

September 22, 2023

Re: Important Update Regarding Your MPRO Retiree Medical Plan

Dear Retiree,

We hope this letter finds you well. We would like to update you regarding the previously announced changes regarding your MPRO benefit.

As explained in the letter we sent you in July, effective **September 27, 2023**, **RightOpt** and **GetInsured** will no longer be offering enrollment support to our retirees. This letter is to provide you with additional materials and information that will help you navigate this change.

Previous Communication Summary

- The Medicare Supplement plan you or your spouse selected (and if applicable, your spouse's pre-65 medical plan), **will remain unaffected** through your current enrollment period.
- For 2024 enrollment, if your health plan is still available, you may choose to continue with your current insurance carrier and partner directly with them to re-enroll.
- If you decide to make a change for 2024, you will now have a wider variety of plan options to choose from and will not be limited to the subset of plans previously available through RightOpt and GetInsured. We encourage you to seek out a broker or insurance provider you trust.
- Beginning September 27th, if you use Automatic Premium Reimbursement ("APR"), you **MUST** begin submitting your own claims for reimbursement for your medical insurance premiums.

Medicare Open Enrollment for 2024 Plan Year

The open enrollment period for the 2024 Plan Year runs from **October 15th** through **December 7th**. This is especially important if you are considering a change to your coverage for next year. This will be your opportunity to review your coverage and compare your options. Since RightOpt will no longer provide service, **you are free to work with any insurance broker or agent you choose.**

If you are looking to speak with a Medicare expert to answer your questions, we recommend reaching out to your local [State Health Insurance Assistance Program](#) ("SHIP") by clicking on "SHIP Locator" or "Find Local Medicare Help."

If you are looking for assistance from a local agent/broker, we recommend starting by searching the official website of the U.S. Centers for Medicare & Medicaid Services [here](#).

We also recommend you consider asking others, word of mouth is a good way to find a local broker that people you know have worked with and trust. Here are a few things to keep in mind when you meet with an agent/broker.

WHAT TO EXPECT WHEN YOU MEET ONE-ON-ONE WITH AN AGENT:	
BEFORE you meet with the agent:	
<ul style="list-style-type: none"> • The agent must get your permission to meet in person and must document the plan options you wish to discuss • The agent cannot come to your home without an appointment 	
DURING the meeting:	
the agent MAY: <ul style="list-style-type: none"> • Give you plan materials • Tell you how to get more plan information • Tell you about the plan options you agreed to discuss • Give you an enrollment form • Collect your completed enrollment form • Leave business cards for you to give to friends and family 	the agent MAY NOT: <ul style="list-style-type: none"> • Tell you about other plan options you have not agreed to discuss, unless you specifically ask about them (you'll need to complete a separate appointment form to discuss these options) • Sell you any products not related to health care, like life insurance • Offer you cash (or gifts worth more than \$15) • Ask for your credit card or banking information • Pressure you to join their plan by saying things like, "you have to join this plan or you won't have coverage next year" • Ask you to give names and phone numbers or addresses so that the agent can sell to your friends or family • Ask you to sign the enrollment form before you are ready to join; you should only sign the form when you are ready to join
AFTER the meeting (if you joined the plan):	
<ul style="list-style-type: none"> • The plan will contact you to make sure that you wanted to join and that you understand the plan's coverage and rules • The agent who helped you join the plan can call you to talk about other plan options 	

Pre-65 Spouse Open Enrollment for 2024 Plan Year

The 2024 open enrollment period for non-Medicare eligible participants runs from **November 1st** through **December 15th**. If changing your insurance coverage is something you're considering for next year, this will be your opportunity to review your coverage and compare your options. Like last year, you are free to work with any insurance broker or agent you choose.

A popular place for reviewing options and comparing available plans is [healthcare.gov](https://www.healthcare.gov). There you will find a [quick guide](#) to the Health Insurance Marketplace.

You can also [find local assistance](#) by calling 1-800-318-2596.

You are not limited to using the Healthcare.gov marketplace, you can also find insurance by contacting insurance providers directly or through the broker of your choice.

