

# Flexible Spending Accounts (FSA)

## Claim Reimbursement Requirements

You can pay for eligible health care and dependent day care expenses with pre-tax money when you contribute to your FSA. The Flexible Spending Department at Assurant must follow the IRS guidelines and [Assurant Health and Welfare Benefit Plan Summary Plan Description \(SPD\)](#) when administering this Plan. Please read the following information to ensure you understand the claim reimbursement requirements and how you can obtain information to support your claim.

If you elect the BLUE Plan option and a Health Care FSA, your Health Care FSA will be a General Purpose FSA. Eligible health care expenses first will be paid automatically under the HRA. Eligible out-of-pocket health care expenses not paid by the HRA can be submitted to your FSA. The General Purpose FSA allows you to pay for eligible medical, prescription, dental and vision expenses that are not reimbursed from another source (e.g., a health or dental plan) on a pre-tax basis.

If you elect either the GREEN or ORANGE Plan option, you qualify for a Limited Purpose FSA and only cover eligible dental, LASIK surgery and vision hardware expenses. (Remember that these expenses, as well as all other eligible health care expenses, may be covered by your HSA.)

### How to File a Claim

Complete all the required information on the reimbursement form and attach the necessary documentation as described in the Documentation Required section below.

Please remember:

- Use the correct form for the year the expenses were incurred
- The forms are fillable PDF forms.
  - Open the claim form by clicking on the appropriate link in the Flexible Spending Accounts Resources section of MyAssurantBenefits.com
  - Complete the spaces in order by tabbing to each next field
  - Print the form (for security reasons you cannot save the completed form - the information will be discarded when you close the form)
  - Sign and date the form
  - Fax the form with the proper documentation to 651.361.4036
- Claims are processed using an imaging system, so faxing is the preferred submission process. To prevent a delay in processing, only mail the form and supporting documentation if you do not have access to a FAX machine. Mail to the address on the claim form.
- Do not FAX a cover sheet - the barcode on the claim form must be the first sheet faxed
- Do not highlight any documentation
- Draw a line through barcodes on supporting documentation
- Incomplete forms or insufficient documentation will cause your claim to be pending
- If your claim is pending, resubmit a new claim form with the requested documentation
- Claims are processed in the order they are received - this includes resubmitted claims that were returned for more information, so be sure to provide the proper documentation and complete all required information on the forms
- If it has been two weeks and you have not received a Summary of Flexible Spending Reimbursement, please contact the flexible spending department at 866.866.4488, ext. 4600 or email [HR\\_Shared\\_Services\\_IA@assurant.com](mailto:HR_Shared_Services_IA@assurant.com)
- Due to privacy regulations, we cannot give out personal information to anyone other than the covered employee without a written authorization for release of confidential information.

**Complete all items on the Health Care FSA Reimbursement form:**

- List only one product or expense item per box - no more than 4 items per claim - spreadsheets & "see attached" notes are not acceptable. Forms with more than 4 items will be pending and must be resubmitted on a separate claim form
- Enter the total amount requested for the claim
- Read the Employee Certification, sign and date your form - claims cannot be processed unless the form is signed and dated
- FAX the claim form first, followed by the documentation in the order listed on the claim form. If faxing several claim forms - fax supporting documentation directly behind each corresponding claim form
- [Orthodontia Information Form](#) must be completed by the Orthodontist office and submitted with your first FSA Reimbursement Request form claiming orthodontia expenses.

**Complete all items on the Dependent Day Care FSA Reimbursement form:**

- Fill in sections A, B, and C completely - claims cannot be processed unless all information including the complete name and address of the provider in addition to the provider tax ID, or SSN has been provided. The dates are the dates of attendance, not date of payment.
- Attach receipts or bills from the provider showing the provider name, dates of attendance, charges and child's name. If you work part-time, you must pro-rate the charges based on your work schedule. (Note: If you are using this claim form as the invoice, the provider must sign section C)
- Read the Employee Certification, sign and date your form - claims cannot be processed unless the form is signed and dated

## **Documentation Required**

### **General Purpose FSA - Blue Health Plan option**

**Medical claims, vision exams and hearing exams** - must have the entire insurance Explanation of Benefits (EOB). Claim detail reports are not acceptable as they do not provide the necessary information. Please review the **How to Access your Explanation of Benefits (EOB)** section below to learn how to access your Medical EOB forms.

