



Healthcare Retirement Account (HRA) and Retirement Health Care Account (RHCA)

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Retiree Account Overviews

Healthcare Retirement Account (HRA)

- For Retirees and Spouses ages 65 and over
 - Current HRA Credits*
 - up to \$1,975 for Retirees
 - up to \$1,750 for Spouses
 - *Contribution based on age/service subsidy percentage
- Use RHRA to pay:
 - Medicare insurance premiums
 - Copays, deductibles and coinsurance
 - Other health care services such as dental, vision, and hearing

Expenses do not need to be incurred* in the current plan year to be eligible for reimbursement from the current year's credit.

You may use your current year's credit to pay for previous year claims.

**the date of service or date coverage is provided. Not the date the actual expense is billed or paid.*

Healthcare Retirement Account (RHRA)

- Common Eligible Expenses
 - Medicare Insurance Premiums
 - Office Visit Copays
 - Prescription Drugs
 - OTC Medications (with a valid prescription) such as Claritin and aspirin
 - Medical Supplies
 - Dental, Vision, Hearing services

- Examples of Ineligible Expenses
 - Cosmetic Procedures
 - OTC Medications (without a valid prescription)

Additional information (and a full list of eligible expenses) can be found on the WageWorks Employer Portal at ***<https://participant.wageworks.com>*** or by accessing *www.WageWorks.com*

Retirement Health Care Account (RHCA)

- **RHCA Funds**

- While an active employee, your RHCA was funded by your own employee contributions and periodic RHCA matched funds by your employer.
- RHCA funds/assets are housed at Bank of America/Merrill Lynch (BAML), where a variety of investment options are available.

NOTE: WageWorks does not have access to confidential account data at Merrill Lynch (BAML)

- RHCA **balances** cannot be viewed through WageWorks

- All balances are held with BAML

- Use RHCA to pay for

- Health care premiums and eligible out-of-pocket health care expenses for you and your eligible dependents.
- When you submit your RHCA claim, the claim amount is withdrawn from your RHCA's Institutional Money Market Portfolio II ("Institutional") Fund if you have transferred enough into this fund. (see next slide)

Additional RHCA Information

- Merrill Lynch (BAML) will not liquidate any individual equities or stocks.
- Before the claim reimbursement process can begin, funds **must** be transferred into this account to pay out eligible claims submitted.

*There **must** be sufficient funds available in the Institutional Fund Money Market Fund to cover the amount of the claim(s).*

- Initiate the transfer of funds to pay claims
 - Online: www.benefits.ml.com
 - Call: Merrill Lynch Retirement and Benefits Contact Center at **1-800-483-SAVE (7283)**
- RHCA funds that are set aside to cover premium shortfalls cannot also be used for other claims
 - Assets in the Institutional Fund that are frozen to pay for medical premiums cannot be used for other claims.
 - The balance of RHCA funds remain available for claims reimbursement and investment opportunities.

Steps to Receive Reimbursement

Complete a Claim Form

- **Online** – participant.wageworks.com
- **Fax** – 877-353-9236
- **Mail** – Claims Administrator
PO Box 14053
Lexington, KY 40512

NOTE: Regardless if you submit an online or paper claim you may choose which plan each claim item should be paid from.

All submitted documentation ***MUST*** include:

- Participant name or name(s) of covered individual)
- Date(s) of service (coverage period)
- Healthcare company provider name
- Type of service (type of coverage)
- Total purchase amount

Claim Denials

- The most common reasons for claim denials are:
 - Not submitting proof of payment or proof of coverage
 - Not including or completely filling out a paper claim form
 - Submitting the online claim form but forgetting to attach all required documentation at one time
 - Missing any part of the required information
 - Duplicate claim/previously paid out

=====

*In the event you receive a claim denial from an online submission, do NOT use the “Submit Additional Data” button, **please re-submit the ENTIRE claim with the corrected documentation.***

Steps to Receive Reimbursement

- **For Health Care Services and Purchases**

- Includes out-of-pocket expenses such as
 - Doctor's visits
 - Prescription medications
 - Dental work
 - Eyeglasses, contacts, hearing aids
- Provide receipt or EOB with claim form
 - **Must** include: expense type, amount, date of purchase/service, provider name and patient (if applicable)
 - An Explanation of Benefits (EOB) from your insurance carrier is preferred

Steps to Receive Reimbursement

- **For Premium Reimbursement**

- **Provide Proof of Coverage**

- Coupon Slips from insurance company or
- Itemized Statement from the insurance company or
- Letter from the insurance company
- For Medicare Premiums deducted through Social Security, the best documentation is: Social Security 'Cost of Living Statement'

- ***Must* include:**

- ✓ Name of eligible covered individual(s)
- ✓ Health Care plan name
- ✓ Date(s) of coverage period
- ✓ Type of coverage (i.e. Premium, vision exam)
- ✓ Premium Amount
- ✓ **Provide Proof of Payment (See next slide)**

Steps to Receive Reimbursement (Con't)

- **Acceptable Proof of Payment**

- **Bank Statement:** Showing check payable to “xyz insurance company” is **cleared**.

You may block out other non-relevant financial information (i.e. checking/savings account balances, credit card balances, other charges)

- **Cancelled check:** Showing the premium payment to insurance company (**copy of FRONT and BACK of cancelled check is required**)

- **Insurance Company Statement or ongoing monthly Insurance Company Statement:** Showing payment in full for the coverage period

- A copy of your **Social Security “Cost of Living Statement”** or **Medicare Statement:** Clearly indicating the amount of the monthly (part B, C, or D) premium

- **Credit card statement(s):** Showing payment to insurance company.
You may blacken out other non-relevant financial information (i.e. checking/savings account balances, credit card balances, other charges)

Social Security 'Cost of Living Statement Example:

Your New Benefit Amount

2922196

BENEFICIARY'S NAME: JOSEPH A [REDACTED]

Your Social Security benefits will increase by 1.7 percent in 2013 because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business.** Saving this letter could save you the inconvenience of making a trip to a local office and waiting in line to obtain a new document.

