

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 www.healthequity.com/wageworks 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 www.healthequity.com/wageworks/employees/go-mobile 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 www.healthequity.com/wageworks. 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 <https://www.ssa.gov/myaccount/>)

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 **annual amount** 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

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- ❖ **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).
 - i. 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 www.healthequity.com/wageworks 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.