

Be Smart About Your Flexible Spending Account Plan

Flexible Spending Accounts (FSA) are a great way to increase your take-home pay and save taxes on money you spend for medical and dependent care expenses.

That's because you do not pay income tax or Social Security tax on your election amount (the money you set aside). A Health FSA account is used for medical expenses, and a Dependent Care Assistance Plan (DCAP) account is used for child care expenses.

General Purpose Health FSA

In a Health FSA account, you can put aside funds to pay for unreimbursed medical, dental and vision expenses (that is, bills that are not paid by any insurance) for yourself and qualifying dependents.

Dependent Care Assistance Plan

The Internal Revenue Service (IRS) permits you to exclude from gross income a certain amount of the dependent care expenses that you pay in order to work or look for work and provides two methods for you to do this. Under IRC §21, you can deduct qualified expenses as a Dependent Care Tax Credit when filing your annual income tax return. Alternatively, IRC §129 allows you to participate in a Dependent Care Assistance Plan (DCAP) through your employer's cafeteria plan. The maximum that can be set aside under this plan is set by the IRS at \$5,000 per year per family. DCAP applies to children from birth until their 13th birthday and can reimburse for daycare, preschool and pre-kindergarten, before- and afterschool care, and summer camp (day camp only).

Participation may not be continued while on a leave of absence or layoff. If you return to work during the same Plan Year, your contributions will restart at the same contribution rate in place before you left, unless you request a change due to a qualifying event.

IRS rules state you cannot claim the same expenses under both the dependent care account and the federal tax credit. As a result, you will have to decide which one is more advantageous to you.

You do *not* have full access to your Annual Election beginning with the new Plan Year. You may only withdraw the amount contributed up to the time you file a claim.

KENT COUNTY

Benefits: General Purpose Health Care & Dependent Care Reimbursement

Plan Year: January 1, 2023 – December 31, 2023

Maximum Health Care Contribution per Plan Year: \$3,050

Minimum Health Care Contribution per Plan Year: \$130.00

Maximum Dependent Care Contribution per Taxable Year (i.e., calendar year): \$5,000

Number of Pay Periods: 26

Debit Card Available: Yes

Runout Period: 90 days after the plan year ends to submit claims

Runout Period After Termination: You have 90 days after date of termination to file claims incurred before your termination date

Grace Period: You have 2.5 months after the plan year ends to incur claims

Check Runs: Checks are mailed directly to you twice each week. If you elect to enroll in direct deposit, the funds will be deposited the next business day.

Information in this document is intended to provide you with an additional resource to understand the flexible benefit plan sponsored by your employer. In the event of any discrepancies, the plan document will supersede this document.

Use it or Lose it: Grace Period

The IRS permits employers to provide a Grace Period to incur expenses that can be reimbursed with the prior Plan Year's remaining funds for both Health Care Expenses or Dependent Care Assistance. Estimate your expenses carefully, as any amount remaining after the Grace Period is forfeited.

Can I Change My Coverage During the Year?

The benefit choices that you are making now will remain in effect until the last day of the plan year, unless you experience a qualified change in family status. If you have a qualified change in family status, the IRS allows you to change your coverage during the plan year to meet your changing needs.

Qualified family status changes include:

- Change in Legal Marital Status - your marriage, divorce, or legal separation
- Change in Dependents - the birth, death, or adoption of a child
- Change in Employment - termination, retirement, change in hours with you or spouse, layoff
- Change in Residence or Worksite - of employee or spouse
- Change in Dependent Status - dependent starts or stops meeting requirements to be eligible for any coverage under this plan

Change in Dependent Care Only:

- Change in Cost - change in cost to provide dependent care
- Change in Coverage - addition or elimination of benefits options
- Change Under Another Plan - change in dependent care benefits under another employer's plan

If you experience such a change and would like to change your coverage, you must notify your Human Resource Department within 30 days of the qualified change in family status.

Any change you make must be consistent with your change in family status. For example, if you have a baby during the year, you may be eligible to change your Health Care election or you can choose to begin participating in the dependent care reimbursement account, but you could not decide to stop participating in the health care reimbursement account.

What information can I find on your website?

The website and mobile app offer 24/7 access to your account balance, claims history and the ability to file claims online.

- File a claim online
- Upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims history and payment (reimbursement) history
- Report a lost/stolen Card and request a new one
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms and notifications

Tax Savings Calculator

Below is an example of the savings a typical FSA participant experiences by contributing to a Health FSA and a Dependent Care Assistance Plan. Varipro offers an automated calculator through member.varipro.com website.

