

YOUR spending ACCOUNT™

How to Submit Claims to Your HRA for Reimbursement

Follow this simple four-step process for submitting claims. Please note that if you enroll through OneExchange (formerly Extend Health) reimbursement for medical plan premiums may be handled automatically through auto-reimbursement. See the FAQs on the front of this sheet for more details.

Step 1 – From the home page, click on "Submit Health Care Claim." Follow the instructions to enter your claim information. Be sure to select how you would like to submit your documentation. Selecting "Send by fax or mail" will enable you to print a fax cover sheet. Selecting "Upload" will require you to scan your documentation so you can send it electronically. You can also enter your information on a paper claim form. Paper forms are available by calling the phone number listed on the enclosed Welcome letter.

Step 2 – Fax, mail, or upload your claim form, along with supporting documentation, to YSA. Note that mailed forms take longer to process.

Step 3 – Your claim will be reviewed and processed upon receipt.

Step 4 – You will receive an Explanation of Benefits (EOB) and payment (if applicable) via check or direct deposit. To receive your reimbursements faster, you can sign up for direct deposit on the YSA Web site or call YSA at the number listed on the enclosed Welcome letter.

What Documentation Is Required to Support My Claim?

If you are not set up for medical premium auto-reimbursement by the carrier, there are two other ways to set up a premium reimbursement: 1. Use the online claim form, provide proof only one time and then submit only the form each time you request reimbursement—you control when you are reimbursed. 2. Contact a YSA representative and request a "recurring form" so that you submit the proof and form only once each year and then are reimbursed that amount of premium each month the rest of the year. Both processes require a copy of a premium invoice or statement from your insurance carrier or other documentation showing the premium amounts paid and the start and end dates. You must also provide proof of payment, such as a cancelled check or paid receipt. Then, for both processes outlined above, at the beginning of **each** calendar year, you must re-establish your enrollment and the amount of the monthly premium payment for that new year—even if you do not change policies or carriers and the premiums are the same amount.

For all other types of eligible medical expenses such as medical copayments, coinsurance or dental and vision eligible expenses, it is important that you provide the appropriate receipt with your claim form. Although your itemized receipt may look different from the example shown here, it must always contain the following information:

- A. Name of service provider
- B. Date of service
- C. Patient Name
- D. Description of Service
- E. Amount owed (after insurance, if applicable)

A — Associates of Dermatology			
123 Main Street, Suite 100			
Anywhere, FL USA 12345			
Phone: (123) 555-9095			
	C	D	
B —	Date	Patient	Service Description
	05/18/2010	John	Office visit
			Copayment (Due Today)
			Billed to Insurance
			\$25.00 — E
			\$110.00
PAYMENT INFORMATION			
			Total Due
			Amount Paid (MasterCard XXX-XXX-XXXX-1234)
			Balance
			\$25.00
			\$25.00
			\$ 0.00
PATIENT BALANCE			
0-30 Days	31-60 Days	61-90 Days	>90 Days
\$0.00	\$0.00	\$0.00	\$0.00