



Frequently asked questions | TASC Card

General information

What is the TASC Card?

The TASC Card is a limited-use prepaid debit card that provides an easy way to pay for out-of-pocket health care and dependent care expenses for you, your spouse and any tax dependents. The advantage of the card is that you do not have to pay with cash or a personal credit card. The card allows you to pay the merchant, health care or dependent care provider directly from your Medical Spending Account (MSA), Limited-use MSA or Dependent Care Spending Account (DCSA).

Do I have to use the TASC Card to pay health care and dependent care expenses?

You are not required to use the card; you can choose at each point of service if you want to use the TASC Card or pay out-of-pocket and submit a traditional claim to be reimbursed. Whichever way you choose to be reimbursed, the IRS requires that all claims be fully substantiated. That means you must submit documentation for claims you file and may have to submit documentation for your card transactions.

How do I use my TASC Card?

The TASC Card can be used at health care providers that accept MasterCard® and certain retail merchants that inventory eligible health care products. It is not accepted at restaurants, gas stations, department stores or other similar stores. At the point of sale, simply present your card for payment. You can sign for a credit transaction, or you can enter your PIN for a debit transaction. The merchant will process the transaction and the card company will then report basic information about the transaction to TASC.

The card company can provide only the merchant name (or a portion of the name), date of transaction and dollar amount. For this reason, IRS regulations require you to have supporting documentation that shows the actual date of service (regardless of when paid), patient name and a description of the service. TASC will let you know if you need to submit documentation for card transactions. See the documentation section beginning on Page 4 for more information.

Each time you use the debit card, ask the health care provider for an itemized statement. The itemized statement must include the following:

- Provider name;
- Patient name;
- Date of service (not just the date paid);
- Description of service; and
- Dollar amount owed.

The TASC Card can also be used at dependent care providers that accept debit cards and have an eligible Merchant Category Code. Transaction amounts are limited to your available account balance (the amount contributed to date, less reimbursements), so be sure you know your available balance before to swiping your card. Keep in mind that you cannot use your card to prepay for services such as registration fees for summer camps or other future services.

Keep in mind that although the card provides an easy way to pay, it is not paperless, and you may be required to submit documentation afterward. Each time you use the card, you are responsible for requesting an itemized statement of the service in case it is needed.

Where can I use my TASC Card?

The card is programmed to work at health care providers that accept MasterCard® and retail merchants that comply with the Inventory Information Approval System (IIAS), which confirms at the point of sale that any items being purchased are eligible expenses for an MSA. It is also designed to work at dependent care providers that accept MasterCard® and have an eligible Merchant Category Code.

How do I know what merchants accept the card?

In general, health care providers that accept MasterCard® will accept the card. Retail merchants that maintain an inventory system to identify qualified health care products will also accept the card.

Do I have to use the card for all my expenses?

No. You can choose at the point of sale if you want to use the card or pay out-of-pocket and submit a claim. You have several options for submitting claims, including:

- **TASC mobile app** Download the app and log in to your account. Then, just snap a picture of your itemized statement or EOB and submit a claim via the app.
- **TASC Online** Sign in to your online account to submit a claim.
- **Toll-free fax or mail** Download and complete a claim form. Then, submit it with your itemized statement or EOB. Keep a copy for your records.

What are some reasons my card might not work?

Health care providers must have their card terminals coded to properly identify the business as a health care provider. Some teaching hospitals, for example, may code their terminals differently as an educational facility. In this case, the card would be declined. If your card is declined, you can pay for the service/supply out-of-pocket, request an itemized statement and submit a claim for reimbursement.

Below are a few reasons why your card might not work.

- **Non-health care products** You may be attempting to purchase an item that is not a qualifying health care item, such as candy bars and magazines.
- **Merchant issue** The merchant may encounter problems with their terminal or may be using a non-health care merchant identification code.
- **Invalid merchant** You may be attempting to use the card at an unapproved merchant. The card is accepted only at health care providers and certain retail merchants that accept MasterCard®. It cannot be used at restaurants, gas stations, department stores or other similar stores.

- **Insufficient funds** You may be attempting to use the card for an amount more than your available balance. In this case, the transaction will be declined. It's important to know your balance.
- **Funds not loaded** Your election amount may not be loaded yet with new plan year funds.

TASC In the event your card does not work, simply pay for the item out-of-pocket and submit a claim for reimbursement if it is an eligible expense. If your card is deactivated pending receipt of documentation for a previous transaction, the amount of your claim will be reduced by the outstanding transaction amount.

The TASC Card

How do I get a card?

Employees who enroll in an MSA, Limited-use MSA or DCSA will automatically receive the TASC Card. You will receive a card at the home address TASC has on file for you within seven to 10 days of TASC receiving enrollment data from PEBA. You do not have to activate the card. Your entire MSA or Limited-use MSA contribution amount is available to you on your coverage effective date. DCSA funds are available as you contribute throughout the year .

Be sure to read and retain the cardholder agreement.

Is there a fee for the card?

There is no fee for the initial card and no fee for additional or replacement cards.

Can I order additional cards?

Yes. You may order additional cards by [logging in to your participant account](#). There is no cost for additional or replacement cards.

How long does it take to receive a card?

