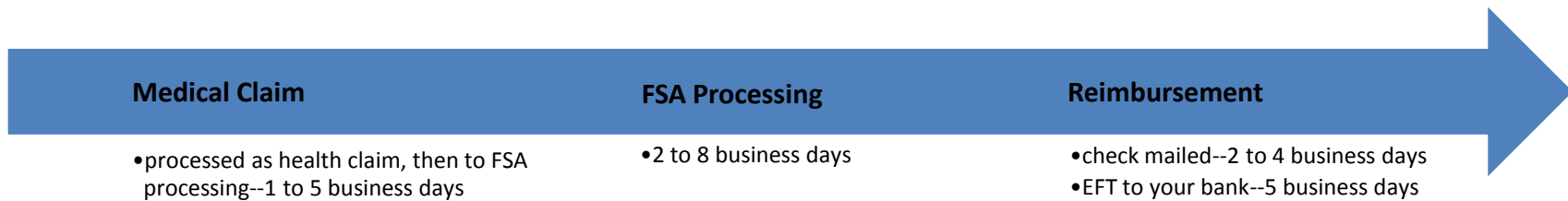


FLEXIBLE SPENDING ACCOUNTS (FSA)
UNITEDHEALTHCARE (UHC) CLAIMS ADMINISTRATION and TIMELINES

HEALTH CARE FSA CLAIM: A member's Health Care FSA is pre-loaded with their entire annual election amount; therefore, funds are available for reimbursement of eligible expenses on the first day of the year! **Your FSA claim must total \$25 or more in order for a reimbursement check to be issued or direct deposited via Electronic Funds Transfer (EFT) to your bank account.** The following timelines are based on the FSA claims processing and/or payment method used:

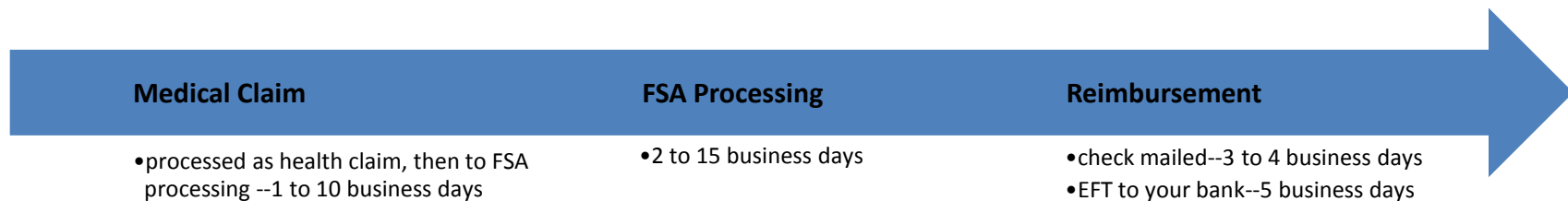
"AUTOMATIC PAYMENT" FEATURE

If you or your dependents are enrolled in a Madison County sponsored UHC Choice Plus health benefits plan (includes prescription benefits) or the UHC Vision Plan, your eligible out-of-pocket medical, prescription and vision expenses from claims processed by UHC will automatically roll-over to your FSA account.



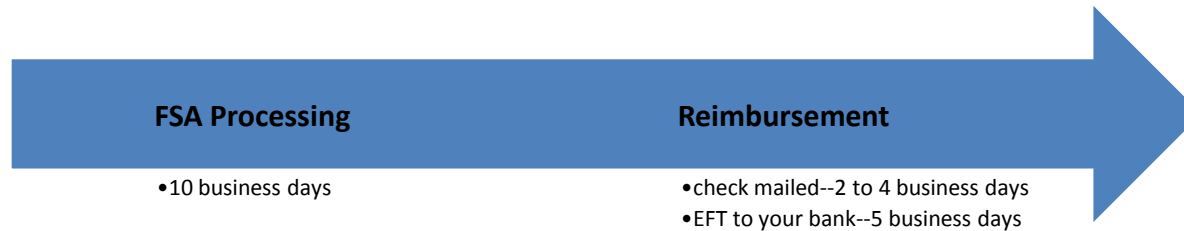
"AUTOMATIC PAYMENT" FEATURE WITH MANUAL INTERVENTION

"Manual Intervention" is needed when there are duplicate claim submissions, missing information, etc.

