



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

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# Healthcare Retirement Account (HRA)

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- 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 no longer 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)

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- 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
- 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](http://www.WageWorks.com)*

# Retirement Health Care Account (RHCA)

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- For Retirees
  - While an active employee, your RHCA was funded by your own employee contributions and periodic RHCA matched funds by your employer.
  - RHCA assets are housed at Bank of America/Merrill Lynch (BAML), where a variety of investment options are available
- 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  - When you submit your RHCA claim, the claim amount is withdrawn from your RHCA's Institutional Money Market Portfolio II ("Institutional") Fund.

# Additional RHCA Information

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- Merrill Lynch 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](http://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

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- **Complete a Claim Form**
  - **Online** – [participant.wageworks.com](http://participant.wageworks.com)
  - **Fax** – 877-353-9236
  - **Mail** – Claims Administrator  
PO Box 14053  
Lexington, KY 40512

## 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

# Steps to Receive Reimbursement

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- For Health Care Services
  - **Provide Receipt**
    - **Must** include proof of payment information listed below
- 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
  - **Must** include:
    - ✓ Name of eligible covered individual(s)
    - ✓ Health Care plan name
    - ✓ Date(s) of coverage period
    - ✓ Type of expense (i.e. Premium, vision exam)
    - ✓ Premium Amount



# Steps to Receive Reimbursement (Con't)

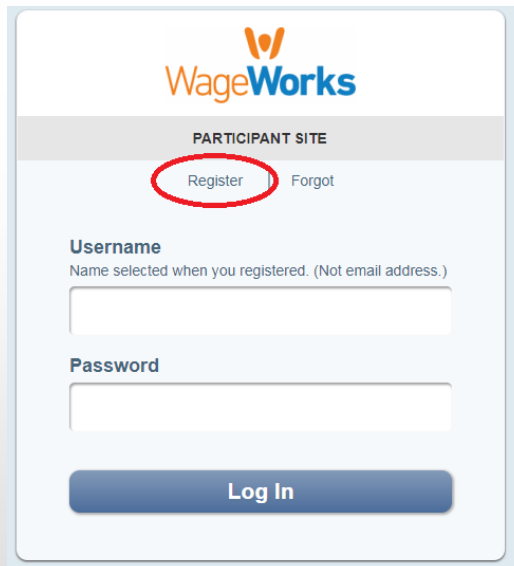
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- **Provide Proof of Payment**

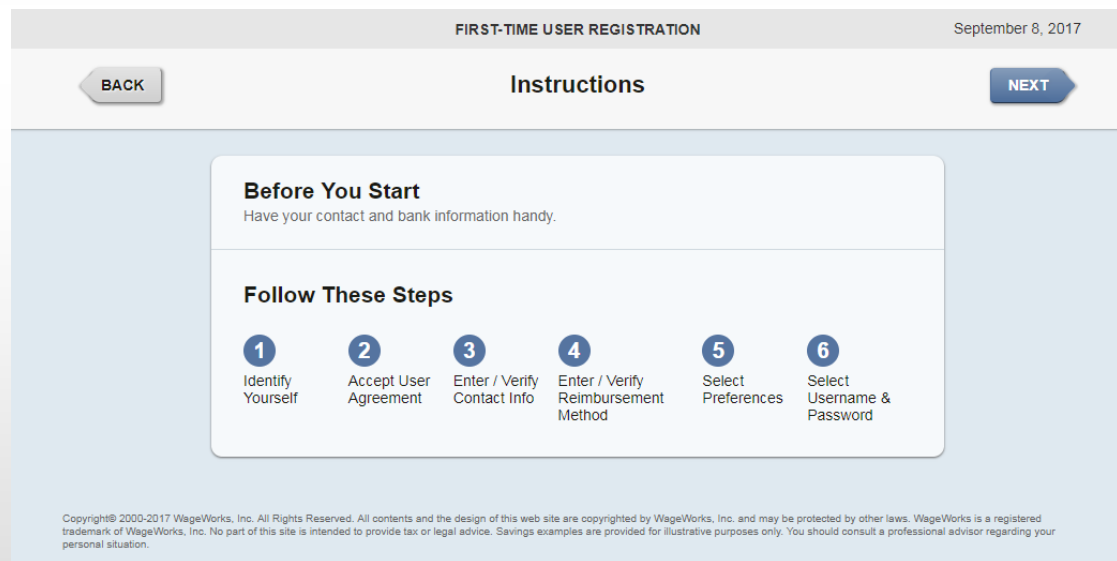
- **Bank Statement:** Showing check payable to “xyz insurance company” is **cleared**.  
*You may block out other non-relevant financial information (i.e. checking/savings account balances, credit card balances, other charges)*
- **Cancelled check:** Showing the premium payment to insurance company (**copy 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 block out other non-relevant financial information (i.e. checking/savings account balances, credit card balances, other charges)*

