

Participant Frequently Asked Questions

1. How can I obtain a reimbursement claim form to submit to my flexible spending account (FSA)?

By visiting our website at www.coresource.com and logging in, e-mailing us at coreflex@coresource.com or calling us at 877.267.3359.

2. How can I submit a claim for reimbursement?

You may fax your claim to us at 501.221.9074 or mail it to CoreSource, P.O. Box 8215, Little Rock, AR 72221.

3. How can I check my account balance?

Log into your account at www.coresource.com to check your account balance or call our office at 877.267.3359.

4. I never received my check. How can I get a new check issued?

We must wait three weeks from the date the check was mailed before we can issue a stop payment. After the three week period has expired, we will issue a replacement check. The check will be cut during the normal check run for your employer.

5. The deduction amount on my pay stub does not match the information in your system. How can I get this resolved?

Contact our office at 877.267.3359. We will verify the correct amount with your employer. If a correction is required, you will be sent an updated account statement.

6. May I request an account statement at any time?

Yes. Simply e-mail us or call our office and request an account statement.

7. Are over-the-counter (OTC) drugs covered under my plan?

Based on current interpretation of healthcare reform legislation, effective Jan. 1, 2011, OTC drugs, medicines and biologicals (medical therapy derived from a biological source such as antibodies, enzymes and hormones) will require a physician directive, such as a prescription or letter, before reimbursement can be made. Medical devices and supplies may still be covered. For more detailed information, consult your enrollment guide or contact your HR department for a more complete list of eligible and ineligible expenses for an FSA.

8. Can I submit my credit card receipt or a balance due statement from my provider in lieu of an itemized statement?

The credit card receipt and the balance due statement do not include the necessary information to process a claim. An Explanation of Benefit (EOB) form or itemized statement will be required.

9. Where can I use my Benny™ Card?

For medical FSAs, the Benny Card is restricted to vendors that provide medical, dental or vision services and have the correct vendor code assigned by MasterCard.® If the vendor has a general retail vendor code, the transaction will be denied. In addition, the Benny Card may be used at your child care provider.

10. What can I pay for with my Benny Card?

You may use your Benny Card to pay for any qualified medical, dental or vision expenses that are not payable under any other plan. If the transaction does not match your plan's copayment, you will be required to submit an itemized receipt for the services covered in the transaction. Because of the physician directives requirement in healthcare reform legislation, debit cards linked to flexible spending accounts, such as the Benny Card, can no longer be used for OTC medications, effective Jan. 1, 2011.

11. What if I lose my Benny Card? Can I get a new card issued?

If you lose your Benny Card, please notify us immediately so that we can turn off the card and prevent any unauthorized usage. We will then issue you a new card. There is a small charge for the replacement card. This will be deducted from your flexible benefit account.

12. I tried to use my Benny Card, but the transaction was denied.

There are several reasons why the transaction might be denied. The most common problems are insufficient funds in the account to cover the transaction, or the vendor does not have an approved MasterCard® vendor code. Please contact our office if you experience a problem to see if it can be resolved while you are at the provider's office.