Example participant is a Michigan resident who is married and files a joint federal tax return.

Without a Section 125 Cafeteria Plan

Gross Taxable Income	\$40,000
Federal Income Tax	\$ 6,000
Social Security/Medicare Taxes	\$ 3,060
State Income Tax	\$ 1,700
Spendable Income	\$29,240
Less Dependent Day Care Expense	\$ 5,000
Less Out-of-Pocket Medical/Dental/Vision	\$ 2,000
Net Take-Home Pay	\$22,240

With a Section 125 Cafeteria Plan

Gross Taxable Income	\$40,000
Less Dependent Day Care Expense	\$ 5,000
Less Out-of-Pocket Medical/Dental/Vision	\$ 2,000
Taxable Income	\$33,000
Federal Income Tax	\$ 4,950
Social Security/Medicare Taxes	\$ 2,524
State Income Tax	\$ 1,402
Net Take-Home Pay	\$24,124

This example is designed to provide estimations in regard to the subject matter covered. It is furnished with the understanding that Varipro is not engaged in rendering legal or accounting advice. If legal advice or tax services are required, contact your attorney or tax professional

**Increase in Spendable Income
Through Section 125 Plan:
\$1,884 annually,
or \$36.23 per week**

FSA Worksheet

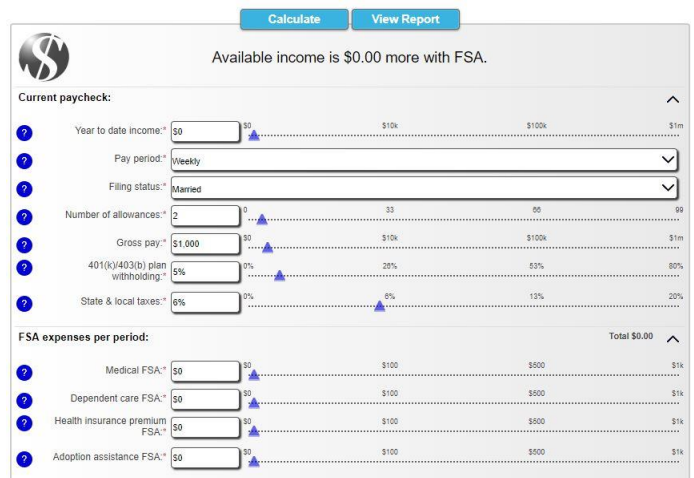
Use this worksheet to estimate the amount you want to set aside in your flexible spending accounts

Health Care Expenses

Insurance Deductibles	\$ _____
Insurance Co-Pays	\$ _____
Dental Deductibles	\$ _____
Dental Expenses	\$ _____
Vision Expenses	\$ _____
Hearing Expenses	\$ _____
Prescriptions	\$ _____
Medical Equipment	\$ _____
Chiropractor	\$ _____
Other Medical Expenses	\$ _____
Total Out-of-Pocket Health Care Expenses	\$ _____
Divide by Number of Pay Periods Per Year	÷ _____
= Per-Payroll Deduction for Health FSA	\$ _____

Dependent Care for Eligible Dependents

Day Care Cost Per Week	\$ _____
Multiply by 52 weeks	\$ _____
Total Annual Cost (Maximum \$5,000)	\$ _____
Divide by Number of Pay Periods Per Year	÷ _____
= Per-Payroll Deduction for DCAP	\$ _____



The screenshot shows a web-based calculator interface with the following fields and values:

- Buttons: Calculate, View Report
- Message: Available income is \$0.00 more with FSA.
- Current paycheck:
 - Year to date income: \$0
 - Pay period: Weekly
 - Filing status: Married
 - Number of allowances: 2
 - Gross pay: \$1,000
 - 401(k)(j)(403(b) plan withholding: 5%
 - State & local taxes: 6%
- FSA expenses per period:
 - Medical FSA: \$0
 - Dependent care FSA: \$0
 - Health insurance premium FSA: \$0
 - Adoption assistance FSA: \$0
- Total: \$0.00

Flexible Spending Account Frequently Asked Questions

Q: What if I am not covered or I do not have my dependents covered under my company's health insurance plan?

A: You and your family can still participate in the Health Flexible Spending Account (FSA) or Dependent Care Assistance Plan (DCAP) Reimbursement Account.

Q: Why should I participate in the health flexible spending account when I already have health insurance?