# 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 these 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 with the date "September 8, 2017" in the top right corner. The page has "BACK" and "NEXT" navigation buttons. 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

The screenshot shows the WageWorks online claims portal. At the top, there are navigation tabs for 'DASHBOARD' and 'CLAIMS & ACTIVITY', with the date 'August 1, 2016' on the right. A black arrow points to the 'SUBMIT RECEIPT OR CLAIM' button in the left sidebar, with the text 'Click on Submit Receipt Or Claim'. Below this, the 'CURRENT PROGRAMS 1' section is visible, featuring a card for 'HRA - Healthcare Retirement Account'. The card includes a plus sign icon, the text 'Use from: 1/1/16 to ...' and 'Claim by: ...', a large orange circle representing the available balance, and the text 'Available Balance' followed by a dark box containing the amount '\$2,339.96'. The bottom of the page contains a copyright notice.

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**

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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	<input type="text" value="BCBS"/>	Maximum 40 characters.
Service Start Date	<input type="text" value="1/1/2016"/>	Day(s) you received care, not day you paid.
Service End Date	<input type="text"/>	Optional. If for more than one day.
Description	<input type="text" value="Health insurance /"/>	
Amount	\$ <input type="text"/>	Your out-of-pocket cost.
Patient Name	<input type="text" value="Select Name"/>	<input type="button" value="+ ADD NEW PATIENT"/>

Mileage Reimbursement for Above Claim Optional.

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

(From)	<input type="text"/>
(To)	<input type="text"/>

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**

<b>Entered Claims (1)</b>		<b>Total</b>	<b>\$200.00</b>				
<a href="#">Delete</a>	BCBS <b>Health insurance / plan premiu...</b> for <input type="text"/> (Account Holder)	<table border="1"><tr><td>Jan 2016</td><td>Mar 2016</td></tr><tr><td>1</td><td>1</td></tr></table>	Jan 2016	Mar 2016	1	1	<b>\$200.00</b>
Jan 2016	Mar 2016						
1	1						

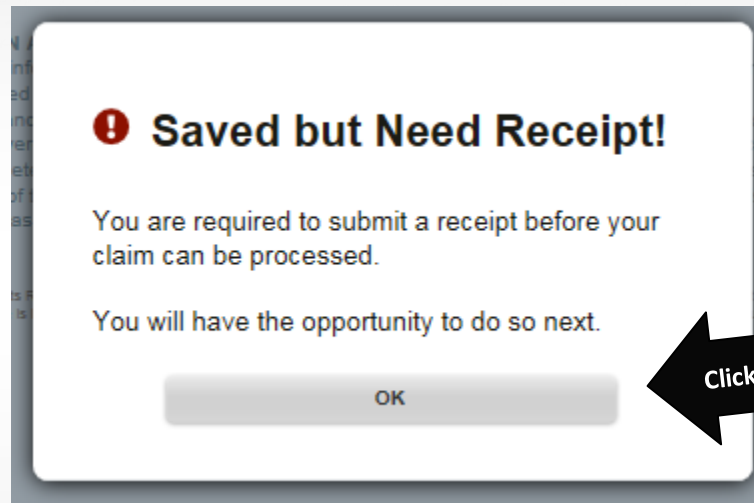
**CERTIFICATION AND AUTHORIZATION**  
I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible expenses incurred by myself or an eligible dependent while I was a participant in the plan. I have already received these products and services and have 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](http://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

