

## Paperless Reimbursement Overview

FSAFEDS has partnered with a number of FEHB fee-for-service plans to implement Paperless Reimbursement for many of your Health Care Flexible Spending Account (HCFSA) expenses. Paperless Reimbursement eliminates the need for you to manually prepare and submit many of your out-of-pocket health care costs to FSAFEDS. Now FSAFEDS can save you money and valuable time as well!

### Current Participating FEHB Fee-For-Service Plans

- Association Health Plan
- Blue Cross/Blue Shield
- GEHA
- Mail Handlers/First Health
- M.D. IPA

*FSAFEDS is continuing to work with other FEHB plans to implement this exciting new feature during the Plan Year. You have the option to sign up to be notified when your FEHB plan begins participating in Paperless Reimbursement.*

### Important Information

- In order to participate in Paperless Reimbursement, the FEHB contract holder's Social Security Number for your enrollment must be on file with your FEHB plan. This information is only used to validate your FSAFEDS account and to ensure proper reimbursement. If you are not the FEHB contract holder, you must provide FSAFEDS with information about the contract holder, including name, Social Security Number and date of birth.
- Paperless Reimbursement does not change, in any way, your relationship and obligations to your physician or health care providers. You are expected to meet your deductible, co-payment and co-insurance obligations as specified in your FEHB brochure.
- Paperless Reimbursement works best with self and family coverage. If you and your spouse each carry a self-only FEHB enrollment, claims can only be automatically reimbursed for the FSA participant who is also the contract holder. Health care expenses for your spouse are still eligible for reimbursement from your HCFSA, but you must submit them with a paper claim form by fax or mail.
- Covered expenses that are filed with your FEHB plan, including all covered family members, will be forwarded to SHPS for Paperless Reimbursement under your FSAFEDS account.

Plan Name	Services/Claims Covered
Association Benefit Plan	Medical Only
Blue Cross/Blue Shield	Medical, Dental, Pharmacy
GEHA	Medical, Dental
Mail Handlers/First Health	Medical, Dental, Pharmacy
M.D. IPA	Medical, Dental, Pharmacy

- The timeline for your FEHB plan to process your claim has not changed. Once your claim has been processed, it will automatically be submitted to your FSAFEDS account.
- To sign up for Paperless Reimbursement, or to receive complete program details, contact the FSAFEDS Program at 1-877-FSA-FEDS (372-3337) or online at [www.FSAFEDS.com](http://www.FSAFEDS.com). Benefits Counselors are available to assist you Monday through Friday, from 9:00 A.M. until 9:00 P.M., Eastern Time. TTY: 1-800-952-0450.
- You have the right to appeal a denied claim for FSA reimbursement by writing to FSAFEDS and requesting reconsideration at the following address:  
FSAFEDS Program • P.O. Box 36880 • Louisville, KY 40233-6880