A: This account is used to pay for expenses that are not covered by insurance. For example, your insurance may not cover annual physicals, co-payments, eye exams, glasses, contacts, orthodontics, prescription drugs, or dental care, just to name a few. (See Eligible/Non-Eligible Expenses list.)

Q: What if I have a claim early in the plan year and do not have enough money in my account?

A: You are eligible for 100% of your election at the start of the plan year for your Health FSA. This is referred to as the "Uniform Coverage Rule." It gives you the ability to budget your medical expenses and spread them out over the entire year. Your elected payroll deductions will continue throughout the plan year to catch up on the expenses you have been advanced. For the DCAP account, you will be reimbursed as your deductions are deposited with your employer.

Q: Do I have to have a lot of expenses to participate?

A: No. You may put aside enough money to cover what you reasonably expect to spend during your plan year. You should not put more than that, because if you do not use the money, you will lose it. The Internal Revenue Service mandates this provision of the law.

Q: How do I figure how much to put into my medical expense account?

A: Look at your receipts or check register for the last year or two to see what you typically spend annually on medical expenses for yourself and qualified family members. Or, think about what you expect to spend on medical expenses during your plan year. You may be provided with a worksheet to use in estimating your expenses.

Q: Are "Over the Counter" drugs eligible for reimbursement?

A: According to the CARES ACT, passed March 27, 2020, in response to the COVID 19 pandemic, many "over the counter" drugs including menstrual products are now reimbursable under your FSA for items obtained January 1, 2020 or after.

Q: What is proof of payment/required documentation?

A: This would be a copy of your statement, invoice, visit record, explanation of benefits (EOB), or similar document. It should show the date, type of service, the amount of payment, and the provider. Voided/canceled checks and Balance Forward statements are not qualified receipts.

Q: If I set aside pre-tax money in a spending account, why would I lose the money if I don't spend it?

A: In exchange for the substantial tax advantages associated with an FSA, the IRS requires that any money left in the FSA at the end of the plan year, will be forfeited. This is known as the "use it or lose it" rule. However, if you plan properly, you most likely will not forfeit any money. There are many ways to spend any unused balance before the end of the plan year.

Q: Can expenses be reimbursed from my DCAP at the beginning of the month for care that will be provided during that month?

A: No, regulations require that claims can only be reimbursed after a service has been incurred. So, even though a participant pays for dependent care at the beginning of the month, until the care has been provided, the participant is not entitled to the reimbursement.

Q: Can I participate in the Dependent Care Assistance Plan and also claim the dependent care tax credit?

A: There is no 'double-dipping.' If you are using a DCAP you may not also elect the tax credit on the same money. Please consult with your accountant or flex administrator for further review.

Q: Can I change my coverage or contributions during the plan year?

A: The benefit choices that you make will remain in effect until the last day of the plan year, unless you experience a qualified change in family status. If you have a qualifying event or change in status such as marriage, divorce, birth or placement for adoption or loss of a covered dependent, you can change your election amount.

In addition to those mentioned, you are also allowed to make a change to your Dependent Care contribution amount if there is a change in cost to provide dependent care, if there is a change in coverage or change in dependent care benefits under another employee plan.

Q: Can I transfer an account balance from one account to another?

A: No. There is no transfer feature permitted.

Q: What happens if I leave my job?

A: Once your employment is terminated, your plan year is over. The only expenses that you

can submit are those that you incurred from the entry date through the date of termination. These claims need to be submitted within the "run out" period specific to your plan.

You may be eligible for COBRA continuation of coverage. Check with your employer for more information.

Q: What is the "run out" period?

A: It is a specified period of time after the end of the plan year, or after an employment termination date, in which you may submit claims incurred during the time you were covered. For example, if your plan has a 60-day run out period, you will have 60 days from the end of the plan year or 60 days from your termination date to submit claims incurred before your termination date.

Q: How do I submit my claim for reimbursement?

A: You can send your claim to Varipro by using one of the options below:

Upload claims online:
www.member.varipro.com

Snap a picture using the mobile app

Via Fax: 844-902-4564

Via Email: Flex@varipro.com

US Mail: Varipro
Attn: Flexible Spending
5300 Patterson SE, Suite 150
Grand Rapids, Michigan 49512

Q: How do I know how much money is in my account?

A: You can check your account balance 24 hours a day, seven days a week online or in the mobile app. You will also receive your remaining account balance with each reimbursement check.

FSA Eligible & Non-Eligible Expenses

Health Care Expenses under the Limited Purpose Plan may only be reimbursed after the deductible of your High Deductible Health Plan has been satisfied.