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# How to File a Claim Online

HEALTHCARE PAY ME BACK CLAIM August 1, 2016

BACK NEXT

**Step 4 of 4**  
**Submit Receipt**

**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**


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

**Submit Receipt Online NOW**

**Submit Receipt Online LATER**

**Print Claim Form**

**Done**

 Click OK



# 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



- 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](http://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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# 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](http://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			
<b>1</b> Provider Name: <b>2</b> Mercy Hospital Service Dates: Start and End Dates (MM/DD/YYYY) 01/01/16 - 01/05/16 Signature of Provider: <b>6</b> (Web if you do not have web, for other proof of purchase) Dr. Mark Johnson, M.D.		<b>3</b> Patient Name: <b>4</b> 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"/> Premiers		<b>5</b> 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: <b>3</b> Mercy Pharmacy Service Dates: Start and End Dates (MM/DD/YYYY) 01/04/16 - 01/04/16 Signature of Provider:		Patient Name: <b>4</b> 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"/> Premiers		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](http://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>.

### Tips 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.

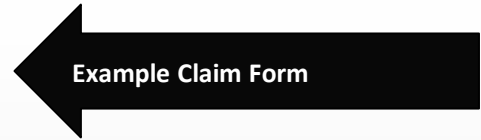
### Tips For Faxing

- 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](http://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)



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



- **File claim online for faster processing.** Log in to your account at [wageworks.com](http://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](http://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"/> My HRA 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"/> My HRA 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"/> My HRA 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](http://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](http://wageworks.com) (available upon registration; enter username and password or click on Registration link).

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Sign and Date

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

# DIRECT DEPOSIT

The screenshot displays the WageWorks Benefit Connect user interface. At the top right, there are navigation links for 'ALERTS & MESSAGES', 'PROFILE', 'HELP', and 'LOG OUT'. A black arrow labeled '1: Click Profile' points to the 'PROFILE' link. Below the navigation bar, there are two main tabs: 'DASHBOARD' and 'CLAIMS & ACTIVITY'. On the left side, there is a vertical menu with several options: 'CONTACT INFORMATION', 'PREFERENCES', 'REIMBURSEMENT METHOD', 'AUTHORIZED INDIVIDUALS', and 'USERNAME & PASSWORD'. A black arrow labeled '2: Select Reimbursement Method' points to the 'REIMBURSEMENT METHOD' option. The main content area shows a form for selecting a reimbursement method. It includes a heading 'Reimburse Payments by' and two radio button options: 'Direct Deposit' (which is selected) and 'Check'. A black arrow labeled '3: Then select Direct Deposit' points to the 'Direct Deposit' radio button. The background of the form area contains faint text: 'You are enrolled for direct deposit. Any amount to be reimbursed to you will be deposited into the account indicated below.'

*Complete the banking information and click "Save Changes"*

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# Requirements for PREMIUM Reimbursement



# Proof of Coverage Requirements

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- For Medicare Premiums deducted through Social Security, the best documentation is:
  - **Social Security ‘Cost of Living Statement’**

# 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 Coverage Example for Drug Plan Part D:

## Policy Statement

## Coupon Book



First Health Part D Value Plus (PDP)  
P.O. BOX 7763  
London KY 40742

11/15/2012



001946 1 MB 0.401 01585 0007 2 ACPDKU

JOSEPH [REDACTED]  
AIKEN SC 29801-1802

90691...  
CVTYRTL  
610014  
MEDDPRIIME

Dear MR. [REDACTED]

Thank you for enrolling in First Health Part D Value Plus (PDP). First Health Part D Value Plus (PDP) is a Prescription Drug Plan that is approved by Medicare. Medicare has approved your enrollment in First Health Part D Value Plus (PDP) beginning 01/01/2013.