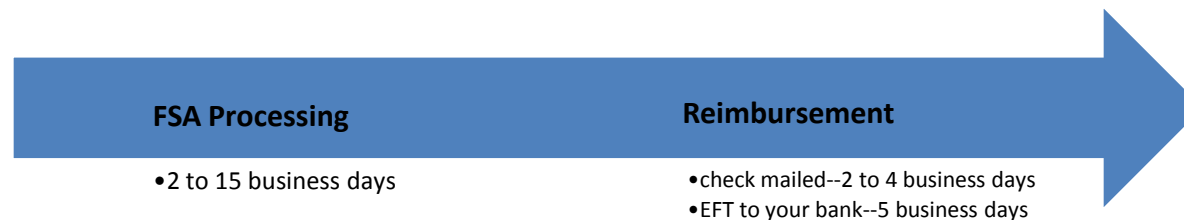


**“AUTOMATIC PAYMENT” FEATURE TURNED OFF AND YOUR
Consumer Accounts Card® Debit MasterCard® (CAC) or Health Care Spending Card Debit MasterCard® (HCSC) NOT USED**

A paper claim form must be submitted to UnitedHealthcare for processing. FSA Health Care Claim Forms are available online at www.myuhc.com or via the Intranet at <http://intra/>. Complete the claim form, then mail or fax to UHC with your itemized bill(s) or Explanation of Benefits (EOBs) for reimbursement. **Important Note: DO NOT fax the same claim form multiple times as this will delay processing.**



DEPENDENT CARE FSA CLAIM: UHC manually processes all Dependent Care FSA claims. A FSA Dependent Care Claim Form can be obtained online at www.myuhc.com or via the Intranet at <http://intra/>. Complete the claim form, then mail or fax to UHC with your itemized bill(s) for reimbursement. Unlike a Health Care FSA, your **annual election is not pre-loaded**; therefore, your Dependent Care FSA claims **will be reimbursed once funds are available**. **Important Note: DO NOT fax the same claim form multiple times as this will delay processing.**



- UHC will reimburse up to 4 weeks in advance for your dependent care expenses, but uses days instead of weeks in this calculation...up to 35 days in advance and this 35-day count begins from the day the claim was received.
- If the listed dates of service (DOS) are ALL within the 35-day maximum payable DOS, the claim is payable. This would be reflected on myuhc.com as “in process” or “paid” or “pending funding”.
- If the listed DOS are ALL outside the 35-day maximum payable DOS, the claim is denied with remark code 970. This will not be reflected on myuhc.com.

- If the listed DOS are before and after the 35-day maximum payable DOS, the claim is pro-rated. The DOS within the 35-day maximum payable DOS are processed and paid, and the DOS after the 35-day maximum payable DOS are denied with remark code 970 and are not “pending”. These will need to be resubmitted when they are within the maximum payable DOS (35 days).
- The only time a claim will reflect “pending” is when it is “pending funding”, as Dependent Care Claims are not preloaded at the start of the year as is a Health Care FSA. They are funded according to the payroll deductions (bi-weekly). The claim will only pay out once there are funds available, and may only make partial payments as funds become available.

When Your FSA Balance is less than \$25:

When there are funds under the check cutting minimum of \$25 remaining in one’s FSA:

- **You can use your CAC or HCSC debit card**, if you are purchasing an eligible item at an **IIAS Pharmacy** (www.sig-is.org to find one) full or partial payment will be allowed from your FSA (e.g., Prescription drug costs \$85...your FSA balance is \$14...IIAS Pharmacy can accept payment of \$14 using your HCSC, then member would pay for remainder of charges with some other payment method at time of purchase). **If not an IIAS Pharmacy**, the cost of the prescription drug must be an exact match to the OptumRx (MEDCO) Authorization obtained by the pharmacy or you will have to file a manual claim.
- **You can use your CAC or HCSC debit card to pay for your medical, dental, vision or other type of claim at an IIAS certified participating merchant; however, you must know the exact amount** of your FSA balance and only that amount can be ran through your CAC or HCSC debit card. If your transaction (under \$25) is more than your FSA balance, your CAC or HCSC debit card will be inactivated and you will have to file a manual claim with UHC. If you enrolled in a Health Care FSA at open enrollment for the following FSA plan year (January 1 through December 31), your CAC or HCSC will be reactivated with your new annual FSA election amount on January 1st.
- **You can file a manual claim when your FSA balance is less than \$25, but you will not be reimbursed until after the end of the year.** This means that UHC will start distributing FSA funds on the first business day in January, which may take up to a couple of weeks before you receive your FSA fund balance.

When Your FSA Claim Details will be Available on myuhc.com: Your claim will be filmed, go through processing, and feed downloaded to myuhc.com—then your claims status will show up as “in process”. It will show up as “waiting funds” if there are not enough funds to pay at that time. It will be noted as “pending” when the claim has been processed but waiting on payment issuance. It will be noted as “processed” once the claim is paid. For the timeline of all these steps, please refer to the prior pages and know that there is approximately a 72-hour lag for each step to download from the FSA system to the myuhc.com system for viewing.

Special Note: You have until March 31st of the following year to submit claims incurred during the current calendar year.