

PLAN CLAIM REIMBURSEMENT INFORMATION

Cafeteria, HRA and/or VEBA plans enable you to save taxes and increase your spendable income by converting a portion of your compensation from cash to benefits. Under these plans, you use pre-tax dollars to pay for unreimbursed medical and/or dependent care expenses. Otherwise, you would pay your share of benefit costs with after-tax dollars.

Your election to participate in the cafeteria plan is made on a plan year basis. However, the IRS allows election changes under certain circumstances, referred to as family status changes. Examples of changes to family status include: marriage, divorce, birth or adoption of a child, death of a spouse or dependent, significant changes in health coverage due to your spouse's employment, the termination or commencement of employment by your spouse. For more detailed information about the relationship of family status changes to this plan, please refer to your Summary Plan Description and your human resources representative.

SUBMITTING CLAIMS

There are four methods of submission available for your claim form and documentation, as follows:

Online - Please visit our website at www.archbenefitaccess.com/OPH and follow the claim submission link through your login. Further instructions for claim submission are provided at the web location.

E-mail - Claims may be e-mailed (with scanned in documentation attached) to flexclaims@optumhealthfinancial.com. E-mailed claims received by OptumHealth Financial Services after 1:00 PM Central Time will be considered as received on the following business day.

Fax - Claims may be faxed to OptumHealth Financial Services with documentation to the following fax number **(763) 767-4700**. Faxed claims received by OptumHealth Financial Services after 1:00 PM Central Time will be considered as received on the following business day.

Mail - Claims should be set to OptumHealth Financial Services, P.O. Box 728, Anoka, MN 55303-0728.

Regardless of your submission method, it is important for all documentation which is submitted to OptumHealth Financial Services to be legible. If we are unable to read items because of the quality of the copy or the fax, the claim will be denied pending resubmission of legible documentation. Supporting documentation must clearly identify:

1. Date the service was incurred
2. Amount of the expense
3. Nature of the service
4. Name of the provider

You may use one line on the claim form to enter expenses which are identical in nature (i.e. office visit co-pays, RX co-pays, etc.) even if the expenses have been incurred on different dates. However, please make sure to attach documentation verifying each individual expense.

If your claim is denied, in part or in full, you can file an appeal. You can find the appeal procedure in your Summary Plan Description (SPD).

MEDICAL EXPENSE CLAIMS

To be eligible for reimbursement under the plan, you must provide proof the expenses were incurred. Please attach a copy of an itemized statement from the provider. Expenses are only eligible if they are incurred while you are participating in the plan. Expenses may be incurred by you, your spouse or other individuals who qualify as eligible dependents under federal rules governing cafeteria plans. **Note: Reimbursements from the medical expense reimbursement account are limited if you are covered under a Health Savings Account (HSA) to dental or vision expenses, expenses related to preventative care, and expenses that exceed the health plan deductible.**

Examples of eligible expenses include co-payments, deductibles, unreimbursed medical, dental, and vision expenses, therapy you receive as medical treatment, prescription drugs, and, if your plan allows, over-the-counter medication (e.g. aspirin, antacids, pain relievers, cold medication, allergy medicine), hearing aids, guide dogs, transplants, and therapy you receive as medical treatment.

DEPENDENT DAY CARE CLAIMS

Eligible dependents include your children under age 13, or if older, the person receiving care must be physically or mentally incapable of self care. See your SPD for additional information on Qualifying Individuals and certain benefit maximums which apply. Reimbursement for dependent care expenses are eligible if these amounts are paid to permit you to work. If you are married, dependent care expenses are only eligible if your spouse is also working for pay, attending school, or seeking employment while you are at work.

To request reimbursement, complete the dependent care section of the claim form and attach proof the dependent care services were provided by attaching an itemized statement or by having your dependent care provider complete the Provider Certification portion of the form.

According to federal law, you must report the name, address and taxpayer identification number of the dependent care provider when you file your tax return.

To access your account information, log on to www.archbenefitaccess.com/OPH and click on the Participant Login button