### How will my coverage work?

As of 01/01/2013, you should begin using First Health Part D Value Plus (PDP) network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy, except in an emergency, First Health Part D Value Plus (PDP) may not pay for your prescriptions. You can find network pharmacies in your area by looking in your pharmacy directory or by calling our customer service department at the number at the end of this letter. You can also visit the First Health Part D Value Plus (PDP) website at <http://www.FirstHealthPartD.com>.

This letter is proof of insurance that you should show to your pharmacy until you get your Member ID card from us.

Because you have enrolled in the First Health Part D Value Plus Plan, you have added cost share benefits, specifically \$0 co-pay for Tier-1 generic medications until your total drug costs reach \$2,930.00 for 2012 and \$2,970.00 for 2013, but only when you fill your prescriptions at one of these pharmacies, Walgreens, Walmart, Target, Kmart, and Kroger family of pharmacies: Kroger, Ralphs, King Soopers, City Market, Dillons, Smith's, Fry's, QFC, Baker's, Owen's, JayC, Gerbes, Pay Less, Scott's, and FredMeyer. If you choose to fill your prescriptions at one of the other network pharmacies, you will pay a \$7 co-pay for Tier-1 generic medications until your total drug costs reach \$2,930.00 for 2012 and \$2,970.00 for 2013.

### How much is my premium?

The monthly premium for your plan is \$33.90.

Y0022\_PDP\_2012\_2074\_1394

Approved 08/2012

Account Number	Date Due	Past Due After	Amount
7546	FEB 1, 2013	FEB 10, 2013	\$33.90
JOSEPH [REDACTED]			Amount Enclosed \$ [REDACTED]
Make check payable to: <b>FIRST HEALTH</b>			
Questions? Call Member Svcs 1-888-736-0487			FIRST HEALTH PO BOX 6555 CAROL STREAM IL 60197-6555 [Barcode]
555 0009567546 0 02102013 0033			

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

**AARP** Health

Post Office Box 1017  
Montgomeryville, PA 18906  
Toll Free # 1-800-523-5800

January 21, 2013  
Membership# 3088942  
Insured: Joseph [REDACTED]

Joseph [REDACTED]  
[REDACTED]  
Aiken, SC 29801-1802

Dear Joseph [REDACTED]

We have received your recent inquiry regarding the status of your account.

Please be advised that we recently received a payment in the amount of \$144.59. This payment was applied to your account on January 15, 2013.

As of the date of this letter, your account is paid through 01/31/2013. A payment in the amount of \$144.59 will pay your account through February 2013.

If you have any questions or concerns, please call the toll-free number 1-800-523-5800. AARP Health Customer Service Representatives are available to help you weekdays from 7 a.m. to 11 p.m. and Saturdays from 9 a.m. to 5 p.m., Eastern Time. You may also visit us on AARP Health's website at [www.aarphealthcare.com](http://www.aarphealthcare.com).

Member Services Department  
AARP Health  
D036249

# Pension Payments



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- 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  
 PER# **MADELEINE** [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 DOLLARS    CENTS  
 \$\*\*\*\*2355.76  
**NOT NEGOTIABLE**  
 K6901735  
 PAYEE IDENTIFICATION NUMBER(S)  
 **JOHN CHIANG**  
 CALIFORNIA STATE CONTROLLER  
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.  
**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**  
 David G. Brainer, CEO  
 Marcus H. Reynolds, Jr., Deputy  
 8/5/2009

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

CAROLYN

From: Mary Murchison  
 Departmental Operations Specialist  
 TRS Benefits

Re: Income Verification  
 TR 077835  
 SS# [REDACTED]  
 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 59592B988 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
<b>GROSS PAYMENT</b>	<b>10,693.28</b>	<b>64,159.68</b>	<b>TOTAL DEDUCTIONS</b>	<b>2,548.37</b>	<b>15,339.39</b>

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**

# Frequently Asked Questions – Premium Claims

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- **Can the participant be reimbursed for Premiums for the entire year by submitting only one claim?**
  - 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.