**Prescriptions** - must be submitted to the insurance company prior to being submitted to the FSA account. Submit either an itemized statement from the pharmacy or the tags from the prescription bag with the claim form as the cash register receipt is not acceptable. The documentation must include:

- Patient name
- Date filled (not date paid)
- Name of drug/medication
- Amount patient paid

**Vision hardware** - must include an itemized receipt showing the patient's name, date of purchase; list all items purchased with the charges and any discounts applied.

**Dental claims** - must have the insurance EOB. Services are to be completed before a reimbursement is made. A pre-determination EOB or EOB requesting additional information is not acceptable. Only expenses determined by the Dental insurance as a covered expense or dentally necessary are eligible for reimbursement. Please review the **How to Access your Explanation of Benefits (EOB)** section below to learn how to print your Dental EOB forms.

**Orthodontia claims** - When orthodontic treatment is started, the [Orthodontia Information Form](#) is to be completed by the orthodontist office. Submit the completed form with your first FSA reimbursement claim form. Refer to the [SPD](#) for detailed information on how Orthodontic reimbursements are calculated. For your convenience, you may file just one orthodontic claim for the entire plan year. Dates of service will be entered as the first of each month and the payment will automatically generate at the beginning of each month. A new claim form needs to be completed each plan year in which you have elected to participate.

**Eligible Over the Counter (OTC) supplies** - require the name of the supply to be listed on the claim form. Attach a legible receipt that clearly indicates:

- Name of the supply - if not clear on the receipt please provide a copy of the box or label
- Store Name
- Date purchased
- Amount paid

**Insulin and prescribed Over the Counter (OTC) Medications** - are the only eligible OTC medications that are eligible for reimbursement. Except for insulin, all OTC medication reimbursement requests must be accompanied by a legal legible prescription from your physician. The name of the medication must be listed on the FSA claim form.

**Medical Necessity Letter**- Certain types of services are eligible if recommended by a physician to treat a specific medical condition, but the same service may not be eligible if it is considered to simply improving general health. An example of this type of expense is a weight-loss program. For these types of services to be eligible for reimbursement, a letter or note from a medical practitioner recommending the service and stating the specific medical condition being treated is required. Refer to the [SPD](#) for detailed information on these dual purpose expenses.

#### **Limited Purpose FSA - Green or Orange Health Plan options**

See vision hardware, dental claims and orthodontia claims sections above for documentation requirement information.

#### **Dependent Day Care FSA**

Claim form must include either:

- A Receipt from the provider showing
- Name of Provider
- Name of Dependent
- Dates of Service (not dates of payment)
- Charges

OR

- The provider may sign and date the provider certification at the bottom of the claim form. If signed and dated, no provider receipt is necessary unless requested by FSA Claims Department for verification.

**Camp Documentation** - Overnight camps are not eligible. If claiming reimbursement for a summer camp or day camp, in addition to the documentation listed above, please provide a copy of the camp brochure or other documentation showing:

- Purpose of Camp - primary purpose should be custodial and not for educational or entertainment purposes
- Dates of camp attendance
- Hours attended the camp- hours must be during a standard workday, i.e. 9:00 a.m.-5:00 p.m.

## How to Access your Explanation of Benefits (EOB)

### Dental Plan

Follow these steps to print an EOB:

- Log On - [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com)
- Under resources - click log in to Online Advantage
- Enter **User name** and **Password** (1<sup>st</sup> time to website - must create an account)
- Under "For Members"
- Click **Claims**
- Click on **Review Dental Claim Status**
- Select (click on) **Claim in displayed list you want to print**
- Select (click on) **Printer Friendly Version** - on middle right of screen
- Select (click on) internet explorer printer icon - top right of screen

### Medical Plan

If you are covered under Assurant's Health Plan through Anthem BlueCross BlueShield, you can log on to [anthem.com](http://anthem.com) to access your EOB or click on the following link to receive email notices when the EOB (not claim recap) are available online: <http://materials.anthem.com/14449ANMENABS.pdf>

## How to view your FSA balance

You can view your flexible spending health care and dependent day care balances via [EPIC](#). Once you are logged into EPIC the path is Benefits Information, FSA Balances. You will see your annual election amount, YTD payroll deduction amount, and total paid out amount. This screen also shows the "as of" date, reflecting your balances as of this date.

**Details of your FSA reimbursements are not available via EPIC.** Please refer to your Summary of Flexible Spending Reimbursement that is mailed to your home address for details of your processed claims. These summaries are mailed out the day after we have processed the claim.

**Please Note:** Employee Account Activity Statements will be sent in May and October, reminding plan participants of any available balance.