

Paperless Reimbursement

FSAFEDS has partnered with a number of FEHB and several FEDVIP plans, to implement Paperless Reimbursement (PR) which automatically reimburses you for eligible health care, dental and vision expenses under your Health Care Flexible Spending Account (HCFSAs). PR eliminates the need for you to manually submit a claim to FSAFEDS for many of your out-of-pocket health care costs. With PR, FSAFEDS can save you money and valuable time as well!

Participating FEHB and FEDVIP Plans listed below are forwarding claims to FSAFEDS for services rendered to PR enrollees, eligible dependents, or adult children up to age 26 (you must submit claims manually for your adult child from his/her 26th birthday through the end of the calendar year):

FEHB Plans

- [APWU Health Plan](#)
- [Aetna Medical Plan](#)
- [Blue Cross and Blue Shield Service Benefit Plan](#)
- [Compass Rose Health Plan \(formerly ABP\)](#)
- [Foreign Service Benefit Plan](#)
- [Government Employees Health Association, Inc. Benefit Plan](#)
- [Humana](#)
- [Mail Handlers Benefit Plan](#)
- [M.D. Individual Practice Association, Inc.](#)

- [NALC Health Benefit Plan](#)
- [SAMBA Health Benefit Plan](#)
- [UnitedHealthcare Insurance Company, Inc.](#)
(see UHC QRG for specific participating plans)

FEDVIP Plans

- [Aetna Dental Plan](#)
- [Government Employees Health Association, Inc. Dental Plan](#)
- [Metlife Dental](#)
- [Vision Service Plan \(VSP\)](#)

FSAFEDS continues to work with other FEHB and FEDVIP plans to implement this convenient feature. Please visit www.FSAFEDS.com for updates on newly participating plans.

Important Information

- You must re-enroll in FSAFEDS **and** PR every year during Open Season in order to continue your participation with no interruption.
- You can enroll in FEHB PR only, or FEHB and FEDVIP PR, or FEDVIP PR only.
- You can enroll or disenroll in PR at any time during the Benefit Period.
- If you choose to enroll in PR do not submit your claims manually. This could result in an overpayment on your account for previously reimbursed claims.
- There are differences in the types of claims/services each plan submits, and how often they send claims to FSAFEDS via PR. We encourage you to review your Plan's Quick Reference Guide (QRG) for more details.
- Any claims for services rendered and already processed by your FEHB or FEDVIP plan are **not** retroactively forwarded to FSAFEDS. You must submit a [manual claim](#).
- In order to participate in PR, the FEHB or FEDVIP enrollees Social Security Number must be on file with your FEHB or FEDVIP plan. This information is only used to validate your FSAFEDS account and to ensure proper reimbursement. If you are not the FEHB or FEDVIP enrollee, you must provide FSAFEDS with information about the contract holder, including name, Social Security Number and date of birth when you enroll in PR.
- Claims not automatically forwarded and processed and/or paid through PR:
 - Claims not processed by your FEHB plan, and/or claims processed by a non-participating FEHB plan
 - FEDVIP dental and vision claims, with the exception of Aetna Dental, GEHA Dental, Metlife Dental and VSP vision claims

- Services not submitted to your FEHB plan or Aetna Dental, GEHA Dental, Metlife Dental and VSP by you or your provider
- If your account is frozen due to an overpayment, we process future PR claims towards the overpayment amount until the overpayment is satisfied. In certain circumstances you may need to submit a [manual claim](#) to satisfy the overpayment. We notify you either way.
- PR does not change, in any way, your relationship and obligations to your physician or other health care providers. You are expected to meet your deductible, co-payment and co-insurance obligations as specified in your FEHB and FEDVIP brochure.
- FSAFEDS does not receive claims via PR if you, or any of your covered dependents or adult children up to age 26 request a HIPAA restriction from your FEHB or FEDVIP plan. In this case, you need to manually submit an [FSAFEDS claim form](#) for those expenses.
- If your FEHB or FEDVIP plan is unable to verify your enrollment, FSAFEDS automatically disenrolls you from PR. We make three attempts to contact you to resolve the issue - - first via mail, secondly via email and lastly by phone. If you still do not respond after the third attempt, you remain disenrolled and need to submit all your claims manually using the [FSAFEDS claim form](#).

Claim Management for Federal employees married to each other:

- Each spouse carries a self-only FEHB or FEDVIP enrollment but only one is enrolled in FSAFEDS: Only claims for the FSAFEDS participant can be forwarded under PR. Your spouse's health care expenses are still eligible for reimbursement from your HCFSAs, but you must submit them with an [FSAFEDS claim form](#) by fax or mail.
- One spouse carries a self-only FEHB or FEDVIP enrollment and the other spouse is enrolled in FSAFEDS. As long as the FEHB or FEDVIP enrollee's Social Security Number (SSN) is provided, claims for the contract holder are matched and processed by FSAFEDS. The FSAFEDS account holder's health care expenses are still eligible for reimbursement, but you must submit them with an [FSAFEDS claim form](#) by fax or mail.
- One spouse carries an FEHB or FEDVIP self and family enrollment and the other spouse is enrolled in FSAFEDS. Your FEHB or FEDVIP plan sends claims processed for **all** family members covered under the FEHB or FEDVIP enrollment, and FSAFEDS matches and processes claims for all covered family members, including both spouses.
- One spouse carries an FEHB or FEDVIP self and family enrollment and each spouse is enrolled in FSAFEDS All claims are first paid via PR from the FEHB or FEDVIP enrollee's FSA account. **Once that account is exhausted, you need to manually submit all claims against your spouse's FSA account, unless you elect shared account processing with your spouse when you enroll.** If you and your spouse each participate in FSAFEDS and **YOU** are **NOT** the FEHB and/or FEDVIP enrollee, you can have your spouse's eligible FSAFEDS PR claims processed against **YOUR FSAFEDS account** when the balance in your spouse's FSAFEDS account reaches zero. This means once your spouse's account balance is depleted, all claims will be processed against your FSAFEDS account. As a result, you will be reimbursed for the eligible expenses that were forwarded from your FEHB and/or FEDVIP plan.