# Questions....

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- **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?**
  - WageWorks will reimburse insurance premiums that are paid in full even if in they are advance of the insurance coverage period (service dates rendered).
- **If the insurance premiums (quarterly or annually) are not paid in full, can they be reimbursed in full or are they prorated?**
  - 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.



# How to Request Account Notifications

# Participant Notifications

- Online view of all activity is available at anytime.
- Notices are emailed upon receipt of claim.
  - Mailed notice will be sent if participant does not have email address on file.

The screenshot displays the WageWorks 'CLAIMS & ACTIVITY' dashboard for August 22, 2016. The interface includes a navigation menu on the left with options like 'SUBMIT RECEIPT OR CLAIM', 'ELIGIBLE EXPENSES', and 'DOWNLOAD TRANSACTIONS'. At the top right, there are links for 'ALERTS & MESSAGES', 'PROFILE', 'HELP', and 'LOG OUT'. The main content area shows a list of claims, with two entries visible. Each entry is for an 'Automatic Health Plan Claim' processed on August 16, 2016, with a status of 'Claim Approved / Paid in Full' and a payment amount of '\$104.90'. A 'Hide' checkbox is present to the right of each claim entry.

Claim Description	Date	Status	Amount	Hide
Automatic Health Plan Claim • Processed Aug 16, 2016 <b>Health plan claim from m...</b> Claim Approved / Paid in Full	Aug 01 2016	Claim	\$104.90	<input type="checkbox"/>
Automatic Health Plan Claim • Processed Aug 16, 2016 <b>Health plan claim from m...</b> Claim Approved / Paid in Full	Aug 01 2016	Claim	\$104.90	<input type="checkbox"/>

# How to request the detail when a claim has been processed.

Receive Email confirmation that claim has been processed

NOTE: To protect personal information, the status of the claim detail (i.e. denial, denial reason) is not included on the notification

- To receive claim detail:
  - 1- Log into your account and view status of claim OR
  - 2- Call WageWorks customer service at 1-877-WAGEWORKS (924-3967)

Priority: high

**From:** ServiceNotice@wageworks.com **Reply To:**  
**To:** [REDACTED]  
**Cc:**  
**Bcc:**  
**Subject:** Processed Your Claim

This email is confirmation that we have processed your claim:

Program Sponsor:	<b>FCA US LLC Retiree</b>
Claim Type:	<b>Healthcare Pay Me Back</b>
Form Total:	<b>\$855.00</b>
Claim Form ID:	<b>59</b>
Date Received:	<b>7/18/2016</b>

Another email will be sent if and when a payment is processed.


Did you know we can send you detailed transaction information in this and other select emails? [Click here](#) to log into your account to turn on the Detailed Emails option.

For more information and to access your account online, go to: [login.wageworks.com](http://login.wageworks.com)

Please do not reply to this email.

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**Service Message:**  
Claim Processed - Sent: 20-JUL-16 - [EmailLink]View Email[/EmailLink]