Insurance Claim Reimbursement

As previously mentioned, if you have been participating in the Automatic Premium Reimbursement (“APR”) program, it will no longer be available after September 27th. **You will need to submit a claim to be reimbursed for your insurance premiums beginning in October.** Since this may be the first time you will be submitting a claim for reimbursement for your insurance premiums, we are providing additional resources to help you with this. **These resources are not limited to APR participants and can be used for submitting any claims for reimbursement.**

- The enclosed HealthEquity Claims Guide provides instructions on how to submit claims.
- We are also including a paper claim form in case you want to submit physical documents by mail.
- A video walking you through the process will be available on jmfamily.com/retireemedical the week of September 25th.
- We recommend you **submit recurring claims for premiums to be reimbursed monthly, similar to APR.**
 - You may submit one recurring claim for the total premium owed from October through December of 2023.
 - Recurring claims can be done once per calendar year, so you will do this again in January of 2024.
- For any further assistance with submitting claims or if you have any issues with claims, please contact Health Equity member services team at 877-924-3967.

Thank you for your understanding during this transition process; we know a change like this can be difficult. JM Family continues to have your best interests in mind. Should you need any additional support during this transition process from JM Family, you can contact our Associate Care department at 954-429-2273 or at associatecare@jmfamily.com.

Sincerely,

Retirement Services

Summary of Additional Resources Enclosed

- **QR Code Page** to access helpful websites.
- **Health Equity Quick Start Guide** – this document provides a more detailed look at your retiree Health Reimbursement Arrangement (“HRA”), what you can use it for and how you can pay for or be reimbursed for eligible medical expenses.
- **Health Equity Claims Guide** – a one-page guide for submitting health expense claims to Health Equity.
- **Blank Copy of Standard Health Equity Pay Me Back Form** – use this to submit a claim through the mail or fax, make copies as necessary.







Visit the New JM Family Retiree Medical Website

jmfamily.com/retireemedical is a great way to stay informed about your benefit. It's a one stop shop for additional resources including:

- Historical communication archives
- Online video guide to submitting claims (will be available week of September 25th)
- Other helpful resources and links

QR Codes for Referenced Websites

- Zoom in on code using the camera on your mobile device to go to website.

Site	QR Code	Site	QR Code
Jmfamily.com/retireemedical		Healthcare.gov main website	
State Health Insurance Assistance Program		Healthcare.gov quick start guide	
Healthcare.gov Agent/Broker/Assister search		Healthcare.gov Local Assistance Search	

QUICKSTART GUIDE

Your Health Reimbursement Arrangement



At-a-Glance

Your HRA:

The Essentials

How You Are Reimbursed
From Your HRA

Managing Your Account

Using Your HRA Dollars

Register online now!

If you haven't registered online yet, please do so today. To register, just visit www.healthequity.com/wageworks, select "LOG IN/REGISTER" and then "Employees." You'll need to answer a few simple questions and create a username and password.

Questions?

If you have any questions or concerns, you can talk to a trained expert to learn more about the program. Just call 877-924-3967.

Hearing Impaired (TTY):
866-353-8058

International resident:
262-238-4000

Welcome to HealthEquity

Take control of your healthcare costs

Welcome to your health reimbursement arrangement (HRA) program sponsored by JM Family, and administered by HealthEquity. Through this program, JM Family puts tax-free money into your HRA to help you pay for your healthcare premiums and expenses after retirement. Your account can also be used for costs not covered by your health insurance, and this QuickStart Guide tells you how to put it all to work.

Inside you'll find the quick-reference information you need to pay for eligible expenses using your HRA and track your transactions—plus tips for getting the most from the program.

So please read on and learn how to take control over your healthcare expenses—with the savings, control, and flexibility of your HRA from JM Family.

Your HRA: The Essentials

Your HRA is governed by IRS regulations that detail who is eligible to use the account and where and how the money in it is to be used. Your HRA was designed to be simple. To keep it that way, it's important to comply with the IRS regulations that govern the program. The following guidelines will help you avoid any inconvenience.

