex and an Explanation of Benefits from my dental insurance provider?

An Explanation of Benefits from PayFlex is a document notifying you what claims have been approved for reimbursement, denied, or whether your account is in overpayment status. An Explanation of Benefits from a dental insurance provider is a statement which details what services have been paid by the insurance plan and what is owed to the dentist by the insured individual.