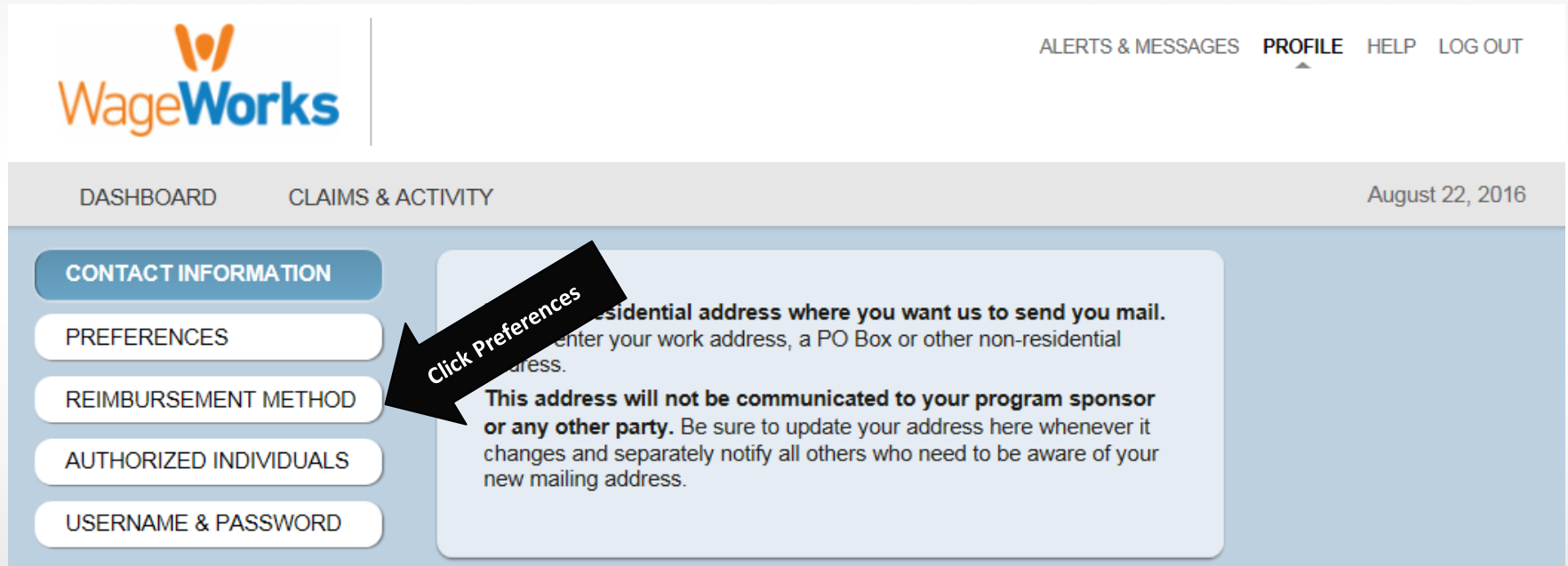
# Detailed Notifications

- To receive more detailed notifications, update your preferences in “PROFILE”

The screenshot shows the WageWorks user interface. At the top left is the WageWorks logo. To the right of the logo is a navigation bar with links for 'ALERTS & MESSAGES', 'PROFILE', 'HELP', and 'LOG OUT'. A black arrow labeled 'Click Profile' points to the 'PROFILE' link. Below the navigation bar is a header with 'DASHBOARD' and 'CLAIMS & ACTIVITY' tabs, and the date 'August 22, 2016'. The main content area features a sidebar with 'SUBMIT RECEIPT OR CLAIM' and 'ELIGIBLE EXPENSES' buttons. The central section is titled 'Recent Activity' and includes a 'More Claims & Activity...' link. A prominent activity card shows a 'Pay Me Back Payment' processed on 'Aug 17, 2016', with a 'Reimbursement to Account...' of '\$209.80' issued via 'Direct Deposit'. Below this is a 'CURRENT PROGRAMS' section with 2 items, including 'HRA - Healthcare Retirement Account'.

# Detailed Notifications

- Click on Preferences



The screenshot displays the WageWorks user interface. At the top left is the WageWorks logo. At the top right are navigation links: ALERTS & MESSAGES, PROFILE, HELP, and LOG OUT. Below the logo is a navigation bar with DASHBOARD and CLAIMS & ACTIVITY. The date August 22, 2016 is shown in the top right corner. On the left side, there is a vertical menu with the following items: CONTACT INFORMATION (highlighted in blue), PREFERENCES, REIMBURSEMENT METHOD, AUTHORIZED INDIVIDUALS, and USERNAME & PASSWORD. A black arrow points from the PREFERENCES item to the main content area. The main content area contains text about residential addresses and a warning: "This address will not be communicated to your program sponsor or any other party. Be sure to update your address here whenever it changes and separately notify all others who need to be aware of your new mailing address."