- **Make sure account funds are only spent on expenses for those who are eligible.** This includes retirees and their eligible spouses.
- **Know what expenses are eligible.** HRA funds can be used to pay or be reimbursed for the premiums of the medical, Medicare Advantage, Medigap or Medicare Prescription Drug plan of your choice. HRA funds can also be used for eligible medical expenses, (such as copayments for doctor office visits), dental and vision plan premiums, and Medicare Part B premiums.
- **Over-the-counter (OTC) medications and drugs** You can use your HealthEquity® Visa® Healthcare Card (Card) for OTC medications. Alternatively, you can pay for the item out of pocket and use Pay Me Back to submit your claim to HealthEquity for reimbursement. Pay Me Back claims can be submitted online, or with your smartphone or mobile device.
- **Watch where you shop.** If using a HealthEquity Healthcare Card, shop only at general merchandise stores or pharmacies that have an IRS-approved inventory system in place. Visit www.sigis.com for the most updated list of approved merchants.
- **Proof of expenses.** You must provide proof for each expense listed on your Pay Me Back claim form.
- **Keep your receipts.** Save receipts that describe exactly what you paid for. Make sure the amount and service date—not the payment date—are included.
- **Keep an eye on your HRA.** Log in to your account online to see if you need to verify any Card purchases, or check www.healthequity.com/wageworks for the latest information.

*Your MPRO benefit is referred to as a health reimbursement account throughout this document.

QUICKSTART GUIDE

How You Are Reimbursed From Your HRA

Type of claim or expense	How you may be reimbursed for this type of expense	Proof required
Monthly Medicare premiums deducted from your Social Security checks Medicare Part B, C or D premiums	Complete section one of the Pay Me Back claim form to initiate a one-time annual request to be automatically reimbursed for monthly Medicare Part B, C, or D premiums that are deducted from your Social Security checks.	Social Security Cost of Living Statement (you receive in November or December of each year) that shows your Medicare deductions.* (See note below.)
Healthcare premiums not deducted from your Social Security check Insurance premiums that you paid for out of pocket	Complete the second section of the Pay Me Back claim form.	<ul style="list-style-type: none">• A copy of a statement from your insurance carrier and proof that you have paid those premiums, such as canceled checks, credit card statements or bank account statements showing the premium amounts have been paid.• Documentation provided should show the premium paid, service start and end dates, patient name, provider name and type of service.• You can submit carrier statements reflecting the payment for that coverage period.
Other expenses Expenses for copays, deductibles or eligible health-related expenses that your insurance or Medicare doesn't cover	Complete section three of the Pay Me Back claim form, use your Card, or choose the Pay My Provider option.	Submit a copy of a receipt or other documentation, such as an Explanation of Benefits (EOB) showing the amount paid out of pocket. Documentation must include: name of patient or individual who received benefits; date of service; and type of service. If you are purchasing over-the-counter drugs, such as Advil, Claritin, or Zantac, you will need to get a doctor's prescription and submit it along with your receipt.

Managing Your Account

You can manage and check up on your account through HealthEquity online or over the phone. The “Claims and Activity” page online details all your account activity and will even alert you if any Card transactions are in need of verification.

For the latest information, visit **www.healthequity.com/wageworks** and log in to your account 24/7. In addition to reviewing your most recent HRA activity, you can:

- Update your account preferences and personal information.
- Schedule payments to healthcare providers.
- Check the complete list of eligible expenses for your HRA program.
- Order additional HealthEquity Healthcare Cards for your family.
- Manage your account while on the go via the HealthEquity mobile website.
- Download the EZ Receipts app to file claims and Card use paperwork.

Using Your HRA Dollars

When you pay for an eligible healthcare expense, you want to put your account to work right away. HealthEquity gives you several options to use your money the way you choose.

Claims and Credit Balance

As your plan is based on a calendar year, you will have until March 31 to file claims from the prior year.

If you deplete your balance before the end of the year, you will need to wait until the following year when JM Family contributes to your account. However, you cannot submit reimbursement for claims incurred prior to the initiation of your HRA.

Using your Mobile Device

With the EZ Receipts mobile app, you can file and manage your reimbursement claims and Card usage paperwork on the spot, with a click of your mobile device camera, from anywhere.