How Much Will I Get And When?

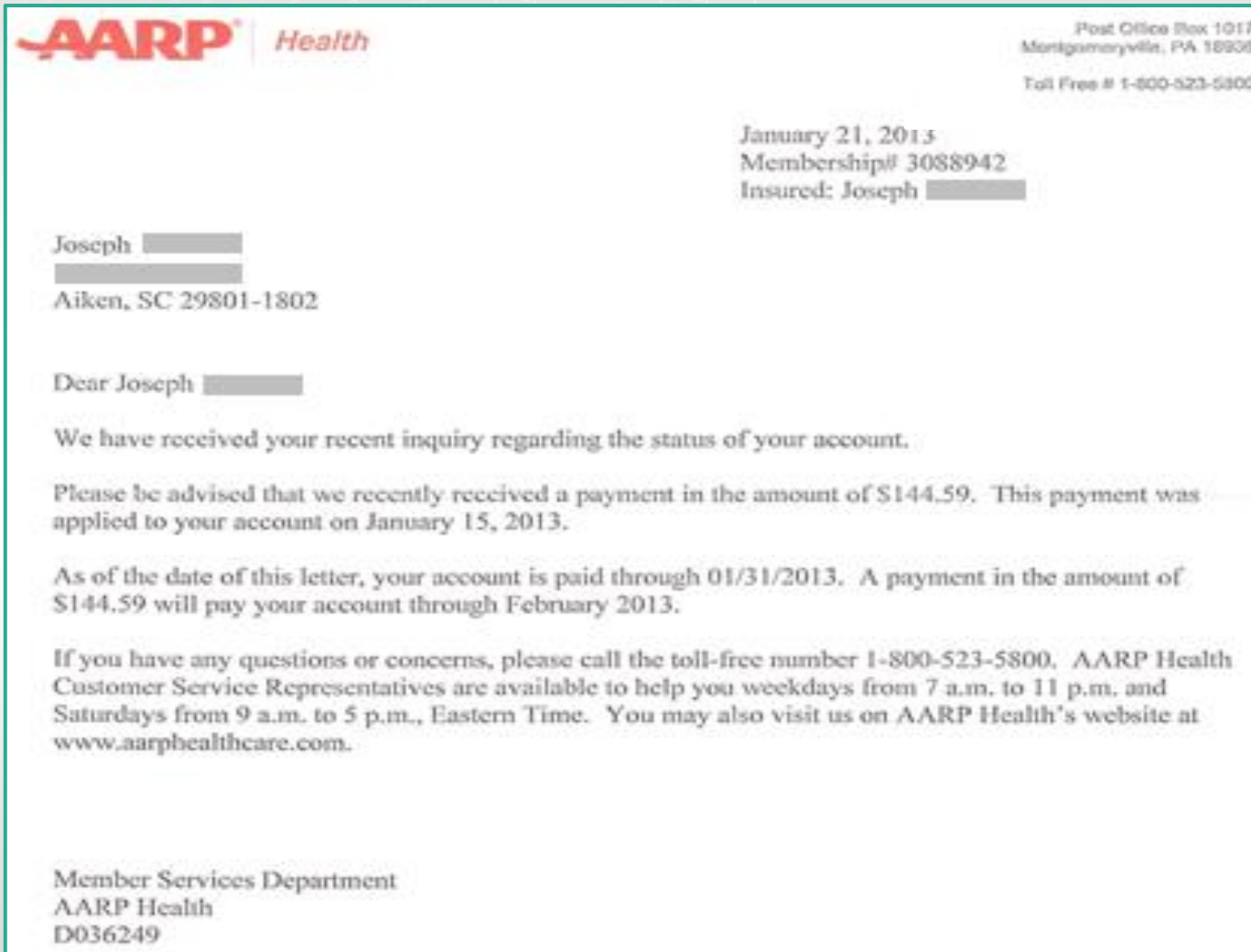
- Your monthly amount (before deductions) is
- The amount we deduct for Medicare medical insurance is (If you did not have Medicare as of Nov. 15, 2012 or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare prescription drug plan is (If you did not elect withholding as of Nov. 1, 2012, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is (If you did not elect voluntary tax withholding as of Nov. 15, 2012, we show \$0.00.)
- After we take any other deductions, you will receive on **Jan. 3, 2013**.

Effective Date

\$1,413.90	
<u>\$109.00</u>	← PART B
\$40.70	← PART D
<u>\$0.00</u>	
<u>\$1264.20</u>	

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

Proof of Payment Example for Medicare Supplement Plan F: Health Plan Statement




Pension Payments

- Retiree Medical Premiums
 - Retiree Medical Premiums that are paid and WageWorks has documentation showing the payment was made from a pension payment are eligible.
 - Indicator for a pension payment is the word Retirement:
~~ Retirement Systems ~~ or ~~ Retirement Plan/Program ~~

Update to Pension Statements: because these deductions are taken by the Employer and paid to the insurance carrier, the pension statement is adequate to serve as both proof of coverage as well as proof of payment.

- Retiree Medical Premiums that are paid and WageWorks has documentation showing the payment was made from an employer pay check are **NOT** eligible.

Pension Check Stubs – Sample

 **STATE OF CALIFORNIA** DIRECT DEPOSIT NUMBER P4316297
DIRECT DEPOSIT ADVICE

The amount printed on the face of this advice was transmitted to an account at bank 321175261 from the PUBLIC EMPLOYEES' RETIREMENT SYSTEM

01 | 02 | 2013


PERS MADELEINE [REDACTED]

DOLLARS CENT
\$****2355.76

NOT NEGOTIABLE

K6901735
PAYEE IDENTIFICATION NUMBER(S)

When changing accounts or financial institutions, notify your retirement system or agency accounting office immediately. Do not close your old account until you have received your first payment in your new account.