FSA/HSA Eligible Health Care Expenses

Please note that we do not intend this list to be comprehensive tax advice. For more detailed information, consult IRS Publication 502 or see your tax advisor.

Acupuncture	Drugs (prescription)	Physical therapy
Alcoholism treatment	Eye examinations and eyeglasses	Psychiatric care, psychologists, psychotherapists
Allergy shots and testing	Home health and/or hospice care	Radial keratotomy related physicals)
Ambulance (ground/air)	Hospital services	Schools (special, relief, or handicapped)
Artificial limbs	Insulin	Sexual dysfunction treatment
Blind services and equipment	Laboratory fees	Smoking cessation programs
Car controls for handicapped*	LASIK eye surgery	Surgical fees
Chiropractor services	Medical alert (bracelet, necklace)	Television or telephone for the hearing impaired
Coinsurance and deductibles	Medical monitoring and testing devices*	Therapy treatments*
Contact lenses	Nursing services	Transportation (essentially and primarily for medical care; limits apply)
Crutches, wheelchairs, walkers	Obstetrical expenses	Vaccinations
Deaf services-- hearing aid/batteries, hearing aid animal & care, lip reading expenses, modified telephone, etc.	Occlusal guards	Vitamins*
Dental treatment	Operations and surgeries (legal)	Weight-loss programs*
Dentures	Optometrists	X-rays
Diagnostic tests	Orthodontia	
Doctor's fees	Orthopedic services	
Drug addiction treatment & facilities	Osteopaths	
	Oxygen/oxygen equipment	
	Physical exams (except for employment)	

FSA/HSA Eligible OTC Medications and Products

For a complete list, or to purchase eligible products on line check out [Amazon's Health Shopper](#) or the [FSA Store](#). You can access these links from the member portal or through www.varipro.com.

Acne medications & treatments	Anti-itch & insect bite remedies	Hydrogen peroxide, rubbing alcohol
Allergy & sinus, cold, flu & cough remedies (antihistamines, decongestants, cough syrups, cough drops, nasal sprays, medicated rubs, etc.)	Anti-parasitics	Laxatives
Antacids & acid controllers (tablets, liquids, capsules)	Baby care (diaper rash ointments, teething gel, rehydration fluids, etc.)	Menstrual Products
Antibiotic & antiseptic sprays, creams & ointments	Contraceptives (condoms, gels, foams, suppositories, etc.)	Medicated band-aids & dressings
Anti-diarrheas	Digestive aids	Motion sickness remedies
Anti-fungals	Eczema & psoriasis remedies	Nicotine patches and medications (smoking cessation aids)
Anti-gas & stomach remedies	Eye drops, ear drops, nasal sprays	Pain relievers (aspirin, ibuprofen, acetaminophen, naproxen, etc.)
	First aid kits	Sleep aids & sedatives
	Hemorrhoidal preparations	Wart removal remedies, corn patches

EXAMPLES OF ITEMS ELIGIBLE FOR REIMBURSEMENT WITH DETAILED RECEIPT ONLY (NO PRESCRIPTION REQUIRED):

Braces & supports	Durable medical equipment (power chairs, walkers, wheelchairs, etc.)	OTC varieties of Insulin
Breast pumps for nursing mothers	Home diagnostic (pregnancy tests, ovulation kits,	Reading glasses
Contact lens solution	Non-medicated band-aids, rolled bandages & dressings	Sunscreen
CPAP equipment & supplies		Thermometers, blood pressure monitors, etc.)
Diabetic testing supplies /equipment		

FSA Non-Eligible Health Care Expenses

Advance payment for services to be rendered	Electrolysis	Premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits
Automobile insurance premium allocable to medical coverage	Fees written off by provider	Personal items
Boarding school fees	Food supplements	Preferred provider discounts
Body piercing	Funeral, cremation, or burial expenses	Social activities
Bottled water	Hair transplant	Special foods and beverages
Chauffeur services	Herbs & herbal supplements	Swimming lessons
Controlled substances	Household & domestic help	Tattoos/tattoo removal
Cosmetic surgery and procedures	Health programs, health clubs, and gyms	Teeth whitening
Cosmetic dental procedures	Illegal operations and treatments	Transportation expenses to & from work
Dancing lessons	Illegally procured drugs	Travel for general health improvement
Diapers for Infants	Insurance premiums	Uniforms
Diaper service	Long-term care services	Vitamins & supplements without prescription
Ear piercing	Maternity clothes	
	Medical savings accounts	

Varipro Health Cloud Mobile App

With Varipro Health Cloud Mobile App, you can get to the healthcare account information you need—fast. Wondering whether you have enough money to pay a bill or make a purchase? Varipro Health Cloud Mobile App puts the answers at your fingertips*:

Get started with Varipro Health Cloud Mobile App in minutes.



