Claims Made Easy!

We make it easy for you to submit and manage your claims.

Types of Claims

There are three ways we may receive claim information: 1. from your health insurance plan, 2. through your payment card, and 3. reimbursement requests you enter online or on your mobile app. If we receive a claim from your health insurance plan or through your payment card, there is no need for you to enter a separate request.

Viewing Existing Claims

All claims, including payment card charges and those submitted to us by your health insurance plan, will automatically be recorded for you in your online account and in the mobile app. Simply log in and click to see the claim status and details.

Enter a New Claim

If you pay for an expense using personal funds (not your payment card), you will need to enter a claim for reimbursement. Entering a new claim is easy.

- Log into your online account or mobile app.
- Click to add a new request for payment or reimbursement.
- Enter the required information about your expense.
- Follow the instructions to submit your documentation via upload, fax, or postal mail.

Submitting Receipts is Simple

Because these accounts are tax-advantaged, the IRS requires every expense be reviewed for eligibility. Even if you pay for a qualified expense using your payment card, you may still need to submit itemized receipts for that purchase if we cannot automatically verify the expense. When receipts are needed, it is very easy to submit documentation:

- Log into your online account or mobile app.
- Claims that require receipts are flagged for your attention.
- Follow the instructions to submit your documentation via upload, fax, or postal mail. Submitting your documentation on the mobile app using your phone's camera is the easiest option!

Good to know!

- You may only submit claims for services incurred during the plan year or employment period. An expense is incurred when a service is received, not when a bill is paid.
- If you paid using your payment card, there is no need to add a new claim. Just be ready to submit an itemized receipt if requested.
- An Explanation of Benefits (EOB) provided by your insurance carrier usually has all the required information. Non-itemized statements, cash register receipts, credit card receipts and canceled checks are never sufficient because they do not contain payment details.

Claims FAQs

How do I enter a new claim?

Entering a new claim is easy. Simply:

- Log into your online account or mobile app.
- Click to add a new request for payment or reimbursement.
- Enter the required information about your expense.
- Follow the instructions to submit your documentation via upload, fax, or postal mail.

How do I submit receipts for payment card charges?

Even when you use your payment card, IRS rules require that the purchase be reviewed for eligibility. Sometimes we can do that automatically, but sometimes receipts are needed as verification. Always remember to save your receipts. When you are ready to, follow these simple steps:

- Log into your online account or mobile app.
- Claims that require receipts are flagged for your attention.
- Follow the instructions to submit your documentation via upload, fax, or postal mail. Remember that it is easiest to submit documentation on the mobile app using your phone's camera to take a picture of your receipt.

How will I know if I need to submit a receipt for substantiation?

You will always have to submit receipts anytime you request reimbursement online from your Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA). There are also times that you will need to submit a receipt when you pay with your health care payment card.

If a receipt is needed for a payment card claim, you will be notified by email or letter. You can also review if your claim requires receipts by logging in to your online account. You need to submit receipts if you see a notice.

What if I don't submit my receipts?

For an online claim, you will not be reimbursed until you submit itemized receipts.

For payment card claims, you must provide the receipts within the time requested or the transaction will be deemed ineligible, and you will be required to refund the amount of the transaction.

What information needs to be included on the itemized receipts?

Receipts MUST include the following information:

- Name of the patient (you, your spouse or dependent)
- Date the service was provided
- Name of the service provider
- Description of the service
- Amount/cost of the item or service provided

*Credit card receipts, non-itemized cash register receipts and cancelled checks are not acceptable forms of documentation, but EOBs usually have all the required information.

Why might my claim be denied?

Claims are denied for missing or illegible information, receipts that are for expenses that are not eligible, expenses incurred outside the plan year, expenses that have already been submitted, or expenses that are not qualified for your plan. In the instance of a denied claim, participants have the opportunity to submit the correct information and resubmit the claim for reimbursement.

How long will it take for my reimbursements to be processed?