 **JOHN CHIANG**
CALIFORNIA STATE CONTROLLER


PUBLIC EMPLOYEES' RETIREMENT SYSTEM
P O BOX 942716
SACRAMENTO, CA 94229-2716 TO [REDACTED]
(888) CalPERS (225 - 7377) PERS WARRANT ID [REDACTED]
FDR DEAF - TOD (916) 795-3240 ID # [REDACTED]

ISSUE DATE 01/01/2013

GROSS	DEDUCTIONS	NET
2651.49	295.73	2355.76

ITEMIZED GROSS		ITEMIZED DEDUCTIONS	
BASE ALLOWANCE	2354.37	FEDERAL TAX	222.29
COLA	297.12	STATE TAX	37.76
		DELTA DENTAL-CSU	.00
		KAISER NRTH-BASIC	35.68

Teachers' Paul R. Hubbert, Chair
Sarah Swindle, Vice Chair

 **THE RETIREMENT SYSTEMS OF ALABAMA**

Employees' State State Police Public Judicial
Bob Riley, Chair
John H. Wilkerson, Jr., Vice Chair

David G. Brainer, CEO
Marcus H. Reynolds, Jr., Deputy
8/5/2009

CAROLYN

From: Mary Murchison
Departmental Operations Specialist
TRS Benefits

Re: Income Verification
TR 077835
SSI
Date of Retirement: 9/1/2002

The following information applies to the above referenced account and is verification of a **lifetime**, monthly benefit less any authorized deductions:


Gross check per month	\$1,447.75
Deductions:	
Health Insurance Cost	244.14 – Post tax
Federal Withholding	63.04
Net check amount	\$1,140.57

Your June retirement benefit check was issued 7/31/2009. The Public Education Employees' Health Insurance Plan (PEEHIP), administered by Blue Cross Blue Shield of Alabama, premium deducted from that check paid for coverage from 8/1/2009–8/31/2009.


This benefit is subject to COLA's passed at the discretion of the Alabama legislature. For an explanation of your Health Insurance cost, you may contact PEEHIP at 1-800-517-0020.

(Mailing Address) P.O. Box 302150 • Montgomery, AL 36130-2150
(Office Location) 201 South Union Street • Montgomery, AL
334-517-7000 or 877-517-6020
Web site: www.ra-al.gov

Pension Check Stub – Sample


FedEx Retirement Service Center
 P.O. Box 999
 Deerfield, IL 60015-0999

11/2013 8:35:25 AM Page 2 of 2
 If your payment please contact the
 FedEx Retirement Services Center at 1-877-969-9330
 (for the hearing impaired please call 1-888-720-6595).
 Customer Service Representatives are available Monday
 through Friday from 8:00 a.m. to 5:00 p.m. Central Time.

AT 01 142631 59592B368 A**3DGT


On the reverse side of this document you will find:
 Electronic Deposit Authorization; Address Correction Form;
 Tax Election Form; Important Federal Tax Election notices.

ACCOUNT ID FOXQUAL-RET-CORP
PLAN NAME FEDEX CORPORATION RETIREMENT PLANS
PERIOD BEGINNING:
PERIOD ENDING:

PAYEE INFORMATION			
PAYMENT DATE	CHECK NUMBER	PAYEE SOCIAL SECURITY NUMBER	NET PAYMENT
JUNE 01, 2013		***-**-****	8,143.91

PAYMENT DETAIL					
PAYMENT SOURCES	Current	Year-to-Date	DEDUCTIONS	Current	Year-to-date
CRPTPBQ	10,693.28	64,159.68	FED TAX	1,641.37	9,891.39
			MEDICAL	906.00	5,448.00
GROSS PAYMENT	10,693.28	64,159.68	TOTAL DEDUCTIONS	2,548.37	15,339.39

FEDERAL TAX ELECTIONS
 NO WITHHOLDING

DATE 06/01/2013 **PLAN NAME** FEDEX CORPORATION RETIREMENT PLANS
 EIGHT THOUSAND ONE HUNDRED FORTY-THREE DOLLARS 91 CENTS

AMOUNT
\$***8,143.91**

STATE STREET
 BOSTON, MASSACHUSETTS 02101

ACCOUNT ID
 FOXQUAL-RET-CORP

ADVICE OF DEPOSIT NON-NEGOTIABLE

Tips for Maximizing Reimbursements

- Common expenses you can submit to maximize your reimbursements include...
 - Monthly Part B reimbursements ($\$109+ \times 12$, or double that if you and your spouse)
 - Monthly Medicare Supplement / Advantage Plan premiums (almost always $\$125+$ /mo per person for Medigap plans)
 - Monthly Part D premiums (typically $\$15-\50 /per mo.)
 - And, if the above is not sufficient, any large out-of-pocket medical / dental or vision expenses



Premium Auto Pay

Medicare Part B & AmWins Auto Pay vs. Claim Submissions

- You may choose to have your Medicare Part B or AmWins premiums automatically paid out to you each month
 - If this feature is turned on, the premiums will only be paid from the Healthcare Retirement Account and cannot be paid out of RHCA.
 - Please note for Med Part B you will only be auto paid \$109 per month. If your Med Part B premium is higher than \$109 you will need to submit an online or paper claim for the **DIFFERENCE** (not the full amount).

Example (*This is an example only. Your actual premium may be different*):


Your Medicare Part B Premium	\$134
<u>Base Medicare Part B Premium</u>	<u>\$109 (Auto-Reimbursed)</u>
Remainder	\$ 25 (<i>submit a claim to be reimbursed the difference only</i>).

- Alternatively you may turn off the automatic pay feature and submit claims manually online or with a paper claim form.
 - If this feature is turned off, you may choose to have the premiums paid from either the Healthcare Retirement Account (HRA) or RHCA by notating the plan payment request on your online or claim form.


