

The BESTflexSM Plan



How do I submit and substantiate *claims*?

Learn how to properly submit and substantiate FSA claims to receive quick and easy reimbursements.

What's needed?

Both the Health Care FSA and Dependent Care FSA, in accordance with IRS guidelines, require that certain information be included in your receipts and expense documentation.

Health Care FSA

- A. Date(s) of service
- B. Type of expense (e.g., eye exam)
- C. Amount of the expense incurred
- D. Name of Service Provider
- Certain procedures and items need a *Letter of Medical Necessity* from a physician as part of your reimbursement documentation – which must contain a specific diagnosis, state that the procedure or item is used to treat or cure the diagnosis, and indicate the duration of the expense.
- Cosmetic procedures are not covered under the BESTflex Plan.
- Orthodontia contracts must contain the treatment start date, fee schedule and duration of payments.

Dependent Care FSA

- A. Date(s) of service
- B. Charges
- C. Name of Service Provider
- Services must be incurred BEFORE they can be reimbursed.
- Separate documentation, which shows the name of the provider, dates of coverage and amounts, is required.

Claim Forms

When you incur a medical or dependent care expense during the plan year, you submit a *Claim Form* and expense documentation to Employee Benefits Corporation.

1. Complete a *Claim Form* and attach documentation, supporting invoices, receipts, Explanation of Benefits (EOB), etc.
2. Sign the form.
3. Photocopy the form and documentation for your records.

U.S. Mail

You may submit as many forms with documentation as you like in one envelope. Be sure the documentation is stapled to the *Claim Form* to which it applies or your claim may be excluded.

Fax

Submit only one form with documentation per fax transmission. Be sure the documentation is faxed with the *Claim Form* to which it applies or your claim may be excluded. It usually takes two business days to process faxed claims. Once they are processed, you can quickly and easily review the status of your claim on our website at www.ebcflex.com.

Online

Log in to your account at www.ebcflex.com and submit claims and documentation using My Account Assistant.

Do not submit a form if claims are submitted electronically

If your provider or carrier electronically submits claims to Employee Benefits Corporation, you should not submit a *Claim Form* for those expenses. Contact your Human Resources Department for more information.

Year-End Claims

Because your employer has a 2-1/2 month Grace Period in place, you can incur expenses for 2-1/2 months after the plan year ends. Claims submitted for expenses incurred during the 2-1/2 month Grace Period will first be paid using funds from your previous plan year. Once that money has been used, claims will be paid using funds from the current plan year, provided you chose to participate and funds are available.

To use the Grace Period for a claim that is greater than the amount remaining in your old account, the claim must draw from both the old and new accounts and the expense must be incurred during the 2-1/2 month Grace Period. Submit all your claims no later than the last day of the 90-day runout.

We cannot reprocess or reorder your claims to pay out of a different year. It is your responsibility to submit claims against the correct plan years as described previously. You can look up your account information by logging into My Account Assistant.

If your new plan year is listed, it is activated and ready for use. You can also call us before you submit your claim at 800 346 2126. A Participant Services Representative will look up your account information and walk you through your claims submission process.

You have until the last day of the 90-day runout to submit your claim. Claims submitted within this window will be applied to the plan year in which they were incurred. If you terminate during the plan year, you have only 90 days to submit claims after your termination date. The 2-1/2 month Grace Period will not apply.

Exclusions

What do I do when a claim is excluded?

If a claim is deemed invalid (excluded), you will receive an *Exclusion Letter* identifying the expense and the reason it was excluded. If you resubmit the claim, include the Exclusion Letter and any additional documentation or requested information within 180 days of receiving the Exclusion Letter. Additional information on resolving claims is available in the *Summary Plan Description*.

Before You File

Read this information BEFORE you file for reimbursement!

- We cannot reimburse your expenses without your signature; you must completely fill out, sign and date the *Claim Form*.
- We cannot reimburse you until expenses are actually incurred; we cannot use estimates or pre-payment billings.
- We cannot accept balance forward or previous balance statements.
- Double check your attached documentation and make sure the information, such as date(s) of services, type of expense, amount, etc., is provided.
- Cancelled checks or credit card statements are not valid documentation and we cannot accept them.
- When photocopying your documentation, make sure the copies are clear and complete.
- If you are unsure whether an expense is reimbursable, contact us before you incur the expense at 800 346 2126 or by email at participantservices@ebcflex.com.



Expenses incurred during your Grace Period are first claimed against any remaining funds from the previous plan year.

Questions?

If you have any questions, please contact Participant Services at **800 346 2126**, or email participantservices@ebcflex.com.