To use EZ Receipts:

- Download at **www.healthequity.com/wageworks/aboutmobile**.
- Log in to your account.
- Choose the type of receipt from the simple menu.
- Enter some basic information about the claim or Card transaction.
- Use your mobile device camera to capture the documentation.
- Submit the image and details to HealthEquity.

Pay My Provider online

You can pay many of your eligible healthcare expenses directly from your HRA account with no need to fill out paper forms.* It's quick, easy, secure and available online at any time.

To pay a provider:

- Log in to your HRA at **www.healthequity.com/wageworks**.
- Select “Submit Receipt or Claim.”
- Request “Pay My Provider” from the menu and follow the instructions.
- Make sure to provide an invoice or appropriate documentation.
When you're done, HealthEquity will schedule the checks to be sent in accordance with the payment guidelines. If you pay for eligible, recurring expenses, follow the online instructions to set up automatic payments.

* You must, however, provide documentation. For more information about the documentation requirements and payment guidelines, visit **www.healthequity.com/wageworks**.

Filing a Pay Me Back claim

You also can file a claim online to request reimbursement for your eligible expenses.

- Go to **www.healthequity.com/wageworks**, log in to your account and select “Submit Receipt or Claim.”
- Select “Pay Me Back.”
- Fill in all the information requested on the form and submit.
- Scan or take a photo of your receipts, EOBs and other supporting documentation.
- Attach supporting documentation to your claim by using the upload utility.
- **Make sure your documentation includes the five following pieces of information required by the IRS:**
 - **Date of service or purchase**
 - **Detailed description**
 - **Provider or merchant name**
 - **Patient name**
 - **Patient portion or amount owed**

Most claims are processed within one to two business days after they are received, and payments are sent shortly thereafter.

If you prefer to submit a paper claim by fax or mail, download a Pay Me Back claim form at **www.healthequity.com/wageworks** and follow the instructions for submission.

QUICKSTART GUIDE

Using your HealthEquity Healthcare Card

Use your HealthEquity Healthcare Card (Card) instead of cash or credit at healthcare providers and pharmacies for eligible services, goods and prescriptions. You can also use the Card at general merchants and drug stores that have an industry standard (IIAS) checkout system that can automatically verify if the item is eligible for purchase with your account.

- Go to **www.sigis.com** to review a list of eligible merchants, like drug stores, supermarkets and warehouse stores, that accept the Card.
- When you swipe your Card at the checkout, choose “credit” (even though it isn’t a credit card).
- Consider paying for items or services on the day you receive them. Where applicable, only pay the portion not covered by your health plan; present your health plan ID to help merchants determine your copay or coinsurance amount.
- Save your receipts or digital copies. You will need them for tax purposes. Plus, even when your Card is approved, a detailed receipt may still be requested.
- If you’ve lost or can’t produce a receipt for an expense, your options may range from submitting a substitute receipt to paying back the plan for the amount of the transaction.
- If you use your Card at an eye doctor’s or dentist’s office, we will most likely ask you to submit an Explanation of Benefits (EOB) or other documentation for verification. Failure to do so may result in your Card being suspended.
- If you lose your Card, please call HealthEquity immediately and order a new one. You will be responsible for any charges until you report the lost Card.

Pay Me Back Recurring Premium Claim for the Current Year

You have the option of submitting one claim for future monthly premium reimbursements for the remainder of the calendar year.

Go to **www.healthequity.com/wageworks**, log in to your account and select “Submit Receipt or Claim.”

- Select “Pay Me Back.”
- Fill in all the information requested on the form and submit.

Claim Example

You will enter the full range of coverage date range as well as the total amount for the multiple months.

For example; if you owe a monthly premium of \$100.00 beginning February. The claim form indicates 2/1/2023 – 12/31/2023 with an amount of \$1100.00. Enter the coverage period as 2/1/2023 – 12/31/2023 (\$100 x 11 months = \$1100).

- You are required to provide Proof and Type of Coverage as well as Proof of Payment for one month and complete the claim form requesting payment for multiple months for the remainder of the calendar year. This is evident by the amount claimed and the date range claimed. The example above would require proof and type of coverage as well as proof of payment only for February to establish the recurring claim.
- Scan or take a photo of your information.
- Attach supporting documentation to your claim by using the upload utility.

