



# Paperless Reimbursement Quick Reference Guide

FSAFEDS has partnered with several FEHB and FEDVIP plans to implement paperless reimbursement (PR), which automatically reimburses you for eligible health care, retail pharmacy, dental and vision expenses under your Health Care Flexible Spending Account (HCFSA). PR eliminates the need for you to submit a claim manually or online to FSAFEDS for many of your out-of-pocket health care expenses. With PR, FSAFEDS can save you money and valuable time as well!

Participating FEHB and FEDVIP plans listed below forward claims to FSAFEDS for services rendered to PR enrollees, spouses, eligible dependents, and adult children up to age 26 (you must submit claims manually for adult children from their 26th birthday through the end of the calendar year).

## Participating Plans

### FEHB Plans

- Aetna Medical Plan
- APWU Health Plan
- Blue Cross and Blue Shield Service Benefit Plan
- Choice Plan
- Compass Rose Health Plan (formerly ABP)
- Foreign Service Benefit Plan
- Government Employees Health Association, Inc. Benefit Plan
- Humana
- Kaiser Permanente
- Mail Handlers Benefit Plan
- M.D. Individual Practice Association, Inc.
- NALC Health Benefit Plan
- Rural Carrier Benefit Plan
- SAMBA Health Benefit Plan
- SelectHealth
- UnitedHealthcare (see plan exclusions)

### FEDVIP Plans

- Aetna Dental Plan
- Aetna Vision Plan
- Delta Dental
- Dominion Dental
- Emblem Health Dental
- FEP BlueDental
- FEP BlueVision
- GEHA, Inc. Dental Plan
- HealthPartners Dental
- Humana Dental
- MetLife Dental
- MetLife Vision
- UHC Vision
- United Concordia Dental
- UnitedHealthcare Dental
- Vision Service Plan (VSP)



FSAFEDS continues to work with other FEHB and FEDVIP plans to implement this convenient feature. Please visit [www.FSAFEDS.com](http://www.FSAFEDS.com) for updates on newly participating plans.

## Important Information

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- You must reenroll in FSAFEDS **and** PR every year during Open Season to continue your FSA participation without interruption. Outside of Open Season, you can enroll in paperless reimbursement through your online account at [www.FSAFEDS.com](http://www.FSAFEDS.com). You may also contact an FSAFEDS Benefits Counselor toll-free at 877-FSAFEDS (372-3337), TTY: 866-353-8058, Monday through Friday from 9 a.m. until 9 p.m., Eastern Time.
- You can enroll in FEHB PR only, or FEHB and FEDVIP PR, or FEDVIP PR only.
- You can enroll or disenroll in PR through September 30 of the benefit period.
- If you choose to enroll in PR, do **not** submit your claims manually or online. This could result in an overpayment from your account.
- If you have enrolled in an individual policy (non-FEDVIP), your claims may not be sent through PR. You will need to file your claims manually, use the FSAFEDS app, or submit claims online at [www.FSAFEDS.com](http://www.FSAFEDS.com).
- Discounts offered by the pharmaceutical company are completed after carrier processing. The claim dollar amount provided prior to the discount is sent to PR. This could result in an overpayment.
- Any claims for services rendered and already processed prior to your PR plan enrollment by your FEHB or FEDVIP plan are **not** retroactively forwarded to FSAFEDS. You must submit a claim.
- To participate in PR, the FEHB or FEDVIP enrollee's Social Security number must be on file with your FEHB or FEDVIP plan. This information is only used to validate your FSAFEDS account and to ensure proper reimbursement. If you are not the FEHB or FEDVIP enrollee, you must provide FSAFEDS with information about the contract holder, including name, Social Security number and date of birth when you enroll in PR.
- Claims not automatically forwarded and processed and/or paid through PR:
  - **Claims not processed by your FEHB plan, and/or claims processed by a nonparticipating FEHB plan**
  - **FEDVIP dental and vision, with the exception of the plans listed on page 3**
  - **Services not submitted to your FEHB plan or the FEDVIP plans listed on page 3, by you or your provider**
- PR does not change, in any way, your relationship and obligations to your physician or other health care providers. You are expected to meet your deductible, copayment and coinsurance obligations as specified in your FEHB and FEDVIP brochure.
- FSAFEDS does not receive claims via PR if you, your spouse, or any of your covered dependents or adult children up to age 26 request a HIPAA restriction from your FEHB or FEDVIP plan. In this case, you need to file a claim with FSAFEDS using the claim submission method that works best for you.
- If your FEHB or FEDVIP plan cannot verify your enrollment, FSAFEDS automatically disenrolls you from PR. You will remain disenrolled and need to file a claim with FSAFEDS. If you are enrolled in an FEHB or FEDVIP plan, please verify the Social Security number of the enrollee when reenrolling.

