

## CLAIM FILING GUIDELINES FOR MEDICAL REIMBURSEMENT ACCOUNTS

### Types of Accounts

There are two types of accounts: **General Purpose** from which all qualifying expenses are eligible and **Limited Purpose** from which only vision and dental expenses are eligible. You must select a Limited Purpose Account if you, your spouse, or dependents make contributions to a Health Savings Account (HSA) or receive HSA contributions from anyone else.

### Account Contributions

Deposits to this account are made throughout the plan year based upon the amount you chose to contribute when you enrolled. Once your contributions begin, you may change or suspend contributions/participation only when you have a qualifying status change and modify your election consistent with that change.

If you, your spouse, or dependents become eligible to open a HSA and will make or receive contributions in a HSA, you are only eligible to participate in a Limited Purpose Account as of the effective date. You may switch from a General Purpose Account to a Limited Purpose Account at any time during the year by filling out a Change Form provided by your employer. However, you may not change your annual election amount unless a qualifying change in status also applies.

If you have dollars remaining in your account at the end of the plan year, these will not carry forward into another plan year, but will be forfeited.

### Eligible Expenses

Medical expenses are eligible for reimbursement from your account only if they will not be reimbursed from an insurance plan or any other source. To be payable, the expenses submitted must be for eligible medically necessary services which are provided within this plan year; the date the expense is paid is irrelevant.

If you are enrolled in this account for only a portion of the plan year, only those expenses incurred while you are an active participant are eligible for reimbursement making your plan year less than your group's plan year listed on your confirmation statement. However, if you terminate employment, you may be eligible if you qualify and elect COBRA Flexible Benefits continuation coverage.

### Filing A Claim for Reimbursement

When you have an eligible expense, a Request for Reimbursement claim form must be submitted with a copy of the third-party receipt(s) which shows the date(s) services were received, a description of the services, and the dollar amount you are liable for. Please keep the original receipts for your records.

If your expense is eligible for reimbursement under a medical, dental, or prescription drug insurance plan, please submit your claim to that plan first. After you receive an Explanation of Benefits (EOB) from your insurance company, you may then submit any unreimbursed expense to your Medical Reimbursement Account. Be sure to attach a copy of the EOB to your claim. If you participate in automatic reimbursement, do not file paper claims for expenses that will come across automatically as explained on the Automatic Reimbursement authorization form.

You may prepare a claim online at our website, [www.wellmark.com/flex](http://www.wellmark.com/flex) selecting "View My Flex Account", entering your username and password, and then clicking on "File A Claim". Expenses for each item need to be entered on separate lines. Copies of the supporting documentation must be submitted to the address or fax number noted on the claim form. If you do not have Web access you can contact our customer service department at 1-800-624-2755 and select option #1 to request a claim form. You can also email us your request at [wellfsa@wellmark.com](mailto:wellfsa@wellmark.com).

### Orthodontic Claims

To receive recurring monthly orthodontic payments you will need to print off and complete the Orthodontic Payment Form. You can find this form at [www.wellmark.com/flex](http://www.wellmark.com/flex) and click on "Download Forms".

### Claims Reimbursement

Claims may be submitted at any time. To ensure that your claims are processed as quickly as possible, they must reach our office by the claim filing deadlines.

Claims may be submitted for any amount. However, reimbursement will be made only after your claim(s) equal or exceed the minimum check amount listed on your confirmation statement. This minimum will be waived at the end of your plan year.

## CLAIM FILING GUIDELINES FOR DEPENDENT CARE REIMBURSEMENT ACCOUNTS

### **Account Contributions**

Deposits to this account are made throughout the plan year based upon the amount you chose to contribute when you enrolled. Once your contributions begin, you may change or suspend contributions/participation only when you have a qualifying status change and modify your election consistent with that change.

If you have dollars remaining in your account at the end of the plan year, these will not carry forward into another plan year, but will be forfeited.

### **Filing a Claim for Reimbursement**

When you have an eligible expense, a Request for Reimbursement claim form must be submitted with a copy of a third-party receipt which shows the date(s) services were received and the dollar amount you are liable for. Keep original documentation and receipts for your records. However, if your dependent care provider signs your claim form, no additional documentation is necessary. To be payable, the expenses submitted must be for eligible expenses which are provided within this plan year. If you are paying for services that have not yet been incurred (i.e. paying a month in advance), you must submit documentation showing the weekly breakdown of expenses to allow us to enter this data into the system. The expenses will be reimbursed automatically after the dates of services have been incurred. If we don't receive a weekly breakdown, the claim will be denied due to the service dates not having been incurred.

You may prepare a claim online at [www.wellmark.com/flex](http://www.wellmark.com/flex), selecting "View My Flex Account", entering your username and password, and then clicking on "File A Claim". Ensure you either copy and attach supporting documentation or have your dependent care provider sign the claim form before submitting the claims to us. If you do not have Web access you can contact our customer service department at 1-800-624-2755 and select option #1 to request a claim form. You can also email us your request at [wellfsa@wellmark.com](mailto:wellfsa@wellmark.com).

### **Claims Reimbursement**

Claims may be submitted at any time. To ensure that your claims are processed as quickly as possible, they must reach our office by the claim filing deadlines.

Claims may be submitted for any amount. However, reimbursement will be made only after your claim(s) equal or exceed the minimum check amount listed on your confirmation statement. This minimum will be waived at the end of your plan year. If claims submitted are greater than the contributions in your dependent care account, reimbursement will be limited to the account balance (contributions minus payments already made). The unreimbursed amount will carry forward to subsequent months in the plan year, you need not resubmit.

## CONTACT AND ACCOUNT INFORMATION

If you have any questions about these claim guidelines, please contact the Flexible Benefits Department at the contact information listed below. To access information on your account 24 hours a day, 7 days a week, you can use our website at [www.wellmark.com/flex](http://www.wellmark.com/flex) and click on "View My Flex Account."

WELLMARK BLUE CROSS AND BLUE SHIELD  
FLEXIBLE BENEFITS  
PO BOX 93148  
DES MOINES, IA 50393

CUSTOMER SERVICE: 1-800-624-2755  
EMAIL: [WELLFSA@WELLMARK.COM](mailto:WELLFSA@WELLMARK.COM)  
FAX: 515-248-5350

ONLINE ACCOUNT INFORMATION: [WWW.WELLMARK.COM/FLEX](http://WWW.WELLMARK.COM/FLEX) AND SELECT "VIEW MY FLEX ACCOUNT"