

Paperless Reimbursement: Mail Handlers Benefit Plan

Please review this document along with the [Paperless Reimbursement Overview Quick Reference Guide](#) for all the information you need to know about PR including the types of claims Mail Handlers Benefit Plan automatically forwards to FSAFEDS.

Information for Employees Enrolled in FSAFEDS Paperless Reimbursement (PR) with Mail Handlers Benefit Plan:

- You automatically receive reimbursement from your FSAFEDS Health Care Flexible Spending Account (HCFSA) for certain health care expenses you, your eligible dependents or adult children up to age 26 incur without having to submit a claim to FSAFEDS. **NOTE:** Eligible expenses incurred by your adult children from his/her 26th birthday through the end of the calendar year in which he/she turns 26 will **NOT** be reimbursed through PR. You must fill out a claim form for those expenses and send it to FSAFEDS for reimbursement.
- If you enroll **during** Open Season, Mail Handlers Benefit Plan automatically forwards to FSAFEDS all claims for services incurred and processed on or after January 1 of the new Benefit Period.
- If you enroll **after** Open Season at any time during the Benefit Period, your enrollment is effective the next day. Mail Handlers does not forward claims for services processed for you, your eligible dependents or adult children up to age 26 prior to your PR enrollment.
- *Example: You enroll in PR on March 1. The effective date of the PR enrollment is March 2. Mail Handlers Benefit Plan forwards claims to FSAFEDS for services processed on or after March 2. You need to submit an [FSAFEDS claim form](#) for any health care service processed prior to March 2.*
- You must submit claims for denied pharmacy and mental health services to FSAFEDS directly.
- Any claim that Mail Handlers Benefit Plan receives and processes for you, your eligible dependents or adult children up to age 26, and for which you receive an Explanation of Benefits (EOB), is automatically forwarded to FSAFEDS for processing your out-of-pocket expenses, **except** for the following, which may require action on your part:

Fully or Partially Denied Claims

Sometimes, the claims information we receive from Mail Handlers Benefit Plan for you may not provide enough specific information to allow FSAFEDS to determine whether the expense is eligible for reimbursement from your HCFSA. You receive an FSAFEDS Reimbursement Statement for any claim that is denied, including the reason for the denial and the information we need for your claim to be reconsidered. You need to submit an [FSAFEDS claim form](#) with the necessary supporting documentation for these claims. FSAFEDS reviews your documentation and determines if the services or items denied are eligible for reimbursement under your HCFSA, and if so will process your claim and reimburse you.

No Social Security Number (SSN) on File/HIPAA Privacy Claim Request

We do not receive claims information from Mail Handlers Benefit Plan if they do not have your Social Security Number on file (or your spouse's SSN if he/she is the FEHB enrollee). We also do not receive claims for you or any of your covered family members who have requested privacy protections available under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In either case, you need to manually submit an [FSAFEDS claim form](#) for those expenses.

Mail Handlers Benefit Plan Cannot Verify Enrollment

If Mail Handlers Benefit Plan is unable to verify your enrollment, FSAFEDS disenrolls you from PR. We will contact you of the disenrollment. You will remain disenrolled and need to manually submit all of your claims

using the [FSAFEDS claim form](#). If you are enrolled in an FEHB or FEDVIP plan, please verify the social security number of the plan holder when re-enrolling.

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Your FEHB plan offers some dental and/or vision benefits that are submitted via PR. However, if you or any of your covered family members are also enrolled in a FEDVIP dental and/or vision plan, the claim will be considered in the following order:

1. The claim should be submitted by either you or the provider to the FEHB plan.
2. The claim should then be submitted to your FEDVIP dental or vision carrier, as appropriate.
3. Submit any remaining out-of-pocket expenses to FSAFEDS.

If you are enrolled in one of the FEDVIP PR plans (Aetna Dental, FEP Blue Vision, GEHA Dental and/or Vision Service Plan (VSP)), your claim will be sent automatically for processing. If you choose not to be enrolled in PR with one of the FEDVIP PR plans, you will need to submit your dental and vision claims manually.

Additional Claim-Related Information:

- If your account is frozen due to an overpayment, future PR claims are processed towards the overpayment amount until it is satisfied. If you have disenrolled from PR or have expenses that are not forwarded to FSAFEDS by Mail Handlers Benefit Plan, you need to manually submit an [FSAFEDS claim form](#) to offset the overpayment.
- You can request reconsideration of any claim not reimbursed by FSAFEDS via the appeal process. Refer to the [Appeals QRG](#) for more information.
- For more information on submitting paper claims, refer to [How to File a Claim](#).
- For all claims (both received automatically from Mail Handlers Benefit Plan or directly from you), we notify you of our determination. Information on both types of claims (automatic and manual) appears under [My Account Summary](#).
- We are not able to answer questions about how Mail Handlers Benefit Plan processed your claims. If you need assistance with how your plan processed your claim, contact Mail Handlers Benefit Plan at the telephone number printed on the back of your Mail Handlers Benefit Plan identification card.

Reimbursement Timeline for Claims Sent to FSAFEDS from Mail Handlers Benefit Plan:

- Step 1:** Mail Handlers Benefit Plan receives claims from your health care provider(s), and forwards processed claim information to FSAFEDS daily for medical, dental, vision and weekly for retail prescription drug claims. We estimate that it takes between 4-6 weeks from the date of service to when FSAFEDS receives your processed claim from Mail Handlers Benefit Plan for medical, dental, and vision services. For mail-order prescription drug services, we estimate that it also takes between 4-6 weeks from the date of service to when FSAFEDS receives your processed claim from Mail Handlers Benefit Plan.
- Step 2:** FSAFEDS receives the claim information from Mail Handlers Benefit Plan and processes your claim for payment within five business days of receipt.
- Step 3:** FSAFEDS releases payment
- For claims we approve that total \$25 or more, we release your payment as described below.
 - For claims we approve that total less than \$25, we hold your payment until we receive, process and approve additional claims that, when combined with the held claim(s), equal or exceed \$25 or until the end of the quarter, whichever comes first.

Payment Methods:

We release your payment through Electronic Funds Transfer (EFT) to your bank the next business day after we process your claim. Check with your bank for details on when this deposit will be available in your account.