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Claim Filing Tips and Instruction

The Internal Revenue Service (IRS) has specific guidelines for administering Tax Advantaged Benefit Programs. For quick claim reimbursement, please review the following to determine what type of supporting documentation is required for your expenses and save time by filing a claim online.

Health Care Expenses:
Health care expenses include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses for solely cosmetic reasons generally are not expenses for medical care. Also, expenses that are merely beneficial to one's general health are not expenses for medical care. In some cases, you may be asked to provide a Letter of Medical Necessity from your attending physician to substantiate your claim.

If you have medical, dental or vision insurance, all expenses must be submitted to your insurance company before being submitted for reimbursement; even if you have not met your annual deductible. When you receive the Explanation of Benefits (EOB) statement from your insurance company, submit a copy to NueSynergy along with a completed claim form. If you simply make a co-payment when you receive medical care or purchase prescription drugs, you may submit the EOB or an itemized statement showing the date of service, a description of the service, service provider name and address, patient name, and the co-payment amount.

For expenses not submitted through insurance, submit an itemized statement from the provider showing the date of service, a description of the service, provider name and address, patient name, and the amount charged along with a completed claim form. Canceled checks, credit card receipts, or billing statements showing "previous balance", "balance forward" or "received on account" ***cannot*** be accepted.

Documentation for prescription drugs must include the service provider name, the date the prescription was filled, the name of the drug, patient's name and dollar amount. This information is provided on the pharmacy receipt (script), or you can ask your pharmacist for a print-out of your prescriptions for a particular time period. Cash register receipts must clearly indicate - Prescription Co-pay.

Orthodontia claims require an itemized statement/paid receipt, the orthodontist's contract/payment agreement, or monthly payment coupons. Reimbursements can be made in one lump sum, or as the services are provided over the expected treatment period as described below:

- **Coupon Payment Option** - You can submit an itemized statement of your orthodontia expenses as the service is provided. Submit this documentation with a completed claim for reimbursement.

- **Monthly Payment Option** - You can obtain a contract agreement from the orthodontist showing the patient name, the date the service begins and the length of service, charges for the initial banding work and the dollar amount charged each month. Submit your contract with your first claim and we will automatically reimburse you each month, according to the contract, eliminating the need to submit a claim every month. You will need to send a few claim form with your contract agreement at the beginning of the next Plan Year if you wish to continue reimbursement.

- **Total Payment Option** - If you paid the entire amount of treatment when the service began, submit your claim with a copy of your paid receipt and an itemized statement showing the provider name, patient name, date treatment started, dollar amount and amount insurance will pay. Under this option, you can only file for this expenses once, which means you cannot submit this expenses again in future plan years.

Dependent Child or Adult Day Care:

When submitting a claim for Dependent Daycare expenses; complete a Dependent Care Claim form and provide an itemized statement from your day care provider. These expenses must be work-related, meaning you and your spouse, if married, must be employed, actively seeking employment or a full-time student, in order to get reimbursed. The itemized statement must include the provider's name, your dependent's name, as well as the specific dates day care services were provided and the cost of care. The claim form can be used as an itemized statement if your day care provider provides the necessary information and signs the form where indicated. Canceled checks ***cannot*** be accepted as a form of documentation. IRS regulations require you to report the provider's name, address and Tax Identification Number (or Social Security Number) on Form 2441 to be filed with your personal income tax return. A dependent is considered eligible if they are under age 13 or otherwise meets the "Qualifying Person Test" as described in Publication 503. Remember, you can only get reimbursed for day care services received, not for services to be provided in the future.

You can file a Dependent Care Contract eliminating the need for any further documentation. If your provider charges weekly, bi-weekly, or monthly and you would like your claim to be set up on a recurring status simply check the "recur" option on your claim form. Recurring claims only need to be submitted once each Plan Year, or until your contract expires. If you choose the recur option, our software will automatically generate a payment each time a payroll deduction is made.

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NueSynergy Benefits Card

- If additional documentation is needed in order the substantiate a transaction after using the NueSynergy Benefits Card, you will receive an email notifying you to submit your documentation for review. You will receive reminder notices every 30 days (three (3) in total) over the course of a 90 day period. If your transaction has not been substantiated within the 90 Day time frame, the debit card status may move to "Inactive Status" until the transaction has been substantiated by our claims department. Your debit card will decline any attempted transactions while in the Inactive status.

- The NueSynergy Benefits Card should auto-adjudicate (meaning, no documentation is required) the following transaction types:
    - Co-payments (i.e. $10.00, $15.00, $20.00, $25.00, $75.00, etc. – Flat Dollar Amounts, as shown). Odd amounts maybe flagged and require documentation to be submitted.

    - Pharmacy – Purchasing prescriptions. Under IRS regulations, pharmacies are a part of the Inventory Information Approval System (IIAS). This system electronically transmits the data to NueSynergy letting the card system know you are purchasing a prescription.

- All other transaction types may require additional documentation. The reason additional documentation is often requested is that the "True" date of service and detail of services received are not transmitted within the transaction detail provided by the merchant. It is this level of information that is required by the IRS to fully substantiate a transaction.