Most reimbursements requests filed online are processed within 2-4 business days. Reimbursements are usually made daily, though some plans may differ. You can see the date of your next reimbursement online. Check with Customer Service or your benefits administrator if you have any questions about the timing for your company.

Can I mail in my claim?

Yes, however, we prefer to receive claims online. Mailed claims take longer and there is always the chance of your claim getting lost in the postal system.

How will I receive my reimbursements?

You are eligible to be reimbursed by check or direct deposit. For quicker reimbursements, sign-up for direct deposit in your online account.

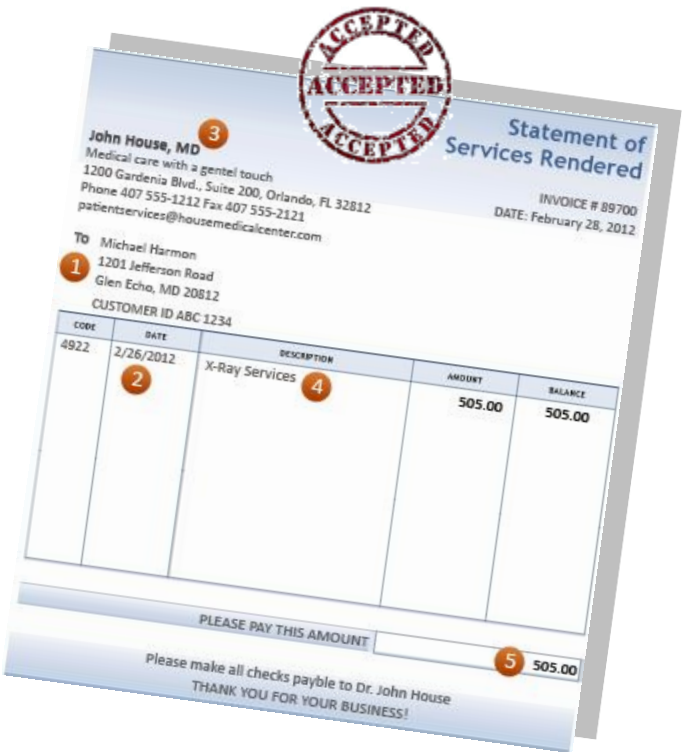
Five! Count Your Way to Success

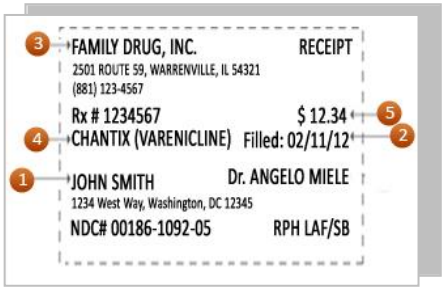
Even when you use your payment card, IRS rules require purchases be verified for eligibility. Always remember to save your receipts and remember these **five** pieces of information that are required.

Good Documentation Must Include Five Pieces of Information

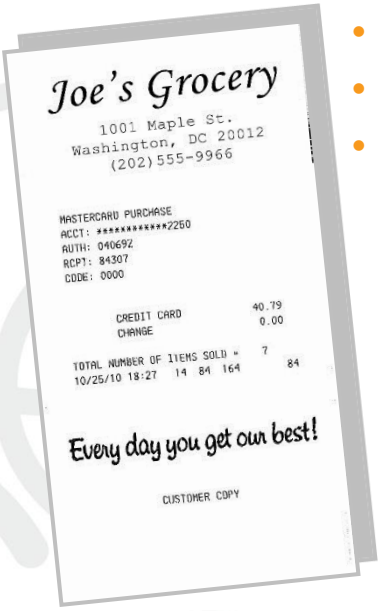
1. Name of the patient (you, your spouse or dependent)
2. Date the service was provided
3. Name of the service provider
4. Description of service
5. Amount/cost of item or service provided

Tip: An Explanation of Benefits (EOB) provided by your insurance carrier usually has all the required information.





Examples of Bad Documentation



- Credit card receipts
- Non-itemized cash register receipts
- Cancelled checks