Remember, if you choose to enroll in PR, do not submit your claims manually. This could result in an overpayment on your account for previously reimbursed claims.

FEHB Plans Participating in FSAFEDS Paperless Reimbursement and Services/Claims Covered:

Plan Name	Services/Claims Generally Covered and Automatically Forwarded ³	Services/Claims NOT Automatically Forwarded
APWU	Medical ¹ , Dental ² , Pharmacy	Vision ¹
Aetna	Medical ¹ , Dental ² , Pharmacy, Vision ²	
Blue Cross/Blue Shield	Medical ¹ , Dental ² , Pharmacy	Denied Pharmacy, Vision ¹
Compass Rose Health Plan (ABP)	Medical ¹ , Dental ² , Pharmacy	Vision ¹
Foreign Service Benefit Plan	Medical ¹ , Dental ² , Pharmacy	Vision ¹
GEHA	Medical ¹ , Dental ² , Pharmacy	Vision ¹ , Denied Pharmacy

The Federal FSA Program

Humana	Medical ¹ , Pharmacy, Vision ²	Dental
Mail Handlers	Medical ¹ , Dental ² , Pharmacy, Vision ²	
M.D. IPA	Medical, Pharmacy, Dental ² , Vision ²	Primary Care Physician, Lab, Radiology
NALC	Medical ¹ , Pharmacy	Dental, Mental Health Services, Vision ¹
SAMBA	Medical ¹ , Dental ² , Pharmacy, Vision ²	Denied Pharmacy
UnitedHealthcare	Medical ¹ , Pharmacy, Dental ² , Vision ²	
VSP	Vision ²	
Aetna Dental	Dental ²	
GEHA Dental	Dental ²	
Metlife Dental	Dental ²	

¹Vision care provided by an ophthalmologist or other medical doctor is considered a medical service and these claims ARE automatically forwarded under PR.

²Your FEHB plan offers some dental and/or vision benefits that are submitted via PR. However, if you or any of your covered family members are also enrolled in a FEDVIP dental and/or vision plan, FEHB dental and/or vision claims are **not** automatically paid under PR. We let you know what action you need to take to have your dental and/or vision expense considered for reimbursement from your HCFSA.

³FSAFEDS only receives claims that have been submitted by you or your provider to your FEHB or FEDVIP plan. If your provider does not routinely submit certain services to your FEHB or FEDVIP plan because he/she knows that the service is not covered, then there is no claim to automatically forward to FSAFEDS, even if you are enrolled in PR.

- We strongly encourage you to carefully review this Overview, along with the QRG for your specific plan. Together, these QRGs provide you with important information on what types of claims your plan automatically forwards to FSAFEDS, and other details on exactly how PR works with your plan.
- The time it takes for your FEHB and/or FEDVIP plan to process your claim has not changed. Once your participating FEHB and/or FEDVIP plan processes your claim, your plan automatically forwards your claim information to FSAFEDS for processing and reimbursement from your HCFSA.
- To enroll in PR, visit www.FSAFEDS.com and click on [My Account Summary](#), then Paperless Reimbursement. You may also contact an FSAFEDS Benefits Counselor at 1-877-FSAFEDS (372-3337), TTY: 1-800-952-0450, Monday through Friday, 9:00 a.m. until 9:00 p.m., Eastern Time.
- You have the right to [appeal](#) a claim for health care expenses that we have denied in whole or in part by writing to FSAFEDS and requesting reconsideration. You can submit written appeals with supporting documentation via fax or mail to:
 - **Mail:** FSAFEDS Program - PO Box 36880 - Louisville, KY 40233
 - **Fax:** 1-866-643-2245 (toll-free) or 1-502-267-2233
 - **Email:** FSAFEDS@shps.com (for informal appeals only)

The Grace Period and Paperless Reimbursement

The [FSAFEDS Grace Period](#) extends the Benefit Period from December 31 to March 15 of the following year. You have additional time to incur eligible expenses and avoid forfeiting any funds. Claims for services rendered during the Grace Period and submitted via PR are handled differently than claims you may manually submit for reimbursement. Here is a brief summary to help you understand how you may be affected, and any actions you may need to take:

1. *You have a balance in your 2010 account and were enrolled in PR but you do not have a 2011 account.*
 - You must manually submit an [FSAFEDS claim form](#) for expenses incurred during the Grace Period.
2. *You have a balance in your 2010 account and were enrolled in PR. You re-enrolled in FSAFEDS for 2011 but you did not elect PR.*
 - You must manually submit an [FSAFEDS claim form](#) for all 2011 claims, including those incurred during the Grace Period.
3. *Your 2011 PR FEHB and/or FEDVIP plan is not the same as your 2010 PR FEHB and/or FEDVIP plan and you are enrolled in PR for both years.*
 - All claims will be sent via PR.

The Federal FSA Program