Medicare Part B & AmWins Auto Pay Enrollment or Change

- You can activate or change your Auto Pay settings via your WageWorks account online or by calling WageWorks Customer Service
- Follow these steps to turn on or off your Auto Pay feature.
 - Log into your WageWorks account
 - Click on the HRA – Healthcare Retirement Account “bubble”

CURRENT PROGRAMS 2

 **HRA - Healthcare Retirement Account**
Use from: 10/1/13 to ...
Claim by: ...

• Available Balance **\$1,785.10**



A pie chart with a light orange background and a darker orange slice representing the available balance. The slice is approximately 15% of the total circle.

Medicare Part B & AmWins Auto Pay Enrollment or Change

- Once in the Healthcare Retirement Account program details, please click on the button named “PROGRAM OPTIONS” on the left hand side

ACCOUNT STATEMENT

ABOUT THIS PROGRAM

PROGRAM OPTIONS

ELIGIBLE EXPENSES LIST

ELIGIBLE DEPENDENTS LIST

SUBMIT RECEIPT OR CLAIM

DOWNLOAD TRANSACTIONS

HRA - Healthcare Retirement Account (10/1/13 to ...)



HRA - Healthcare Retirement Account

Use from: 10/1/13 to ...

Claim by: ...



• Available Balance

\$1,785.10

All Transactions

Print Statement

Medicare Part B & AmWins Auto Pay Enrollment or Change

- Once in “PROGRAM OPTIONS”, you can turn on or off the feature names “Automatic Health Plan Claims” and then click the “Save Changes” button to complete your update.

The screenshot displays the 'PROGRAM OPTIONS' section of the AmWins interface. On the left, a vertical menu lists various options, with 'PROGRAM OPTIONS' highlighted in blue. The main content area shows details for an HRA (Healthcare Retirement Account), including a pie chart representing the available balance of \$1,785.10. Below this, the 'Your Options' section features a toggle for 'Automatic Health Plan Claims', which is currently turned on. The 'Save Changes' button is highlighted in yellow, and the 'Discard Changes' button is in a greyed-out state.

ACCOUNT STATEMENT

ABOUT THIS PROGRAM

PROGRAM OPTIONS

ELIGIBLE EXPENSES LIST

ELIGIBLE DEPENDENTS LIST

SUBMIT RECEIPT OR CLAIM

DOWNLOAD TRANSACTIONS

HRA - Healthcare Retirement Account
Use from: 10/1/13 to ...
Claim by: ...

Available Balance **\$1,785.10**

Your Options

Automatic Health Plan Claims on off

Effective from: 1/21/18 to ...

Save Changes

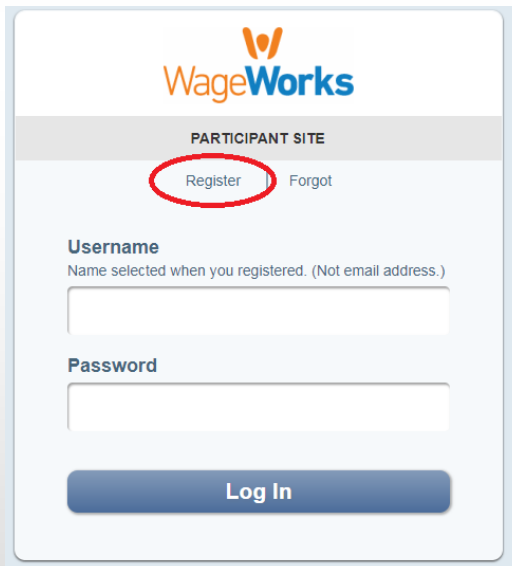
Discard Changes



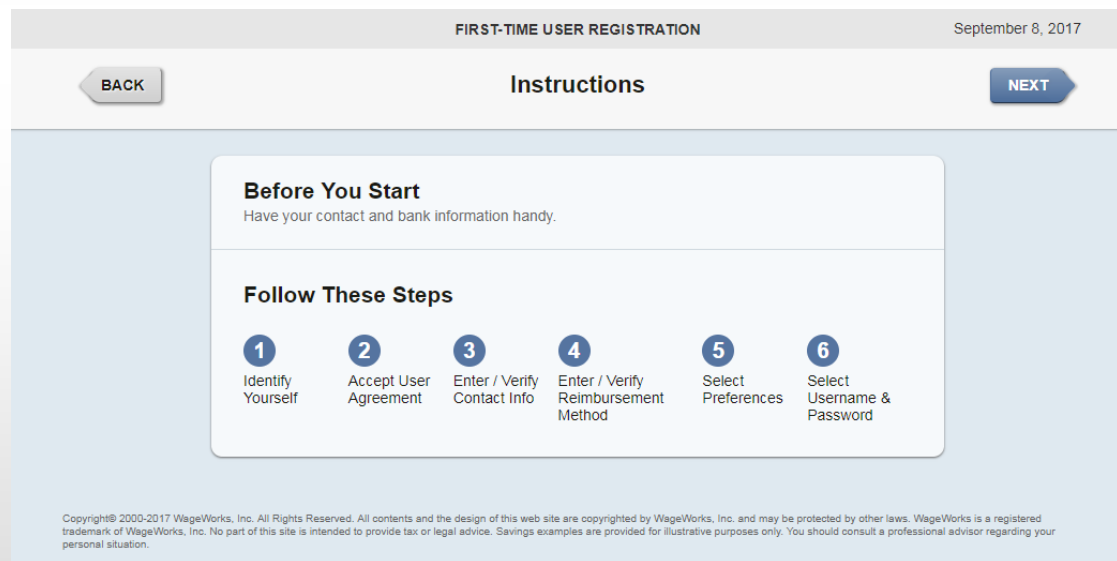
Set-Up & Utilize your WageWorks Account

How to Setup on Online Access

- To set up online access to your WageWorks account, please access the participant portal at <https://participant.wageworks.com>
- First Time Users will need to register and follow the instructions



The screenshot shows the WageWorks logo at the top. Below it, the text "PARTICIPANT SITE" is displayed. Underneath, there are two links: "Register" (circled in red) and "Forgot". Below the links are two input fields: "Username" (with the subtext "Name selected when you registered. (Not email address.)") and "Password". At the bottom of the form is a blue "Log In" button.