# Detailed Notifications

- Check the box '**Detailed Emails**' to authorize WageWorks to send detailed notifications regarding claims that have been processed
- Check "**Account Balances**" if you'd also like to receive your account balances

The screenshot shows the WageWorks user interface. At the top, there's a navigation bar with 'ALERTS & MESSAGES', 'PROFILE', 'HELP', and 'LOG OUT'. Below that, a breadcrumb trail shows 'DASHBOARD' and 'CLAIMS & ACTIVITY'. The date 'August 22, 2016' is displayed in the top right. On the left, there's a sidebar with menu items: 'CONTACT INFORMATION', 'PREFERENCES', 'REIMBURSEMENT METHOD', 'AUTHORIZED INDIVIDUALS', and 'USERNAME & PASSWORD'. The main content area is titled 'How would you like to receive information and updates?' and includes a legend: a checked box means 'Opt out is not available; we are required to communicate to you about these things.' and 'Required' means 'You must choose at least one option in this row.' Below this is a table with columns for 'Activity / Topic', 'Text', 'Email', and 'Mail'. The table has four rows: 'A claim is processed' (Text: unchecked, Email: checked, Mail: unchecked, Required), 'A payment is issued' (Text: unchecked, Email: checked, Mail: unchecked, Required), 'Enrollment, deadline and other important notices' (Text: unchecked, Email: checked, Mail: Not Available, Required), and 'New features and product updates' (Text: Not Available, Email: unchecked, Mail: Not Available, Optional). Below the table is an 'Additional Email Options' section with two checkboxes: 'Detailed Emails' (unchecked) and 'Account Balances' (unchecked). A black arrow with the text 'Authorize Detailed Emails' points to the 'Detailed Emails' checkbox.

Activity / Topic	Text	Email	Mail	
A claim is processed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required
A payment is issued	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required
Enrollment, deadline and other important notices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Available	Required
New features and product updates	Not Available	<input type="checkbox"/>	Not Available	Optional

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# Who to Contact

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- Eligibility
  - **Benefit Connect** - 888-409-3300
- Account balances, fund transfers, contributions and distributions, earnings, to freeze/move funds for premium payment/reimbursements
  - **Bank of America / Merrill Lynch (BAML)**
    - Online: [www.benefits.ml.com](http://www.benefits.ml.com)
    - Call: Merrill Lynch Retirement and Benefits Contact Center at **1-800-483-SAVE (7283 )**
- Claims Processing, Account Activity, and Details
  - **WageWorks**
    - Online at [wageworks.com](http://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](http://fcaretirees.com) or [chryslerretirees.com](http://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 Retirees**

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 to make 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 Connect which 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 return. Please [click here](#) for other FAQs regarding Form 1095-C to find information that will assist in any questions 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**

Three orange, 3D-rendered coins are positioned on the left side of the slide. They are arranged in a slightly overlapping manner, with one coin in the foreground and two behind it. The coins have a metallic sheen and are set against a blue background with a pattern of white plus signs that recedes into the distance.

# How to Use HCFSA Funds Prior to Retirement

# HCFSA Funds

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- **What happens to my HCFSA balance when I retire?**
  - Remaining HCFSA funds can be used for eligible expenses incurred prior to your retirement/termination date
  - Any eligible claims incurred between 1/1 – 12/31 must be submitted no later than 4/30 following the plan end date
- **Complete a Claim Form**
  - **Online**    [participant.wageworks.com](http://participant.wageworks.com)
  - **Fax**        877-353-9236
  - **Mail**        Claims Administrator  
                    PO Box 14053  
                    Lexington, KY 40512

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



Thank you.