

Instructions

When To File A Claim

1. Reimbursement of expenses can only be made for eligible medical expenses incurred in the Plan Year, including the Grace Period, if applicable. Only the cost of services already incurred can be reimbursed. For new hires and employees enrolling in the Flexible Spending Account after a Qualifying Change in Status, the eligibility period begins on the date of the qualifying change of status date; for terminating employees, the eligibility period ends on the last day of employment.
2. Submit eligible expenses to your health provider first. After receiving the **Explanation of Benefits (EOB*)** from the provider, submit your EOB* showing your out-of-pocket expenses to BeneTech Administrators, Inc. For a list of eligible expenses, refer to your "Claim Reimbursement Packet" you received at the beginning of the plan year or call us and we can email one to you.
3. You must submit all eligible claims by the end of the plan's run out period. (Ask your Human Resources for details)
4. Be sure to place the corresponding receipts behind the Request for Reimbursement form with which they are listed.

How To File a Claim

Medical

1. The claim may contain medical expenses for several members of the family, as long as they are considered a dependent. For expenses to be eligible, the services must be incurred within the Plan Year.
2. Fill in all fields on the claim form – incomplete forms will be returned for completion. Date and sign the form. Employee's signature is always required, even if the claim is for a dependent, or form will be returned.
3. Attach documentation of your expenses [Explanation of Benefits (EOB*) or if not applicable, itemized receipts] to the claim form as follows:

- a. **Prescribed Drugs:** Receipts for drugs obtained with a written prescription must be on the pharmacy's standard form and must show: (1) patient's name, (2) date purchased, (3) prescription number, (4) name of prescription, (5) amount of charge or co-payment, and (6) name of pharmacy. Or an **EOB*** can be submitted.
- b. **Over-the-Counter Drugs (OTC):** Over the Counter Medications must be accompanied by a doctor's prescription to be reimbursed through your FSA account. Over the counter supplies do not need a doctor's prescription.
- c. **All Other Receipts:** If the expense is covered under your Health Plan, you should submit the **EOB*** you received from your provider showing the: (1) patient's name, (2) date of service, (3) type of service (i.e., office co-pays, x rays, etc.), (4) itemized charge for each service, (5) provider's name and address, and (6) any health plan payment/adjustment for that medical service.

If the expense is not covered under your health plan or if an **EOB*** is not available, the employee must submit a bill or itemized receipt from the health care provider showing the (1) patient's name, (2) date of service, (3) type of service (i.e., surgery, shots, etc.), (4) itemized charge for each service, (5) provider's name and address, and (6) any health plan payment/adjustment for that medical service.

4. Do not group together different claim amounts and put the total. **Each claim must be listed separately.**
5. When submitting receipts, **do not submit originals** in case you are ever audited by the IRS. Copies of checks or canceled checks and credit card receipts are not considered valid receipts by IRS guidelines. Estimates, Proposals, and Balance Due/Forward statements are not valid receipts as service provider, date of service, & service provided must be on receipt.

According to the IRS, a valid receipt or bill is one that includes: (1) Date of service, (2) Who the service is provided for, (3) What service was provided, (4) Provider of service, and (5) Amount paid.

6. **Resubmitting** – When notified that the original receipts are not valid, you should resubmit only the valid receipts accompanied by a new Request for Reimbursement form. Check the "RESUBMIT" box at the top of the request form to indicate that this was a previously submitted claim.

***EOB - An "Explanation of Benefits."** This is the form you generally receive each time you, or a health care provider, submit medical, dental or vision insurance claims for payment to your health, dental or vision insurance plan. The EOB will show the amount of expenses paid by the plan and the amount you must pay. For expenses that are partially covered by your (or your dependent's) medical, dental or vision insurance plans, you must submit the EOB with your Request for Reimbursement form.

WEBSITE

All manual claims and card swipes, as well as your account balance can be viewed online at www.btai.com/card. This link will redirect you our card partner's participant login. Upon your first visit, you will need to create an account by establishing a user ID and a Password. (See Website instructions included)