The screenshot shows the "FIRST-TIME USER REGISTRATION" page dated September 8, 2017. It features a "BACK" button on the left and a "NEXT" button on the right. The main heading is "Instructions". Below this, there is a section titled "Before You Start" with the text "Have your contact and bank information handy." followed by a section titled "Follow These Steps" which lists six numbered steps: 1. Identify Yourself, 2. Accept User Agreement, 3. Enter / Verify Contact Info, 4. Enter / Verify Reimbursement Method, 5. Select Preferences, and 6. Select Username & Password. At the bottom, there is a small copyright notice: "Copyright© 2000-2017 WageWorks, Inc. All Rights Reserved. All contents and the design of this web site are copyrighted by WageWorks, Inc. and may be protected by other laws. WageWorks is a registered trademark of WageWorks, Inc. No part of this site is intended to provide tax or legal advice. Savings examples are provided for illustrative purposes only. You should consult a professional advisor regarding your personal situation."

How to File a Claim Online

DASHBOARD CLAIMS & ACTIVITY August 1, 2016

SUBMIT RECEIPT OR CLAIM

ELIGIBLE EXPENSES

CURRENT PROGRAMS 1

HRA - Healthcare Retirement Account

Use from: 1/1/16 to ...
Claim by: ...

Available Balance **\$2,339.96**

Click on Submit Receipt Or Claim

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How to File a Claim Online

HEALTHCARE PAY ME BACK CLAIM

August 1, 2016

BACK

Instructions

NEXT

Click Next

Submit this claim to get reimbursed for your out-of-pocket expenses.

Healthcare

Before You Start

Have your receipt in front of you. Enter one receipt at a time.

Follow These Steps

1

Enter Claim Details

2

Review and Submit
Claim

3

Upload Receipt OR
Print Form

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How to File a Claim Online

HEALTHCARE PAY ME BACK CLAIM August 1, 2016

Step 1 of 2
Enter Claim 1

Enter the following as displayed on the receipt you will submit to verify this claim.

Provider Name Maximum 40 characters.

Service Start Date Day(s) you received care, not day you paid.

Service End Date Optional. If for more than one day.

Description ▼

Amount \$ Your out-of-pocket cost.

Patient Name ▼

Mileage Reimbursement for Above Claim Optional.

Enter place OR city, state OR ZIP driven to and from to receive above care:

(From)

(To)

OR, enter Total Miles Driven

Select the Description of Service from the drop down menu. Then select "Other" to produce more options such as "Health Insurance Premium". Enter the amount and the name of the retiree or dependent and hit the "Next" button.

Click one option before moving forward

How to File a Claim Online

HEALTHCARE PAY ME BACK CLAIM August 1, 2016

[BACK](#) [SUBMIT CLAIM](#)

Step 2 of 2
Review and Submit Claim

Entered Claims (1) **Total** **\$200.00**

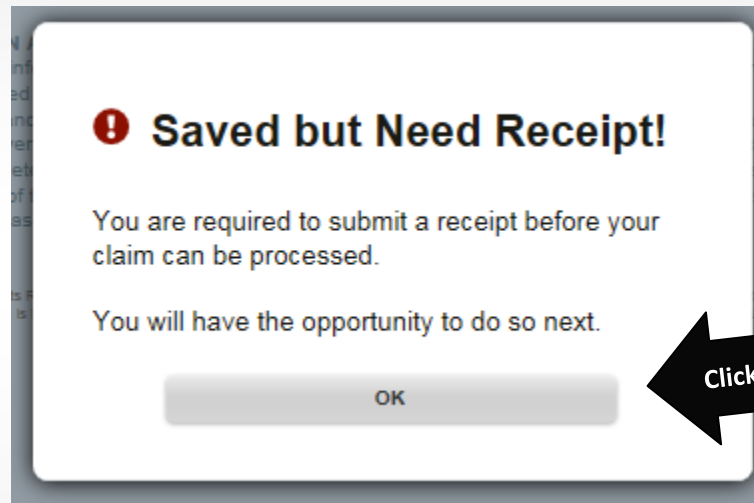
Delete	BCBS	Jan 2016	Mar 2016	\$200.00
<input type="checkbox"/>	Health insurance / plan premi...	1	1	
	for <input type="text"/> (Account Holder)			

CERTIFICATION AND AUTHORIZATION
I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible expenses incurred by myself or an eligible dependent while I was a participant in the plan. I have already received these products and services and have not and will not seek reimbursement of this expense from any other plan or party. If I am covered under more than one health care account, reimbursement will be made according to the payment order determined by those plans and as stated on the WageWorks Web Site. Use of this service indicates my acceptance of the WageWorks User Agreement at login.wageworks.com (available upon registration; enter username and password or click on First Time User? link).

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Confirm the summary and Click Submit Claim.

How to File a Claim Online



How to File a Claim Online

HEALTHCARE PAY ME BACK CLAIM August 1, 2016

Step 4 of 4
Submit Receipt

BACK **NEXT**

Your Receipt is Needed
Your receipt must be received by a plan's "Claim it By" date in order to be considered for payment. All information will be verified when your claim is processed, and corrected if necessary.

Your Receipt Must Include:

1. Date of service or purchase
2. Description of service or purchase
3. Provider or merchant name
4. Patient name
5. Your cost

Choose One of These Options


<p>a</p> <p>Submit an electronic version of your receipt online NOW. Recommended! This is the fastest way to get your claim processed.</p>	<p>b</p> <p>Submit an electronic version of your receipt online LATER.</p>	<p>c</p> <p>Print a claim form and send via fax or mail.</p>
--	--	---

Submit Receipt Online NOW

Submit Receipt Online LATER

Print Claim Form

Done



How to File a Claim Online

HEALTHCARE PAY ME BACK CLAIM - SUBMIT RECEIPT ONLINE August 1, 2016

BACK Instructions NEXT

Click Next

Submit Your Receipt Online

Your claim will be processed within a few days. Return to this site to view the status of your claim and payment.

