

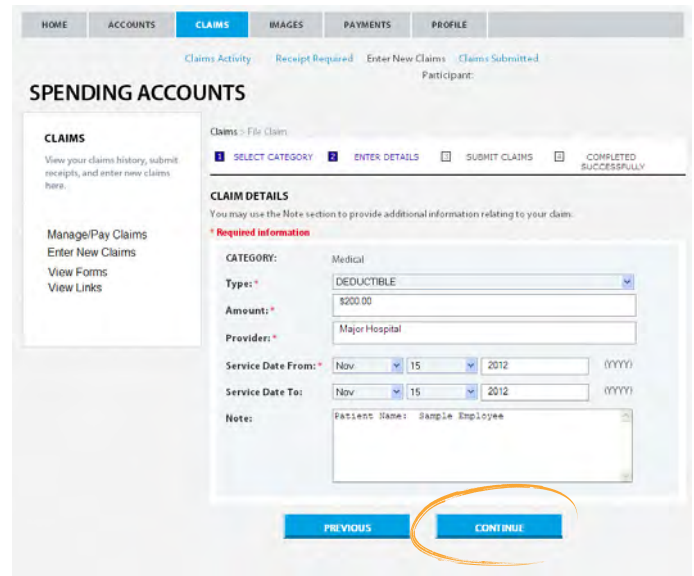
HOW TO SUBMIT A CLAIM TO YOUR HEALTH REIMBURSEMENT ACCOUNT (HRA)

If your HRA plan permits, you may be able to submit eligible claims directly to your account. All it takes is a few simple steps!

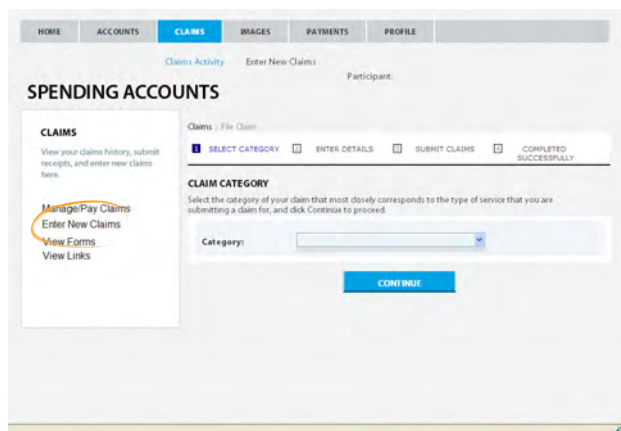
This is the member homepage you will view once you log into your account. To access information about your HRA, click the **Spending Account(s)** link.



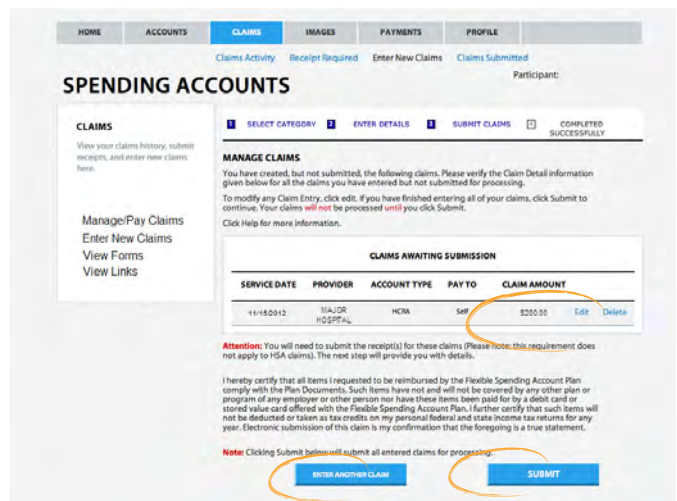
Fill in the necessary **claim information** and click **Continue**.



You may enter a new claim by using one of the buttons in the **Claims** box on the left of your screen. Simply click the **Enter New Claims** link.



Now you can **review your claim for accuracy**. You can **edit, add more expenses or submit the expense**. Your claim will not be processed until you click **Submit**.



Once you successfully submit your claim, you can upload your documentation or fax it.

The **Receipt Required** page from the **Claims** link lists all of the claims that are pending until the documentation is submitted.

There is also an **Images** link at the top of the webpage that allows you to see all of your submitted information.

RECEIPT REQUIRED

To ensure your claim or transaction is approved, be sure you provide the proper documentation. This must include name of the person incurring expense, provider name, date of service, type of service and amount charged. The ideal form of documentation is a prescription receipt or an Explanation of Benefits (EOB) provided by your plan administrator.

Debit Card transactions shown below are claims for which receipts have not yet been received. If you have images of the receipts for the claims listed below with a status of 'Receipt Required', you can save time by uploading your scanned receipts directly to your account. If you do not have images of the receipts you can also send those through fax or mail.

Please see instructions below for providing your receipts by image upload or by fax or mail and click on the icon next to the claim to begin the process.

The scanner icon will enable you to Upload Receipt Images. Please make sure:

- The Receipt Images are legible.
- The Receipt Images are scanned separately.
- The Receipt Images need to be less than 5 MB in size.
- The Receipt Image format for the scanned images are one of the image types listed. The image types accepted are multi-page TIF, PDF or single page JPEG files.
- You have an updated virus scanner on your computer.
- Uploaded files will be scanned for the existence of any virus.
- The files will be rejected if a virus is detected.

Create and print a **Customized Fax Coversheet**. Use the link below to start the process. 866.228.9417

Your debit card may be suspended if you do not send the required receipts within 90 days of your debit card transaction.

DATE	ACCOUNT	FROM	CATEGORY	TRANSACTION ID	AMOUNT/DETAILS	UPLOAD IMAGE
08/21/2012	Health Account	TE33	PHARMACY #0167	8981	\$10.00	
08/21/2012	Health Account	TE33	MEDICAL GROUP	1224	\$20.00	

You may elect to receive electronic notifications of spending account activity.

If your HRA is offered in connection with your health plan, then you will also be able to view all of the out-of-pocket amounts that you owe which were applied to your health claims.

These copays, deductibles, or coinsurance amounts may be submitted to your HRA, depending upon the eligible claim rules of your company's plan.

For claims not previously submitted to your account, choose **Pay Now** to send the claim for processing – it's that easy!

CLAIMS ACTIVITY

View your claims history, submit receipts, and enter new claims here.

DATE OF SERVICE	PROCESSED DATE	ACCOUNT	FROM	CATEGORY	TRANSACTION/CLAIMLINE ID	AMOUNT/DETAILS	STATUS
10/01/2011		HRA	TEST(10/01/2011)	Medical		\$5.00	Denied
09/01/2011	01/27/2012	HRA	DR BCB (09/01/2011)	Medical		\$1.00	Paid
08/15/2011	11/29/2011	HRA	TEST(08/15/2011)	Medical		\$10.00	Refused
07/01/2011		HRA	ABC(07/01/2011)	Medical		\$5.00	Pay Now

If you need to send a paper claim form – you can print it from the **View Forms** page that can be accessed at any time from the left navigation links.

FORMS DETAILS

These printable forms are in PDF (Portable Document) format. To read and print them, you will need the free Adobe Acrobat Reader (standard with most browsers).

Others

- Health Reimbursement Account Form**
Use this form for health reimbursement requests. (3 page PDF)
- Transportation Expense Certification Form**
Use this form for Transportation Expense Certification