Claims FAQ

What happens after my claim/documentation is submitted?

- Depending on the type of plan and reimbursement schedule set up for your employer, your claim will be processed within two business days, and if approved, will be paid out within 4-14 business days from approval. If you do not have direct deposit set up, a check will be issued and will follow the below timeframe.
- If the reimbursement amount is $24.99 or less, your reimbursement will be issued after you submit additional claims to bring your total to at least $25 or at the end of the month, whichever happens first.
- You will be notified if further documentation is needed. If you have an email address on file, you will be notified via email. Otherwise, you will be notified by mail.
- Once a claim has been filed, it cannot be canceled.

What documentation is needed for my claim?

The IRS requires you to provide documentation to make sure expenses are eligible for reimbursement from your plan. Your documentation needs the following details:

- Name of provider or merchant
- Date of service received or item purchased
- Description of service received or item purchased
- Dollar amount (after insurance, if applicable)

An itemized receipt or Explanation of Benefits (EOB) typically has all the required information. In some cases, a prescription or letter from your physician or a completed Medical Necessity Form may be required if the product or service is considered both a medical expense and a general use item.

Examples of unacceptable forms of documentation include the following:

- Provider statements that only indicate an amount paid, balance forward or previous balance
- Credit card receipts

You can review the full article with examples **here**.

What documentation is needed for my Dependent Care Flexible Spending Account?

Your documentation needs the following details:

- Name of provider or merchant
- Date service received or item purchased
- Description of service received or item purchased
- Dollar amount (after insurance, if applicable)

Note: We will accept the provider's signature in place of an itemized receipt or statement.

You can eliminate the need to submit substantiation or file claims throughout the year for dependent care expenses by enrolling in Recurring Dependent Care. This process requires you to submit one form per year for each daycare provider used. You can learn more about the Recurring Dependent Care Request Form here.

What are my claim reimbursement options?

Check: Please note a $25 minimum is required for checks to be issued right away. Reimbursements that don't meet this minimum requirement will be issued after additional claims are submitted to bring the total to at least $25 or at the end of the month, whichever happens first.

Direct Deposit: You can get your money faster by adding your bank account. There's no minimum reimbursement requirement for direct deposit. You'll need the following information to complete the direct deposit setup process:

- Routing number
- Account number
- Bank name
- Bank address

You can read the full article with complete steps to set up direct deposit **here**.

How do I know if an expense is eligible?

Access our **eligible expenses interactive chart** and search through the list of items you can purchase. You can also spend your funds online at **Health Shopper**, the **HSA Store** or **FSA Store**.

Note: Due to frequent updates to the regulations governing benefits guidelines, the interactive chart list doesn't guarantee reimbursement, but may be used as a guide.