

Using your Spending Account Card

General Information

If you're enrolled in the Health Care FSA, Dental & Vision FSA, Employer Health FSA, or Employer Dental & Vision FSA, you will receive one debit card in your name. If you have more than one account, you will only receive one card (which will access both accounts)

The card is a Bank of America issued VISA card with a four-year expiration date from date of issue; it is important that you not discard the card after funds have been depleted, as the same card will be funded again they should they re-enroll in a spending account next year.

The Internal Revenue Service (IRS) requires that all expenses be 'substantiated', or proven to be for an eligible expense. If the spending account administrator is unable to automatically substantiate the debit card transaction on your behalf, you will be required to provide supporting documentation for that expense.

Be sure to keep all spending account card receipts or explanation of benefits related to your card transaction.

Supporting Documentation

Common acceptable forms of Independent Third-Party Documentation:

- An Explanation of Benefits (EOB) from your Insurance Carrier.
 - The EOB will need to clearly articulate the following:
 - Name of the provider
 - Date(s) of Service
 - Type of Service - either a description of the nature of the service provided or notation that the expense was covered under the health plan but not paid due to co-pay, coinsurance, or applied to deductible reasons
 - Patient's name
 - Dollar Amount (Health Care claims must include a description of patient responsibility, patient out-of-pocket or other indication that the insurance plan has adjudicated and will not pay)
- A written statement or receipt from the Provider
 - The statement/receipt will need to clearly articulate the following:
 - Name and address of the provider
 - Date(s) of Service
 - Type of Service - either a description of the nature of the service provided or notation that the expense was covered under the health plan but not paid due to co-pay, coinsurance or applied to deductible reasons.
 - Note:** If the receipt is for a co-pay, it must clearly state 'Co-Pay'
 - Patient's name
 - Dollar Amount (**must** include a description of patient responsibility, patient out-of-pocket **as well as an** indication that the health plan has already paid their portion (i.e., adjudicated the claim), and will not pay this remaining balance)
 - An itemized receipt (typically used for prescription or over-the-counter items) from a Merchant
 - The receipt will need to clearly articulate the following:
 - Name and address of the Merchant
 - Date(s) of the sale
 - Itemized Description of item being purchased
 - Dollar Amount of the item purchased

Using your Spending Account Card

How can I see if a debit card transaction has been substantiated?

- Log into the Raytheon Benefits Center website and select the 'My Resources' tab. Click on the 'Raytheon Benefits Center – FSA Claims' link in the Benefit Provider Contact Information section
- Once your spending account page has opened in a new window, you will have a link in your 'Alerts and Notifications' section of the homepage stating 'Receipts required for Debit Card Transactions'. Clicking on this link will take you to the full list of unsubstantiated card transactions requiring action.

How do I submit Documentation?

- After you've accessed the transaction online that you'd like to substantiate, click on 'Receipt Required' in the Status field.
- Once this has been selected, you will be taken to a page that allows you to upload the documentation directly online or print off a cover sheet to use to fax or mail in a copy of the documentation.

Remember: keep the originals for your files, and DO NOT submit a claim form with the substantiation request.

If you have questions, you should contact the Raytheon Benefit Center at 1-800-358-1231, Monday through Friday 8:00 a.m. to 8:00 p.m. EST to speak with a Customer Service Representative.