Follow These Steps



a	b	c	d
Save a PDF of an Explanation of Benefits (EOB) from your health plan's website.	Save a digital receipt or scan a paper copy as one of these file types: JPG PDF TIFF GIF PNG ZIP	Each file can be no larger than 5 MB. You may need to compress them.	Click the Upload Receipt button, select the file(s) then confirm.

How to File a Claim Online

HEALTHCARE PAY ME BACK CLAIM - SUBMIT RECEIPT ONLINE August 1, 2016

BACK Step 1 of 2 NEXT

Select Receipt File(s)

BCBS   \$200.00

[Add Receipt for This Claim](#)



Click Add Receipt

How to File a Claim Online

HEALTHCARE PAY ME BACK CLAIM - SUBMIT RECEIPT ONLINE August 1, 2016

BACK Step 2 of 2 SUBMIT RECEIPTS Click Submit Receipts

Review and Submit Receipt(s)

BCBS   \$200.00

File name File size 150.0 KB

CERTIFICATION AND AUTHORIZATION
I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible expenses incurred by myself or an eligible dependent while I was a participant in the plan. I have already received these products and services and have not and will not seek reimbursement of this expense from any other plan or party. If I am covered under more than one health care account, reimbursement will be made according to the payment order determined by those plans and as stated on the WageWorks Web Site. Use of this service indicates my acceptance of the V User Agreement at login.wageworks.com (available upon registration; enter username and password or click on First Time User? link).

Success!
Your receipt / file was successfully submitted.
Your claim will be processed in 2 to 3 business days.
You can check its current status on the Claims & Activity page at any time.
OK

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DIRECT DEPOSIT

WageWorks Benefit Connect

ALERTS & MESSAGES PROFILE HELP LOG OUT

DASHBOARD CLAIMS & ACTIVITY

CONTACT INFORMATION

PREFERENCES

REIMBURSEMENT METHOD

AUTHORIZED INDIVIDUALS

USERNAME & PASSWORD

Reimburse Payments by

Direct Deposit

Check

1: Click Profile

2: Select Reimbursement Method

3: Then select Direct Deposit

Complete the banking information and click "Save Changes"



How to File a Paper Claim

How to File a Paper Claim Form



RETIREE HEALTH CARE ACCOUNT (RHCA) —ASSETS AT MERRILL LYNCH FCA HEALTH CARE RETIREMENT ACCOUNT (HRA) —POST 65-RETIREES

Claim Filing Options:

- **File claim online for faster processing:** Log in to your account at wageworks.com to submit your claim electronically. You can also set up direct deposit for faster reimbursement.
- **File claim via fax or mail:** Claim details may be entered online and a completed form may be printed and faxed or mailed with documentation. Fax: 877-353-9236 . US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY, 40512

Instructions to fill out this form:

- Complete ALL account holder information.
- Provide your employer name without abbreviation.
- Use your documentation to complete each section of the form, including the following:
 - 1 Provider Name
 - 2 Service Date(s)
 - 3 Patient Name and Relationship to Account Holder
 - 4 Type of Service
 - 5 Patient Responsibility
 - 6 Provider Signature is not required, but can replace need for other proof of service

ACCOUNT HOLDER:		PATIENT NAME		RELATIONSHIP TO ACCOUNT HOLDER AND TYPE OF SERVICE		OUT-OF-POCKET COST	
Last Name: SMITH		First Name: JOHN					
Employer Name: FCA US LLC RETIREE		ID Code (Last 4 digits of SSN): 5421		Zip Code: 10063			
1 Provider Name: 2 Mercy Hospital Service Dates: Start and End Dates (MM/DD/YYYY) 01/01/16 - 01/05/16 Signature of Provider: 6 (Web if you do not have one, for other proof of purchase) Dr. Mark Johnson, M.D.		3 Patient Name: 4 John Smith Relationship to Account Holder: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Qualifying Child <input type="checkbox"/> Qualifying Relative Type of Service: <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Rx <input type="checkbox"/> Dental <input type="checkbox"/> BTC <input type="checkbox"/> Vision <input type="checkbox"/> Health Care Supplies <input type="checkbox"/> Hearing <input type="checkbox"/> Premiums		5 Out-of-Pocket Cost: \$ 2500 Process this claim form (check one only): <input type="checkbox"/> My HRA. If no HRA funds are available, process this claim from my RHCA* <input type="checkbox"/> My HRA only <input type="checkbox"/> My RHCA only*			
Provider Name: 3 Mercy Pharmacy Service Dates: Start and End Dates (MM/DD/YYYY) 01/04/16 - 01/04/16 Signature of Provider:		Patient Name: 4 Mary Smith Relationship to Account Holder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Qualifying Child <input type="checkbox"/> Qualifying Relative Type of Service: <input type="checkbox"/> Medical <input type="checkbox"/> Rx <input type="checkbox"/> Dental <input type="checkbox"/> BTC <input type="checkbox"/> Vision <input type="checkbox"/> Health Care Supplies <input type="checkbox"/> Hearing <input type="checkbox"/> Premiums		Out-of-Pocket Cost: \$ 1070 Process this claim form (check one only): <input type="checkbox"/> My HRA. If no HRA funds are available, process this claim from my RHCA* <input type="checkbox"/> My HRA only <input type="checkbox"/> My RHCA only*			

Tips For Claim Submission

- An eligible dependent is defined as a spouse, qualifying child, or qualifying relative.
 - A qualifying child is defined as a dependent child up to age 26 or any age if permanently disabled.
 - A qualifying relative is someone who resides with you for more than half of the year.
- Qualifying children and relatives must not provide more than half of his/her own support.
- For information to claim orthodontia expenses, refer to the guide located at: <https://www.wageworks.com/employees/support-center/important-forms.aspx>.
- For a complete list of eligible expenses specific to your plan, log in to your account at wageworks.com and select "Eligible Expense" from the left side of the screen. Only submit claims for eligible expenses.
- A letter of medical necessity is required for any expense listed as "Yes (Letter)" on the eligible expense list to establish medical necessity. Cosmetic surgery or procedures, e.g., teeth whitening, are not eligible expenses unless deemed as medically necessary by a licensed physician. A letter of medical necessity form can be obtained at: <https://www.wageworks.com/employees/support-center/important-forms.aspx>.