Benefits Debit Card Frequently Asked Questions



Q: What is the Benefits Debit Card?

A: The Benefits Debit Card is a special-purpose Visa® card that gives participants an easy, automatic way to pay for eligible health care/benefit expenses incurred during the current plan year. The Card lets participants electronically access the pre-tax amounts set aside in their Flexible Spending Accounts (FSAs) or Health Reimbursement Accounts (HRAs). It cannot be used as a regular Visa®. It cannot be used, for instance, at gas stations or restaurants. There are no monthly bills and no interest.

Q: How does the Benefits Debit Card work?

A: The value of the participant's account(s) contribution is stored on the benefits debit card. When you have eligible expenses at a business that accepts benefit debit cards, simply use your Card. The amount of the eligible purchases will be deducted – automatically – from your account and the pre-tax dollars will be electronically transferred to the provider/ merchant for immediate payment.

Q: How many Benefits Debit Cards will I receive?

A: Participants will receive two Cards in the employee's name. If you would like additional

Cards for other family members, contact Varipro

Q: Can I use contactless payments on my phone or smart watch?

A: Yes. Whether you use Google Pay, Apple Pay, or Samsung Pay, quickly add your benefits debit card to your mobile wallet. Your card will be accessible (alongside the rest of your virtual credit or debit cards).

Q: Will I receive a new Benefits Debit Card each year?

A: No. Although you must re-enroll each year to use the card, you will not receive a new Card each year. If you have an active Card, and re-enroll for the next plan year, you will keep using the same Card for the next plan year. The Card will be loaded with the new annual election amount at the start of each plan year or incrementally with each pay period, based on the type of account(s) you have.

Q. What if the Benefits Debit Card is lost or stolen?

A: Call Varipro to report a Card that is lost or stolen as soon as you realize it is missing. We will turn off the current Card(s) and issue replacement Card(s). There may be a fee for replacement cards.

Q: How do I activate the Card?

A: Call the toll-free number on the activation sticker on the front of the Card or visit the web site on the back of the Card.

You can use both Cards once the first Card is activated – you do not need to activate both. You should wait one business day after activation to use the Card. Each Card user should sign the Card with his or her own name.

Q: Where can I use the Benefits Debit Card?

A: IRS regulations allow participants to use their Benefits Debit Cards in participating pharmacies, mail-order pharmacies, discount stores, department stores, and supermarkets that can identify FSA/HRA-eligible items at checkout and accept benefit prepaid cards. Eligible expenses are deducted from the account balance at the point of sale. Transactions are fully substantiated, and in most cases, no paper follow-up is needed. You can find out which merchants are participating by visiting the web site on the back of the Card or contacting Varipro

Some plan designs may also allow participants to use their Cards in pharmacies that have certified that 90% of the merchandise they sell is HSA/FSA/HRA-eligible. However, since these pharmacies cannot identify the eligible items at the point of sale, another form of auto substantiation or paper follow-up will be required.

You may also use the Card to pay a hospital, doctor, dentist, or vision provider that accepts prepaid benefit cards. In this case, auto-substantiation technology is used to electronically verify the transaction's eligibility according to IRS rules. If the transaction cannot be auto substantiated, paper follow-up will be required.

Q. Are there places the Benefits Debit Card won't be accepted?

A: Yes. The Card will not be accepted at locations that do not offer the eligible goods and

services, such as hardware stores, restaurants, bookstores, gas stations and home improvement stores.

Cards will not be accepted at pharmacies, mail-order pharmacies, discount stores, department stores, and supermarkets that cannot identify HSA/FSA/HRA-eligible items at checkout. The Card transaction may be declined. Participants can find out which merchants are participating by visiting the web site on the back of the Card.

Q: If asked, should I select "Debit" or "Credit"?

A: If you have elected to use a PIN (Personal Identification Number) with your Benefits Debit Card, select "Debit" and enter the PIN when prompted. If you are not using a PIN with your Benefits Debit Card, select "Credit" and you may be asked to sign for the purchase. You cannot receive cash back with the Benefits Debit Card.

Q: How does the Card work in participating pharmacies, discount stores, department stores, and supermarkets?