Documentation examples below:

- A copy of a statement from your insurance carrier and proof that you have paid that monthly premium such as canceled checks, credit card statements or bank account statements showing the premium amounts have been paid.
- You can submit carrier statements reflecting the payment for that coverage period as well as type of coverage.

Pay Me Back Claims Tips – Submit via Online Portal, Mobile APP EZ Receipts, or Manual Paper Pay Me Back From

1. Fill out the Pay Me Back claim form entirely either manually or ONLINE PORTAL/Mobile Portal
2. Name must match your former employer's records in top section.
3. Fill out section 2 for a premium or a typical medical, dental, vision RX, claim reimbursement.
 - a. Fill in the first day of the month or date for which you are claiming through the last day of the month you are claiming or end date of the service.
 - b. The total amount claimed for the entire period.
 - c. Select the participant/patient – “Self” for the retiree, “Spouse” or “Dependent depending on who incurred the expense.

Note: For a Pay Me Back Recurring Premium Claim for the Current Year You have the option of submitting one claim for future monthly premium reimbursements for the remainder of the calendar year.

You will enter the full range of coverage date range as well as the total amount for the multiple months. For example, if you owe a monthly premium of \$100.00 beginning February. The claim form indicates 2/1/2023 – 12/31/2023 with an amount of \$1100.00. Enter the coverage period as 2/1/2023 – 12/31/2023(\$100 x 11 months = \$1100).

4. Sign the claim form or Submit the Claim online. If you are using the manual form, please fax or mail the claim form and supporting documentation to the phone number/address noted. a. Fax to 877-353-9236 or mail to: Claims Administrator, P.O. Box 14053, Lexington, KY 40512
5. **For Premium claims**, you will then submit/include Documentation showing monthly premium amount from the insurance company (examples of different types of acceptable documentation is listed below) a. Coupon Slips from the insurance company b. Itemized Statement from the insurance company c. Letter from the insurance company.

For all claims, the documentation must include:

- a. Participant name (name(s) covered individual)
 - b. Healthcare company provider name
 - c. Date(s) of service (coverage period)
 - d. **Type** of service (or type of coverage If submitting for a premium whether Dental, Medical, Vision etc.)
 - e. Premium amount
 - f. Include one of these proof of payment for premiums.
 - Bank Statements showing check to” xyz insurance company” is cleared
 - Insurance Company Statement showing payment in full for the coverage period
 - Ongoing monthly insurance company statements showing months premium payment
 - 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
 - Cancelled check for premium payment to insurance company (copy of front & back of cancelled check)
 - Credit Card Statements showing payment to insurance company
6. If you are submitting for eligible medical, vision, dental, RX claims: Documentation required includes:
 - a. Participant Name (patient name)
 - b. Healthcare provider name
 - c. Date (s) of service
 - d. Description of Service
 - e. Amount owed.

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• **File claim online:** Join the growing majority of participants who submit their claim online for faster service. Log in to your account at www.HeathEquity.com/WageWorks to file your claim electronically and upload your documentation.

• **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 www.HeathEquity.com/WageWorks.



ACCOUNT HOLDER:

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Last Name

First Name

--	--

ID Code (last 4 digits)*

Employer / Program Sponsor's Name

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Birth Month/Day (MM/DD)

* ID Code is the last 4 digits of your Social Security number, your Employee ID number or other reference number assigned by your employer. Please check the enrollment instructions provided by your program sponsor for more information about your ID Code.

Zip Code

ELIGIBLE EXPENSES

See full list of all eligible standard section 213(d) expenses covered under the Health Reimbursement Account on the participant website under "Eligible Expenses List" section.

CLAIMS FOR OUT-OF-POCKET EXPENSES

For non-premium items, you must attach the itemized pages of your Explanation of Benefits (EOB); the summary page is not sufficient for reimbursement. For premium reimbursement, attach proof of coverage/proof of post-tax payment.