Tip for Over-the-Counter Expenses

- A prescription is required for any over-the-counter expense listed as "Yes (Rx)" on the eligible expense list. As a result of the Health Care Reform Law, in addition to the required detailed receipt, an actual prescription written by a doctor (on a prescription pad or form) dated on or before the date the expense was incurred is required to verify that the over-the-counter medicine is prescribed for a known medical condition.

Tips For Documentation

- Ensure that the documentation is legible.
- Cancelled or copies of checks and credit card receipts do not contain all required pieces of information needed to approve your expense, and are not acceptable for submission.
- Explanation of Benefits (EOBs) are recommended, especially if your insurance covered a portion of the expense.
- The use of a highlighter causes items to not be legible on the documentation; highlighter use is not recommended.
- Send only photocopies of your claim form and documentation—keep the originals for your records if submitting via US Mail.
- Your provider may sign the form confirming the date of services, charges and other service or product information in lieu of providing separate documentation or other proof of service.

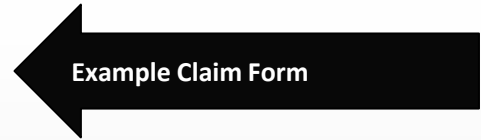
Tips For Faxing

- Do not use a cover page when faxing the claim form and documentation.
- Submit only claims for your own account.

Tips for Viewing Claim Status

- Please allow 2 business days from receipt of your claim for processing.
- You will be notified via email of the status of your claim if we have a valid email address on file (to update your email address, please log in to your account at wageworks.com and select "Profile" in the upper right corner of the screen).

3894FCA (06/2016)



How to File a Paper Claim Form (con't)

WageWorks
www.wageworks.com

RETIREE HEALTH CARE ACCOUNT (RHCA)
—ASSETS AT MERRILL LYNCH
FCA HEALTH CARE RETIREMENT ACCOUNT (HRA)
—POST 65-RETIRES
Pay Me Back Claim Form



- **File claim online for faster processing.** Log in to your account at wageworks.com to file your claim electronically and upload your documentation. You can also set up direct deposit for faster reimbursement.
- **File claim via fax or mail:** Claim forms may also be filed either via fax or US Mail and sent to the following locations:
Fax: 877-353-9236
US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY, 40512
- **Claim processing time:** Claims will be processed within 2 business days after receipt of the form. You may check the status of your claim by logging in to your account at wageworks.com.

ACCOUNT HOLDER:

Last Name										First Name											
F	C	A	U	S	L	L	C	R	E	T	I	R	E	E							
Employer Name														ID Code (last 4 digits of SSN)				Zip Code			

PROVIDER INFO	PATIENT NAME, RELATIONSHIP TO ACCOUNT HOLDER AND TYPE OF SERVICE	OUT-OF-POCKET COST
Provider Name: Service Dates: Start and End Dates (MM/DD/YY) Signature of Provider: (Only if you do not have required other proof of purchase)	Patient Name: Relationship to Account Holder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Qualifying Child <input type="checkbox"/> Qualifying Relative Type of Service: <input type="checkbox"/> Medical <input type="checkbox"/> Rx <input type="checkbox"/> Dental <input type="checkbox"/> OTC <input type="checkbox"/> Vision <input type="checkbox"/> Health Care Supplies <input type="checkbox"/> Hearing <input type="checkbox"/> Premiums	\$ Process this claim form (check one only): <input type="checkbox"/> My HRA. If no HRA funds are available, process this claim from my RHCA* <input type="checkbox"/> MyHRA only <input type="checkbox"/> My RCHA only*
Provider Name: Service Dates: Start and End Dates (MM/DD/YY) Signature of Provider: (Only if you do not have required other proof of purchase)	Patient Name: Relationship to Account Holder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Qualifying Child <input type="checkbox"/> Qualifying Relative Type of Service: <input type="checkbox"/> Medical <input type="checkbox"/> Rx <input type="checkbox"/> Dental <input type="checkbox"/> OTC <input type="checkbox"/> Vision <input type="checkbox"/> Health Care Supplies <input type="checkbox"/> Hearing <input type="checkbox"/> Premiums	\$ Process this claim form (check one only): <input type="checkbox"/> My HRA. If no HRA funds are available, process this claim from my RHCA* <input type="checkbox"/> MyHRA only <input type="checkbox"/> My RCHA only*
Provider Name: Service Dates: Start and End Dates (MM/DD/YY) Signature of Provider: (Only if you do not have required other proof of purchase)	Patient Name: Relationship to Account Holder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Qualifying Child <input type="checkbox"/> Qualifying Relative Type of Service: <input type="checkbox"/> Medical <input type="checkbox"/> Rx <input type="checkbox"/> Dental <input type="checkbox"/> OTC <input type="checkbox"/> Vision <input type="checkbox"/> Health Care Supplies <input type="checkbox"/> Hearing <input type="checkbox"/> Premiums	\$ Process this claim form (check one only): <input type="checkbox"/> My HRA. If no HRA funds are available, process this claim from my RHCA* <input type="checkbox"/> MyHRA only <input type="checkbox"/> My RCHA only*
More expenses? Please complete another form.		CLAIM FORM TOTAL:
		\$

- ← Medicare premiums paid through Social Security
- ← Medicare premium reimbursement not paid through Social Security
- ← Reimbursement for other qualified expenses

How to File a Paper Claim Form (con't)

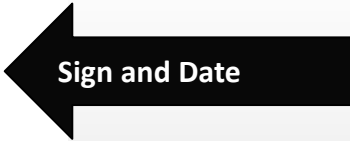
WageWorks
www.wageworks.com

**RETIREE HEALTH CARE ACCOUNT (RHCA)
—ASSETS AT MERRILL LYNCH
FCA HEALTH CARE RETIREMENT ACCOUNT (HRA)
—POST 65-RETIRES**

* If I have requested to have any portion of this claim payable from my RHCA account, I am hereby requesting funds in my Institutional Money Market Portfolio II (Institutional) Fund managed by Merrill Lynch be frozen to pay this claim, should it be approved. If there are not currently sufficient funds in my Institutional Fund to cover RHCA claims, I understand that I am immediately responsible for moving funds from my other investment options to the Institutional Institutional Fund to enable my claims to be paid by contacting Merrill Lynch online at 1-800-483-7283 or online at www.benefits.ml.com. I acknowledge my RHCA claims will only be paid up to the amount available in the Institutional Fund when my claim is approved (less any amounts previously frozen for previously filed claims or premiums).