A: Bring prescriptions, vision products, eligible OTCs and other purchases to the register at checkout to let the clerk ring them up.

Present the Card and swipe it for payment.

If the Card swipe transaction is approved (e.g., there are sufficient funds in the account and at least some of the products are HSA/FSA/HRA-eligible), the amount of the FSA/HRA-eligible purchases is deducted from the account balance and no receipt follow up is required. The clerk will then ask for another form of payment for the non- HSA/FSA/HRA -eligible items.

If the Card swipe transaction is declined, the clerk will ask for another form of payment for the total amount of the purchase.

The receipt will identify the HSA/FSA/HRA - eligible items and may also show a subtotal of the HSA/FSA/HRA -eligible purchases.

In most cases, the participant will not receive requests for receipts for HSA/FSA/HRA - eligible purchases made in participating pharmacies, discount stores, department stores, or supermarkets.

Q: Why do I need to save all of the itemized receipts?

A: You and your other eligible users should always save itemized receipts for FSA and HRA purchases made with the Benefits Debit Card. You may be asked to submit receipts to verify that their expenses comply with IRS guidelines. Each receipt must show:

- the patient name,
- the merchant or provider name,
- the service received, or the item purchased,
- the date and the amount of the service or purchase.

The IRS requires that every card transaction must be substantiated. This can occur through automated processing as outlined by the IRS (e.g. copay matching, etc.). If the automated processing is unable to substantiate a transaction, the IRS requires that itemized receipts must be submitted in order to validate expense eligibility.

Q: May I use the Benefits Debit Card if I receive a statement with a Patient Due Balance for a medical service?

A: Yes. As long as:

- you have money in your account for the balance due,
- the services were incurred during the current plan year,
- and the provider accepts prepaid benefit debit cards,

you can simply write the Card number on the statement and send it back to the provider. You must have documentation to show: the patient name, the merchant or provider name, the service received, or the item purchased, the date of service to support any balance due statement.

Q: How do I know how much is in my account?

A: You can visit your personal Account Summary page at www.member.varipro.com to view your account activity and current balance. You should always know their account balance before making a purchase with the Card.

Q: What if I have an expense that is more than the amount left in my account?

A: When incurring an expense that is greater than the amount remaining in your account, you may be able to split the cost at the register. (Check with the merchant.) For example, you may tell the clerk to use the Benefits Debit Card for the exact amount left in the account, and then pay the remaining balance separately. Alternatively, you may pay by another means and submit the documentation for the eligible transaction via a claim form or upload it on the website.

Q: What are some reasons that the Benefits Debit Card might not work at point of sale?

A: The most common reasons why a Card may be declined at the point of sale are:

- The Card has not been activated.
- The Card has been used before the 24-hour period after activation is over.
- You have insufficient funds in your account to cover the expense.
- Non-eligible expenses have been included at the point-of-sale. (Retry the transaction with the eligible expense only.)
- The merchant is encountering problems (e.g. coding or swipe box issues).
- The pharmacy, discount store, department store, or supermarket cannot identify HSA/FSA/HRA eligible items at checkout according to IRS rules.

Q: Can I use the Benefits Debit Card to access last year's money left in the account this year?

A: No, do not use the Card to pay for services incurred during the previous plan year. Amounts are subtracted from the available balance during the plan year in which the transaction is posted.

Q: How will I know to submit receipts to verify a charge?

A: You will receive a letter or email notification from Varipro if there is a need to submit a receipt. All receipts should be saved according to the IRS regulations.

Q: What if I fail to submit receipts to verify a charge?

A: If receipts are not submitted as requested to verify a charge made with Benefits Debit Card, then the Card may be suspended until receipts are received. You may be required to repay the amount charged.

Q: Who do I call if I have questions about the Benefits Debit Card?

A: Contact Varipro at 800-732-3412 for further assistance

Mobile Payments are here – Faster, more secure, and contactless

Take advantage of contactless payments

Mobile payments = contactless! It's the future of payments, and it means less germs, faster (and more secure) purchases, for an easier experience.

Add your benefits debit card to your mobile wallet

Whether you use Google Pay, Apple Pay, or Samsung Pay, quickly add your benefits debit card to your mobile wallet with just a few taps.

Access your benefits debit card via mobile wallet to pay for eligible expenses

No more card fumbling! With mobile payments, there's no need to use (or even bring) your benefits debit card to pay for eligible expenses. Your card will be accessible (alongside the rest of your virtual credit or debit cards).