



Flexible Spending Accounts

FAQ



What is required to submit a dependent care reimbursement claim?

A completed Flex reimbursement form, your signature, daycare provider's tax ID number and signature or receipt.

What happens if a claim is submitted for an amount greater than what has been contributed to my Flexible Spending Account (FSA) so far this year?

Health FSA expenses: When a claim is submitted for an eligible health FSA expense, participants may be reimbursed up to the full annual election.

Dependent Care expenses: When a claim is submitted for eligible Dependent Care expenses, the participant may be reimbursed up to the year-to-date contribution. Any remaining expenses will be reimbursed as additional contributions are made.

Can I find my claim information on line?

Yes, our self-service tool miBenefits includes your claim information with other helpful tools and information. Go to www.ebms.com and register for miBenefits on the home page. You will need your EBMS member identification number and your date of birth. You will set up your own user name and password.

A Flexible Spending Account (FSA) is an employer-sponsored program that allows employees to set aside pre-tax dollars (usually at the beginning of a Plan year) to pay for qualifying medical, dental, vision, pharmacy and dependent care expenses. The money employees contribute to an FSA is not subject to taxes, Social Security or Medicare contributions.

I am making monthly payments to pay for surgery I had last year, are these payments eligible for this year?

No, prior year expenses cannot be applied to current year funds.

Can changes be made to my election amounts?

Once an employee has enrolled in the FSA, changes may not be made to the annual election unless your Flex Plan Document allows a change and the participant has a qualifying status change such as:

- Marriage
- Divorce
- Birth or adoption of a child

Can you confirm my fax was received?

Yes, please note on your cover page that you would like confirmation your fax has been received and we will contact you within 48-72 business hours via email or telephone.

Where can I find items that are reimbursable?

You can access an extensive list of eligible expenses by logging on to your personal miBenefits account. Select Health Resources then Links and click on the "Flex/HSA/HRA Eligible Health Care Expense Table."

WHAT IS A CLAIMS SUBMISSION EXTENSION PERIOD?

A Claims Submission Extension Period (CSEP) is the designated period of time to submit claims after the plan year has ended. Your CSEP may be identified on our website (www.ebms.com). Log into your miBenefits account and click on: **Health Resources/Forms and Documents/Plan Documents**. You may also contact us at **1.866.857.8182** for this information.

EXAMPLE 1: If your employer has a CSEP of 90 days and your plan year ends on December 31, 2011, you have until March 30, 2012 to submit claims for dates of service in the 2011 plan year.

EXAMPLE 2: If your employer has a CSEP of 120 days and your plan year ends on December 31, 2013, you will have until April 30, 2014 to submit claims for dates of service in the 2011 plan year.

Claims from the prior plan year must be received in our office on or before the last day of your CSEP. Claims may be e-mailed, faxed or mailed to:

flex@ebms.com
(FAX) 1.877.236.9868
PO Box 21367, Billings MT 59104-1367

WHAT IS REQUIRED TO SUBMIT A HEALTH FSA REIMBURSEMENT CLAIM:

- Submit a completed and signed Flex reimbursement form
- Include an Explanation of Benefits from your insurance company or a detailed itemized statement which includes date of service, procedure, provider, patient and billing information. (Always keep your originals and send copies.)
- Prescriptions must include the Rx number, name, date, patient and co-payment amount
- You can fax your claim to 1.877.236.9868
- You can scan and email your claim to **flex@ebms.com**

Self Service Tools:

You can check your FSA account information at any time on our miBenefits by visiting www.ebms.com. Features of miBenefits:

- Current Flex Balance
- Review Recent Claims Activity
- Flex Reimbursement Form
- Letter of Medical Necessity Form. A new letter of Medical Necessity for certain claims is required every Plan year
- Automatic Orthodontia Form. If Orthodontia is continuing for a new Plan year, a new form is required
- Flex Plan Documents
- Flex Tax Savings Calculator

Need MORE INFORMATION? We're here to help.

Our friendly EBMS Client Service Representatives (CSRs) are happy to help you get the answers you need in one call - that's all. Call EBMS at **866.857.8182** or Email us at flex@ebms.com.



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