CERTIFICATION AND AUTHORIZATION: I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible deductible expenses incurred by myself or an eligible dependent while I was a participant in the plan. (Patient & Relationship is assumed to be Self unless otherwise indicated.) I have already received these products and services and confirm that by requesting reimbursement here that I have not and will not seek reimbursement of this expense from any other plan or party. If I am covered under more than one healthcare account, reimbursement will be made according to the "Pay from Account" preference indicated on this form (or, if not indicated, according to the payment order designated by my employer). I understand that health care reimbursements are not eligible deductions on my individual tax return. Claim decisions will be made in accordance with the provisions of the plan. Use of this service indicates my acceptance of the WageWorks User Agreement at wageworks.com (available upon registration; enter username and password or click on Registration link).

Signature of Account Holder _____ Date _____



YOU MUST ATTACH A COPY OF APPROPRIATE PROOF OF SERVICE AND PAYMENT FOR EACH AMOUNT ABOVE.

Frequently Asked Questions

- **Q: Can the participant be reimbursed for Premiums for the entire year by submitting only one claim?**
 - **A: Yes.** In order to do so, you need to complete a claim form indicating with the dates of service for the entire year (i.e. 01/01/18 - 12/31/18) and the ANNUAL premium amount.
 - Proof of Coverage and Proof of Payment need to be provided for one month.
 - WageWorks will process the claim with the dates of service for the entire year and the ANNUAL amount.
 - Claims reimbursements are then prorated on a monthly basis based on the service dates going forward from the month the documentation was received for proof of coverage and proof of payment.
 - Payment is made at the beginning of each month automatically once the annual claim has been established.

Frequently Questions Cont.

- **Q: What if the insurance premiums (quarterly or annually) are paid in full, can the participant be reimbursed the full amount or will the claim be prorated?**
 - A: WageWorks will reimburse insurance premiums that are paid in full even if in they are advance of the insurance coverage period (service dates rendered).
- **Q: If the insurance premiums (quarterly or annually) are not paid in full, can they be reimbursed in full or are they prorated?**
 - A: Insurance premiums that are not paid in full are prorated out on a monthly basis when the insurance coverage dates (service dates) are in the future.
- **Q: What happens when I submit a claim and don't have enough funds to cover the full claim amount?**
 - A: If the claim is approved, WageWorks will pay up to your current account balance. Once funds are added in a future year, any pending unpaid amounts will then pay out to you via your elected payment method (check or direct deposit).



Resources

Who to Contact

- Eligibility
 - **Benefit Connect** - 888-409-3300
- RHCA Balance, Fund Transfers, Contributions and Distributions, Earnings, Freeze/Move Funds for Premium Payment/Claims Reimbursements
 - **Bank of America / Merrill Lynch (BAML)**
 - Online: www.benefits.ml.com
 - Call: Merrill Lynch Retirement and Benefits Contact Center at **1-800-483-SAVE (7283)**
- HRA Balance, Claims Processing, Account Activity, and Details
 - **WageWorks**
 - Online at <https://participant.wageworks.com>
 - Call: **1-877-WAGEWORKS (924-3967)**
Representatives are available Monday – Friday 8:00 am – 8:00 pm EST

Quick Start Guides, Forms, etc.

- Online: fcaretirees.com or chryslerretirees.com

FCA - USA Retirees

Home | News | Products | FAQ | Contact Us | Benefits | Retirement & Savings | Discounts

The official Web site for FCA- US Retirees

How to report the death of a Retiree or Surviving Spouse.

News

About FCA
Today on the Scoop
Chrysler Innovation

Benefits

Benefit Connect

Salaried Non-Represented Retiree

Benefit Connect 1095-C
Merrill Lynch Benefits Online
HIPAA Notice
Telephone Directory
Bank of America:
1-800-615-0319
Copies of W2/1099?

Having trouble viewing the News

With the Latest revision of IE 11 you may need a simple adjustment to your browser. Please [click here](#) to see where you can de-select "En

Benefit Connect to your benefits just got easier.

At FCA we understand the importance you place on having access to your benefit information when you need it. That's why we're introducing Benefit Co

Benefit Connect provides several enhancements including:

- Mobile and tablet functionality
- Live chat feature for quick responses to questions
- User-friendly details of your pension checks, including tax elections

To experience Benefit Connect for yourself, [click here](#).
For Payment Details & Tax Election Information [click here](#).

1095-C Announcement

2015 1095-C statements will be mailed to employees by February 29, 2016. Information on the 1095 may be needed in order to complete your tax r

attach a copy of this statement to your tax return. Please [Click here](#) for other FAQs regarding Form 1095-C.to find information that will assist in an

concerning the 2015 W2 Statements.

After selecting “Salaried Non-Represented Retirees”, the RHCA and HRA Guides and Forms are on the **bottom right side** of the page.



Retirement Health Care Account

- ▶ RHCA Quick Start Guide
- ▶ RHCA Claim Form

Health Care Retirement Account (HRA)

- ▶ HRA Quick Start Guide
- ▶ HRA Claim Form

- Or call WageWorks at **1-877-924-3967**



General Q&A



Thank you.