

Introducing the myFBMC Card®

a Fast, Easy Way to Pay!



How Does it Work?

The myFBMC Card® is an electronic payment method used to debit funds from your Medical Care Assistance Plan (MCAP) when an eligible expense is incurred. The full annual amount you elect is available for use the first day of the plan year. You automatically receive the Card when you enroll in an MCAP. There is no fee for the myFBMC Card®.

Where Can I Use It?

The myFBMC Card® may be used at any health care provider for eligible medical, dental or vision expenses. If the medical or vision charges are a State plan's co-payment amount, you do not need to submit substantiation documentation; however, if they are for any other amount, you must submit documentation. For dental charges, you must always submit documentation.

Note: Eyeglass warranties and cosmetic dental procedures are not eligible expenses.

The myFBMC Card® may be used for prescriptions and eligible Over-the-Counter† items at any pharmacy, grocery store or general merchandise store, which are a Certified IIAS Merchant* without needing to provide the documentation. To view a listing IIAS certified stores and a partial list of OTC items, visit www.myFBMC.com and click on the 'Resources' tab.

When swiping the card at a merchant or health care provider location, use the credit card option (not debit card). There is NO PIN number for this card.

Sponsored by your employer
and brought to you by

Fringe Benefits 
Management Company
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Documentation

You must provide substantiation documentation for outstanding transactions (indicated in **BLUE** on the monthly statement) within two monthly statement cycles, even if you leave State employment. Providing documentation is required by the IRS.

You can also identify transactions that need documentation submitted by logging into www.myFBMC.com, clicking on the 'Payment Card' tab and then selecting 'Card Transactions.' The outstanding transactions are indicated in **RED**.

If documentation is not provided by the end of the second statement month in which the transaction appeared on your statement, your card will be suspended. To check your card status, call the automated line at 1-800-865-3262. You must enter your SSN or Member ID # (you can find your Member ID # on the website after you login).

The myFBMC Card® is a
reimbursement option
exclusively for your
Medical Care Assistance Plan.

† Over-the-Counter (OTC) drugs and medicines are no longer eligible for reimbursement without a prescription from your physician.

Other Important Information

- ▶ You can still access the funds in your MCAP by submitting an FSA Claim Form, even if your myFBMC Card® has been suspended.
- ▶ If you do not send substantiation documentation within 60 days of the swipe date, any non-card claim sent in for reimbursement will be automatically substituted for the outstanding myFBMC Card® transaction. Once all transactions are satisfied, the card will be re-activated within 48 hours.
- ▶ You and your dependents must be enrolled in the State's health, dental and vision coverage for your myFBMC Card® transactions to be auto adjudicated. Meaning, if you opted out of the State's health plan you must send an Explanation of Benefits (EOB) or other documentation for all myFBMC Card® transactions, except prescription and Over-the-Counter† items purchased from a Certified IIAS* Merchant location.
- ▶ The Card should be used for current plan year expenses only, and not used for past due balances from the previous plan year.
- ▶ Always save your receipts for at least two years!

* The automatic adjudication system which allows eligible purchases of medical FSA expenses with the myFBMC Card® is called the Inventory Information Approval System (IIAS). This system is only used for auto adjudication of prescription and Over-the-Counter items. For a list of IIAS merchants, visit www.myFBMC.com and click on 'Payment Card,' then 'IIAS Store List.'