In general, you should expect to receive your card within seven to 10 days after TASC receives enrollment data from PEBA . During peak enrollment periods, such as open enrollment, it may take longer to receive your card.

In whose name are the cards issued?

The card is issued in the participant's name. You can order additional cards in your dependents' names, too.

What should I do if my card is lost or stolen?

You should immediately report lost or stolen cards to TASC by [logging in to your participant account](#). You can also call TASC Customer Care at 888.276.3147.

Documentation

What types of expenses require documentation?

IRS regulations require you to submit documentation for certain card transactions. The only items that *do not* require follow-up documentation are:

- Flat dollar copayments under PEBA's insurance plans.
- Identified recurring expenses at the same provider for the same dollar amount each month that has been substantiated once. For example, you have a monthly chiropractor visit for \$45.50, which does not match your copayment. You will be asked to submit documentation the first time. When you substantiate the expense, include a note stating this is a recurring expense. Future transactions at this provider for the same amount will not require documentation.
- Prescriptions or over-the-counter health care products purchased at pharmacies/merchants that identify which products are qualified health care items.
- A claim reported from BlueCross BlueShield of South Carolina (BlueCross) or EyeMed that matches an exact dollar amount of a card transaction.

All other transactions at medical offices, hospitals, physician offices, dental offices or vision care offices that do not match the BlueCross or EyeMed claim information will require documentation.

Each time you use your card, be sure to ask for and keep an itemized statement. Most providers do not automatically provide this information.

What is auto-adjudication?

Auto-adjudication is when transactions are automatically substantiated using available data. TASC receives claims data from BlueCross BlueShield of South Carolina (BlueCross) for health and dental claims, and from EyeMed for vision claims. TASC auto-adjudicates as many card transactions as possible using this data. While documentation cannot be eliminated completely, the goal is to decrease the need for you to provide documentation. If a transaction amount is equal to the amount shown on the file from BlueCross or EyeMed, you should not need to submit documentation.

How am I notified if documentation is required?

TASC will send you an email and/or text alert, based on your preference, if documentation is needed. You can also read your secure messages by logging into your participant account on the TASC mobile app or at www.SCMoneyPlus.com. The message will explain what documentation is needed to substantiate the transaction.

How do I provide documentation to substantiate card transactions?

You should submit documentation for card transactions only if requested. When you receive a request for documentation, you have two options:

1. Apply insurance claims data that TASC has on file to outstanding debit card transactions by logging in to your participant account; or
2. Provide an itemized statement or your insurance plan's explanation of benefits (EOB) statement by [logging in to your participant account](#), via the TASC mobile app, or via fax or mail. The

itemized statement must include the name of provider, patient name, date of service, brief description of the service(s) provided and the dollar amount owed.

What types of documentation are acceptable?

The IRS regulations require you to retain appropriate documentation each time you use the card in case you need to substantiate a transaction. Use of the card is not paperless. These are acceptable types of documentation:

- **Itemized statement** You can submit a statement that shows the provider name, patient name, date of service, description of service and dollar amount owed.
- **Explanation of Benefits (EOB)** You can submit a copy of your insurance plan's EOB statement.
- **Receipt for prescription drugs** You can submit the prescription receipt, a printout from your pharmacy or a copy of the itemized mail order statement.
- **Receipt for over-the-counter health care products** You can submit a copy of the merchant's itemized receipt that shows the store name, date, description of the product and dollar amount.
- **Receipt for over-the-counter drugs** You must submit a copy of the itemized merchant receipt that shows the store name, date, description of the product and dollar amount.

What types of documentation are not acceptable?

Following are examples of items that are not acceptable, because they are not itemized and do not show all the IRS-required information:

- Card terminal receipt.
- Canceled check.
- Balance-forward statement that is not itemized.
- Paid-on-account or paid receipt that is not itemized.
- Pretreatment estimates.

What should I do if I am unable to obtain the supporting documentation?

If you are unable to provide documentation for an TASC Card transaction in question, you may:

- Submit a claim for expenses incurred out-of-pocket to offset the card transaction; or
- Repay the unsubstantiated claim(s) by submitting payment to TASC by check or by requesting TASC to debit your bank account.

As a last resort, TASC will provide any transaction amounts that have not been substantiated at the end of the plan year to your employer to include as taxable income on your W-2.

Important reminders

The *State Flexible Benefits Plan* and IRS regulate the card. Keep these things in mind:

- Use of the debit card is not paperless.
- Know your balance. If you have only \$20 left in your account and swipe the card for \$25, the transaction may decline.

- Save all itemized receipts and insurance EOBs in case you need to provide documentation. Remember, credit card receipts are not acceptable.
- Submit documentation, if requested. It's the law. You can read your messages by logging into your participant account on the TASC mobile app or at www.SCMoneyPlus.com.
- If you fax documentation, be sure the fax is legible and includes your name and BIN or SSN. Be sure to indicate "S.C. PEBA MoneyPlus" on the fax, too. Do not highlight information, and keep your fax confirmation page.
- TASC will provide any transaction amounts that have not been substantiated at the end of the plan year to your employer to include as taxable income on your W-2.

You can find additional resources at www.SCMoneyPlus.com.