PROVIDER NAME	SERVICE DATES (Start and End Dates) (MM/DD/YY)	PATIENT NAME, RELATIONSHIP TO ACCOUNT HOLDER AND TYPE OF SERVICE	OUT-OF-POCKET COST								
		Patient Name: _____ Relationship to Account Holder: <input type="checkbox"/> Self <input type="checkbox"/> Qualifying Child <input type="checkbox"/> Spouse <input type="checkbox"/> Qualifying Relative <input type="checkbox"/> Other: _____ Type of Service: <input type="checkbox"/> Medical <input type="checkbox"/> Premiums <input type="checkbox"/> RX <input type="checkbox"/> Dental/Orthodontia <input type="checkbox"/> Vision	\$ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> </tr> </table>								
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CERTIFICATION REQUIRED FOR CONSIDERATION OF PAYMENT FROM INTEGRATED HRA I certify that all claims being submitted, for any dependents on this claim form, are covered under an Affordable Care Act (ACA)-compliant employer-sponsored group health plan (offered by any employer) on the date of service listed. Select NO if you do not want to provide the SSN and DOB and/or if you do not want this claim considered for payment from Integrated HRA. <input type="checkbox"/> Yes <input type="checkbox"/> No			CLAIM FORM TOTAL: \$ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> <td style="width:30px; height: 30px;"></td> </tr> </table>								

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 payment order determined by those plans and as stated on the website. Use of this service indicates my acceptance of the User Agreement at www.HeathEquity.com/WageWorks (available upon registration; enter username and password or click on Employee Registration link).

HEALTH REIMBURSEMENT ACCOUNT

How to File a Claim for Approval

Claim Filing Options:

- **File claim online:** Log in to your account at www.HeathEquity.com/WageWorks to submit your claim electronically.
- **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

ACCOUNT HOLDER:

Last Name: S M I T H First Name: J O H N

ID Code (last 4 digits)*: 5 4 2 1 Employer / Program Sponsor's Name: J O N E S G R A P H I C S

Zip Code: 1 0 0 6 3 Birth Month/Day (MM/DD): * ID Code is the last 4 digits of your Social Security number, your Employee ID number or other reference number assigned by your employer. Please check the enrollment instructions provided by your program sponsor for more information about your ID Code.

ELIGIBLE EXPENSES
See full list of all eligible standard section 213(d) expenses covered under the Health Reimbursement Account on the participant website under "Eligible Expenses List" section.

CLAIMS FOR OUT-OF-POCKET EXPENSES
For non-premium items, you must attach the itemized pages of your Explanation of Benefits (EOB); the summary page is not sufficient for reimbursement. For premium reimbursement, attach proof of coverage/proof of post-tax payment.

1 PROVIDER NAME	2 SERVICE DATES (Start and End Dates) (MM/DD/YY)	3 PATIENT NAME, RELATIONSHIP TO ACCOUNT HOLDER AND TYPE OF SERVICE	4	5 OUT-OF-POCKET COST
Mercy Hospital	0 1 0 5 1 9 0 1 0 5 1 9	Patient Name: John Smith Relationship to Account Holder: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Qualifying Child <input type="checkbox"/> Spouse <input type="checkbox"/> Qualifying Relative <input type="checkbox"/> Other:	Type of Service: <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Premiums <input type="checkbox"/> RX <input type="checkbox"/> Dental/Orthodontia <input type="checkbox"/> Vision	\$ 2 5 0 0
Mercy Pharmacy	0 1 1 4 1 9 0 1 1 4 1 9	Patient Name: Mary Smith Relationship to Account Holder: <input type="checkbox"/> Self <input type="checkbox"/> Qualifying Child <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Qualifying Relative <input type="checkbox"/> Other:	Type of Service: <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Premiums <input type="checkbox"/> RX <input type="checkbox"/> Dental/Orthodontia <input type="checkbox"/> Vision	\$ 1 0 7 0

Tip For Claim Submission

- For a complete list of eligible expenses specific to your plan, log in to your account at www.HeathEquity.com/WageWorks and select "Eligible Expense" from the left side of the screen. Only submit claims for eligible expenses.

Tips For Documentation

- Ensure that the documentation is legible.
- Cancelled or copies of checks and credit card receipts do not contain all 5 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.

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 www.HeathEquity.com/WageWorks and select "Profile" in the upper right corner of the screen).