## Claim Management for Federal Employees Married to Each Other

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- **Each spouse carries a self-only FEHB or FEDVIP enrollment but only one is enrolled in FSAFEDS.** Only claims for the FSAFEDS participant can be forwarded under PR. Your spouse's health care expenses are still eligible for reimbursement from your HCFA, but you must file a claim with FSAFEDS using the claim submission method that works best for you.
- **One spouse carries a self-only FEHB or FEDVIP enrollment and the other spouse is enrolled in FSAFEDS.** As long as the FEHB or FEDVIP enrollee's Social Security number (SSN) is provided, claims for the contract holder are matched and processed by FSAFEDS. The FSAFEDS account holder's health care expenses are still eligible for reimbursement, but you must file a claim with FSAFEDS using the claim submission method that works best for you.
- **One spouse carries an FEHB or FEDVIP self and family enrollment and the other spouse is enrolled in FSAFEDS.** As long as the FEHB or FEDVIP enrollee's Social Security number (SSN) is provided, claims for the contract holder are matched and processed by FSAFEDS. Your FEHB or FEDVIP plan sends claims processed for all family members covered under the FEHB or FEDVIP enrollment, and FSAFEDS matches and processes claims for all covered family members, including both spouses.
- **One spouse carries an FEHB or FEDVIP self and family enrollment and each spouse is enrolled in FSAFEDS.** All claims are first processed via PR from the FEHB or FEDVIP enrollee's FSA account. **Once that account is exhausted, you need to file all claims against your spouse's FSA account.**
- **If you elect "shared account" processing with your spouse when you enroll.** FSAFEDS offers spouses the opportunity to link their accounts so when one spouse's balance has been exhausted, PR claims are automatically forwarded and processed against the spouse's account with a remaining balance.



If you choose to enroll in PR, do **not** submit your claims manually or online. This could result in an overpayment on your account.

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## FEHB and FEDVIP Participating Plans and Services/Claims Forwarded and NOT Forwarded

Plan Name	Services/Claims Generally Covered and Automatically Forwarded <sup>3</sup>	Services/Claims NOT Automatically Forwarded
<b>Aetna</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Denied Pharmacy
<b>APWU</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy	Consumer Driven Plans, Vision
<b>Blue Cross/Blue Shield</b>	Medical <sup>1</sup> , Pharmacy	Denied Pharmacy, Dental, Vision
<b>Choice Plan</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Denied Pharmacy
<b>Compass Rose Health Plan (ABP)</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	
<b>Foreign Service Benefit Plan</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy	Vision, Denied Pharmacy
<b>GEHA</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Denied Pharmacy
<b>Humana</b>	Medical <sup>1</sup> , Pharmacy	Dental, Vision
<b>Kaiser Permanente</b>	Medical <sup>1</sup> , Pharmacy, Vision <sup>2</sup>	Adjusted Claims, COB Claims, Denied Claims, Denied Pharmacy, Dental, HSA, Vision (frames, lenses, and routine contact lens) Kaiser Permanente Washington Options Federal Pharmacy Claims, Kaiser Foundation Health Plan of Washington Pharmacy Claims
<b>Mail Handlers</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy	Denied Pharmacy, Vision
<b>M.D. IPA</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Primary Care Physician, Lab, Radiology, Denied Pharmacy
<b>NALC</b>	Medical <sup>1</sup> , Pharmacy	Behavioral Health Services, Dental, Vision
<b>Rural Carrier Benefit</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy	Denied Pharmacy, Vision
<b>SAMBA</b>	Medical <sup>1</sup> , Pharmacy, Vision <sup>2</sup>	Denied Pharmacy, Dental, Vision
<b>SelectHelath</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Denied Pharmacy
<b>UnitedHealthcare</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Dental, Vision, High Deductible Health Plan
<b>Aetna Dental</b>	Dental <sup>2</sup>	
<b>Aetna Vision</b>	Vision <sup>2</sup>	
<b>Delta Dental</b>	Dental <sup>2</sup>	
<b>Dominion Dental</b>	Dental <sup>2</sup>	
<b>Emblem Health Dental</b>	Dental <sup>2</sup>	
<b>FEP BlueDental</b>	Dental <sup>2</sup>	
<b>FEP BlueVision</b>	Vision <sup>2</sup>	

Plan Name	Services/Claims Generally Covered and Automatically Forwarded <sup>3</sup>	Services/Claims NOT Automatically Forwarded
GEHA Dental	Dental <sup>2</sup>	GEHA Connection Dental Plus Claims, Cosmetic Dental
HealthPartners Dental	Dental <sup>2</sup>	
Humana Dental	Dental <sup>2</sup>	
MetLife Dental	Dental <sup>2</sup>	
MetLife Vision	Vision <sup>2</sup>	Adjustments, Denied Claims
UHC Vision	Vision <sup>2</sup>	
United Concordia Dental	Dental <sup>2</sup>	Out of Network Provider Claims
UnitedHealthcare Dental	Dental <sup>2</sup>	Orthodontia Claims
VSP	Vision <sup>2</sup>	Denied Claims

<sup>1</sup>Vision care provided by an ophthalmologist or other medical doctor is considered a medical service and these claims ARE automatically forwarded under PR.

<sup>2</sup>Your FEHB plan may offer some dental and/or vision benefits that are submitted via PR. 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. If you are enrolled in one of the FEDVIP PR plans listed above, your claim will be sent automatically for processing. If you choose not to enroll in PR with one of the FEDVIP PR plans, you will need to submit your dental and vision claims manually.

**NOTE:** FSAFEDS only receives claims that have been submitted by you or your provider to your FEHB or FEDVIP plan. If your provider does not routinely submit certain services to your FEHB or FEDVIP plan because he/she knows that the service is not covered, then there is no claim to automatically forward to FSAFEDS, even if you are enrolled in PR.

## Additional Information

- Please review the paperless reimbursement FAQs on [www.FSAFEDS.com](http://www.FSAFEDS.com). That way you have a thorough understanding of the PR process.
- The time it takes for your FEHB and/or FEDVIP plan to process your claim has not changed. Once your FEHB and/or FEDVIP plan processes your claim, your plan automatically forwards your claim information to FSAFEDS for processing from your Health Care FSA (HCFSA).
- You have the right to appeal a claim for health care expenses that we have denied in whole or in part by writing to FSAFEDS and requesting reconsideration. Please see the [Appeal Process Quick Reference Guide](#) for instructions on appealing a claim.