HealthEquity | WageWorks MEDICARE REIMBURSEMENT ACCOUNT Pay Me Back Claim Form

www.healtheguity.com/wageworks

- File claim online: Join the growing majority of participants who submit their claim online for faster service. Log in to your account at www.healtheguity.com/wageworks to file your claim electronically and upload your documentation.
- File claim via fax or mail: Claim forms may also be filed either via fax or US Mail and sent to the following locations: Fax: 877-353-9236, US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY, 40512
- Claim processing time: Claims will be processed within 2 business days after receipt of the form. You may check the status of your claim by logging in to your account at www.healthequity.com/wageworks.

ACCOUNT HOLDER:



CDPHP[®] Medicare Advantage Extra

Program sponsor's name

ELIGIBLE EXPENSES

Expenses for Medicare Part B premiums and IRMAA adjustments are covered under this Medicare Reimbursement Plan.

2. CLAIMS FOR OUT-OF-POCKET EXPENSES

My Medicare premiums are automatically deducted from my Social Security or Annuity check. (Enter annual amount below in Section 3)

Proof of Payment: Please submit a copy of your Cost of Living Adjustment (COLA) statement or Annuity Statement.

□ I pay my Medicare premiums after-tax. They are not automatically deducted from my Social Security or Annuity check. (Enter monthly/quarterly amount below in Section 3)

Proof of Payment: Please submit a copy of your Medicare Bill along with your proof of payment (such as a cleared check or bank or credit card statement).

3. ENTER YOUR SERVICE DATES AND AMOUNT

Your service start date is either January 1 of the year for which you are requesting reimbursement, your effective date if after the first of the year, or the first of the month(s) if you pay out-of-pocket on a monthly/quarterly basis.

Your service end date is either December 31 of the year for which you are requesting reimbursement or the last day of the month(s) if you pay out-of-pocket on a monthly/quarterly basis.

Fill in the total annual or monthly/quarterly amount of your Medicare Part B payment.

DATES OF SERVICE (MM/DD/YY)	ΝΑΜΕ	OUT-OF-POCKET COSTS
	Name:	\$
	Name:	\$
	Name:	\$
CERTIFICATION AND AUTHORIZATION	: I certify that the information on this form is accurate and complete. I am requesting	*

reimbursement for eligible deductible expenses incurred by myself or an eligible dependent while I was a participant in the plan. (Relationship is assumed to be Self unless otherwise indicated.) I have already received these products and services and confirm that by requesting reimbursement here that I have not and will not seek reimbursement of this expense from any other plan or party. Use of this service indicates my acceptance of the WageWorks User Agreement at www.wageworks. com (click on LOG IN/REGISTER) or the HealthEquity User Agreement at www.healthequity.com



TOTAL:

Please read this guide before submitting your reimbursement form.

CDPHP will deposit funds on the first of every month, and you can expect funds to be available by the fifth of the month. When you pay Medicare Part B premiums and funds are available, you can request reimbursement right away. Your Medicare Reimbursement Account (MRA) will reimburse you up to \$165 per month for a total of up to \$1980 per year for your Medicare Part B premiums.

Ways to submit your Pay Me Back Claim form

- 1. Online. Log in to your account at <u>www.healthequity.com/wageworks</u> and upload your documentation.
- 2. By fax. Fax your documentation to 877-353-9236.
- **3.** By mail. Mail your documentation to CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY 40512.
- **4.** By app. Download the app at <u>www.healthequity.com/wageworks/employees/go-</u> <u>mobile</u> to file and manage your claims on the spot.

Want your money faster? Sign up for electronic funds transfer (EFT).

Log in to your account at <u>www.healthequity.com/wageworks</u>. Select Profile, the applicable program, then Reimbursement Method.

You will need to provide the following information:

- Name of your banking institution
- Account Number and Routing Number as shown on your check (not a deposit slip)
- Confirmed email address

Please identify if you fall under Scenario 1 or Scenario 2 when completing your claim form. *You will meet the criteria for either scenario 1 or 2, but not both*

Scenario 1: Your Medicare Part B premium is automatically deducted from your Social Security account or annuity check.

You will only need to complete this claim form **ONE TIME PER YEAR** to automatically be reimbursed monthly. Follow the steps below.

1. Account holder

- Complete Last Name, First Name, ID Code (last four digits of your Social Security Number), and Zip Code fields.
- Submit a separate claim form for your spouse.

2. Claims for out-of-pocket expenses

Select the top box, My Medicare premiums are automatically deducted from my Social Security check or annuity check. Proof of Payment: Please submit a copy of your Cost-of-Living Adjustment (COLA) statement or Annuity Statement. (COLA statement is typically mailed starting in November the year before it becomes effective. It is also available online starting in December at <u>https://www.ssa.gov/myaccount/</u>)

3. Enter your service dates and amount

- In the "Dates of Service" boxes, enter the date that matches your COLA statement on the top row of boxes. On the second row of boxes, enter the COLA statement end date.
- Enter your name.
- Enter the <u>annual amount</u> of your Medicare Part B payment (the monthly amount multiplied by the number of months of coverage.)

4. Submit your COLA or annuity statement along with the completed claim form

- Online. Log in to your account at <u>www.healthequity.com/wageworks</u> and upload your documentation.
- By fax. Fax your documentation to 877-353-9236.
- By mail. Mail your documentation to CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY 40512.

Scenario 2: Your Medicare Part B premium is NOT deducted from your Social Security or annuity check and is paid by you monthly/quarterly.

You will need to complete the claim form on a **monthly/quarterly basis** depending on when you are billed for your Medicare Part B premium. Follow the steps below.

1. Account holder

- Complete Last Name, First Name, ID Code (last four digits of your Social Security Number), and Zip Code fields.
- Submit a separate claim form for your spouse.

2. Claims for out-of-pocket expenses

- Select the second box, I pay my Medicare premiums after-tax. They are not automatically deducted from my Social Security or annuity check.
- Proof of Payment: Please submit a copy of your Medicare bill along with your proof of payment (such as a cleared check, bank statement, or credit card statement).
 - The IRS requires you to substantiate your claim with the appropriate level of documentation to be reimbursed for a Medicare Part B premium. The documentation must show at a minimum:
 - 1. Date you paid your Medicare Part B premium.
 - 2. Medicare Part B member's first and last name
 - 3. Name of insurance carrier (CDPHP Medicare Advantage Extra)
 - 4. Type of expense (Medicare Part B premium)

5. Proof of premium payment (i.e., cleared check, bank statement, or credit card statement that shows the amount you paid for the Medicare Part B premium)

3. Enter your service dates and amount

- Enter your service start date on the first row of boxes. This will be the first day of the month you are eligible and should match your Medicare bill.
- Enter your service end date on the second row of boxes. This will be the last day of the month(s) depending if you pay out-of-pocket on a monthly or quarterly basis.
- Enter your name.
- Enter the monthly/quarterly amount of your Medicare Part B payment.

4. Keep your original receipts and make copies to submit

- Online. Log in your account at <u>www.healthequity.com/wageworks</u> and upload your documentation.
- By fax. Fax your documentation to 877-353-9236.
- By mail. Mail your documentation to CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY 40512.

Note: Pre-tax deductions for premiums from your payroll or pension plan are not eligible for reimbursement.