What Documentation Is Needed? There are two forms of documentation that are acceptable under IRS regulation. One of the following should be submitted for claim substantiation, but both are NOT needed:

- Itemized Billing Statement from a Provider/Vendor
- Explanation of benefit (EOB) from an insurance carrier
    - Note: Be sure to keep your documentation on file at all times.
    - Note: When swiping your NueSynergy Benefits Card, be sure to obtain an Itemized Billing Statement from the Provider/Vendor.

How do I submit the required card substantiation documentation? NueSynergy offers a few ways for you to submit your documentation.

- Our preferred method is by going online to your NueSynergy participant portal under your "Transaction History." Identify and select any card transactions in a "Pending Status". Once selected, you will be able to select "add reciept" to attach the needed documentation to that particular transaction.

- You may also attach your files to an email and email the NueSynergy Claims Department at: customerservice@nuesynergy.com. Be sure to include the transcation details provided in the claim documentation request.

- With an iPhone or Android-Based smartphone you may take a picture of your documentation and attach it to you debit card transaction through the NueSynergy Mobile App.

- Last, but not least, you may U.S. Mail (NueSynergy, Inc., 4601 College Blvd., Suite 280, Leawood, KS 66211) your documentation.

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Definitions – Things You Need to Know:

Date of Service - The date a service or supply was provided to you, regardless when paid for or when you were billed. Prescription drugs are generally based on the date the prescription is filled, regardless when picked up or paid for. Eyeglasses/ contact lenses are based on the date the order is placed, regardless when picked up or paid for.

Documentation - IRS regulations require that claims and certain card transactions be substantiated with appropriate documentation. Documentation includes the insurance carrier Explanation of Benefits (EOB), provider itemized statement or pharmacy receipt, and detailed cash register receipt with the merchant name, product name, date and amount of purchase.

Duplicate Expense - An expense that was previously submitted for consideration.

Expense Incurred - an expenses is treated as having been incurred when the medical care or dependent care that gives rise to the expense has been provided, and not when you are formally billed, charged for, or pay for the expense. To "give rise" means to cause to happen.

Explanation of Benefits (EOB) - This statement is provided to you by your insurance carrier after they have processed your claim. It shows the provider name, patient name, date the service was provided, the amount they paid and what you owe.

Ineligible under IRS Guidelines - Expenses that cannot be reimbursed with "pre-tax" dollars are considered ineligible. Eligible health care expenses include services for the diagnosis, cure, mitigation, treatment, or prevention of disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses for solely cosmetic reasons generally are not expenses for medical care. Also, expenses that are merely beneficial to one's general health are not expenses for medical care.

Itemized Statement - This is used when an individual does not have insurance coverage and will, therefore, not receive an Explanation of Benefits (EOB) or when you simply make a co-payment when you receive medical care or purchase prescription drugs. An itemized statement is a type of billing receipt that documents the service you have received. This document must include:

- Provider name/address
- Patient name
- Date service was provided (regardless when paid or billed)
- Description of service or supply (should be a detailed description)
- Dollar amount charged

Letter of Medical Necessity – Because health care expenses must be for medical reasons, some expenses may require a letter from your physician confirming the diagnosed condition, the type of treatment, why the treatment is medically necessary, and the duration of treatment. A Letter of Medical Necessity form is available for your convenience by visiting www.NueSynergy.com and going to Forms and Documents under Participant Resources.

Over-the-counter Drugs and Medicines (OTC) – Items that are taken orally or applied to the body to alleviate or treat sickness, pain, injuries, or a medical condition such as allergy and cold medications, pain relievers such as aspirin and antacids, are considered to be OTC drugs and medicines. Items such as vitamins, herbal and dietary supplements, cosmetic treatments or items that are for maintaining general good health are not included and remain ineligible expenses.

Period of Coverage – This is the time during which you are eligible to receive benefits. Your period of coverage begins when you become eligible and enroll in your employer's plan, and ends when you are no longer eligible (this may be your employment termination date).

Provider – The doctor, hospital, pharmacy, store that provided the service or supply to you.

Provider Discount – Some health care providers participate in networks under which they agree to charge less than the prevailing fees. This is called a provider discount and although this amount may appear on statements, it is not owed to the provider and is not an eligible expense.

Runout Period – This is a period of time following the close of the plan year during which you can still file claims incurred in the prior year while you were a covered participant and it does vary among employers.

RX Script – The pharmacy or prescription receipt received from the pharmacy when they fill a prescription. This shows the pharmacy name/address, patient name, date filled, drug name, and dollar amount charged.

Type of Service/Supply – A detailed description of the service being provided. For example, a description of "dental services" is not complete. A description that says "x-rays and crown" is detailed and complete.

Work-Related Expense – Qualifying daycare expenses must be work-related. This means they are incurred to allow you, and if married, your spouse to work. This does not include expenses you pay while doing volunteer work, or expenses you pay while you are on leave, vacation, or out ill.