University of Puget Sound
Medical, HRA and FSA Benefits
Frequently Asked Questions
January 15, 2014

NEW IN 2014
USING PREMERA’S ONLINE PORTAL
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT
MOBILE APPS

NEW IN 2014
1. **Health Reimbursement Account (HRA)**
   HRA funds can be used to help pay the **qualified medical deductible** for you and any dependents that are also enrolled on the High Deductible HRA Plan. Services not subject to your medical deductible, including prescriptions and dental expenses, are not eligible expenses under the HRA.
   - 2013 HRA dollars are available for expenses incurred through 12/31/2013.
   - 3/31/2014 is the deadline for submitting reimbursements for expenses incurred through 12/31/2013.
   - 2014 HRA dollars are accessible as of 1/1/2014 for expenses incurred in calendar year 2014 (for medical deductible only).
   - In April 2014, any HRA funds you have remaining from your 2013 HRA account will roll over and be added to your 2014 HRA balance, up to the full annual deductible based on your medical plan election.

2. **Flexible Spending Account (FSA)**
   Health Care FSA allocations for the 2014 plan year may be paid out only to reimburse eligible expenses incurred between your effective date of enrollment and **December 31, 2014**. (Different date restrictions will apply when a faculty or staff member’s employment ends before December 31, 2014.) Claims must be submitted for reimbursement no later than March 31, 2015.
   - 2013 Health Care Flexible Spending Account (HCFSA) funds are available for qualified health care expenses incurred through 3/15/2014.
   - 5/31/2014 is the deadline for submitting reimbursements for expenses incurred through 3/15/2014.
   - The HCFSA claims incurrence period and reimbursement deadline are different for 2014 HCFSA dollars.
     - 2014 Health Care Flexible Spending Account (HCFSA) funds are available for qualified health care expenses incurred through 12/31/2014.
     - 3/31/2015 is the deadline for submitting reimbursements for expenses incurred through 12/31/2014.
   - Health Care FSA funds do not roll over from year to year.
USING PREMERA’S ONLINE PORTAL

3. How do I register for the member portal?
   You can go online to premera.com/portals/Member/Account/Create/ to register for your secure member account. From there, you will follow the prompts which will include entering your personal information including your Member ID number. Your Member ID number can be found on your Premera ID card, so you will want to have it handy when registering for your account.

4. How do I view my HRA/FSA claims online?
   You will need to be signed in to your member account to view claims online. Once you have signed in, follow these steps:

   a) Select “Personal Funding Account” from the menu options on the left side of the screen.
   b) On the next screen, you will select the blue box titled “Manage Your Account.” Once this selected, you will be re-directed to the Premera Personal Funding Account Portal (you will not need to sign in again).
   c) When the portal opens, the home screen will show a summary of your active accounts and their current balances. Recent claim activity will also be listed directly below the account summary.
   d) To view additional claims activity not on the home screen, select the “Claims Center” heading from the left hand navigation bar on the home screen.

5. When do I submit a claim for HRA reimbursement?
   Qualified medical expenses that are subject to your medical plan deductible will be processed automatically through your Health Reimbursement Account (HRA). These claims will not require you to submit a claim or a receipt. However, there are certain circumstances when you must submit a claim—either online or paper—along with receipt documents to pay or be reimbursed for an HRA expense.

   • When the participant has dual medical coverage and multiple health plans cover a portion of a health care expense and you want to pay the remaining balance by using your HRA.
     Once the health plans have each paid their respective benefit level of a claim, then you must complete a HRA claim form and include the following information:

     a) Write “This is a Coordination of Benefits claim” in the description field.
     b) Note which health plan is the primary plan and which is the secondary plan.
     c) Submit copies of your claim form, itemized receipts, and Explanation of Benefits statements from both plans by following the instructions on the claim form.

   • When a procedure, service or drug treatment is associated with a sensitive diagnosis.
     Claims for dependents age 13 and older and all spouses/partners are protected by federal health information privacy rules (HIPAA rules). To protect your privacy and the privacy of your dependents, expenses for health care services related to a sensitive
diagnosis associated with sexually transmitted diseases, HIV and AIDS, chemical dependency, reproductive health, genetic information, and mental health are not automatically processed. This prevents Premera from disclosing sensitive information about such services on an Explanation of Benefits statement.

- **When an expense is incurred by a domestic partner or the child of a domestic partner.** According to IRS rules, the tax status of the domestic partner or the child of a domestic partner needs to be confirmed, which is done by manually submitting a claim for his or her purchase.

6. **How do I submit a claim for HRA or FSA reimbursement?**

FSA claims do not streamline and must be manually submitted. HRA claims must be manually submitted in the scenarios listed above. You can submit a manual FSA/HRA claim online or through the manual paper process.

- To submit the claim online, go to the Premera Personal Funding Account Portal outlined in question #4 above and select “Claim Center” from the options at the top of the page. Once in the “Claim Center”, select “Add New Claim” from the options on the left side of the page and follow the prompts to add the claim information. Once the claim information is entered, you will have the option to either fax or upload your receipts for IRS documentation.

- If you choose to submit the claim via the paper process, you will need to complete this form and either fax or mail it in with the appropriate receipts for IRS documentation. You can locate a paper form two different ways:
  a. Go back to the main member account screen on the Premera member portal. Under the “Manage My Account” section, you will see a selection choice for “Forms”. Once you are in the “Forms” section, select “Miscellaneous” and you will see the “FSA/HRA Expense Manual Claim Form” listed approximately half way down the page.
  b. The claim form is available [here](#) on the Human Resources website.

- You can also submit a claim using ConnectYourCare’s mobile app, which is summarized in the last section on this FAQ document.

7. **Where can I view the HRA/FSA reimbursement schedule?**

The reimbursement schedule can be found under the Premera Personal Funding Account Portal. When you are in the portal, select the “Claim Center” from the left hand navigation bar. Once in the “Claim Center”, select the “View Reimbursement Schedule” from the left hand navigation bar. Payments are normally sent on Thursdays for claims that have completed submission approval by the preceding Tuesday.

8. **How do I view HRA/FSA claims in progress?**

When you first log in to the Premera Personal Funding Account Portal, the home screen will show the most recent claim activity including claims in process. To search for additional
claims, select “Claim Center” from the left hand navigation bar.

9. **How do I change my address?**

   Please keep in mind that even if you change your mailing address with the university, you are also required to change your mailing address directly with Premera (as well as with TIAA-CREF, if you have a retirement savings plan account). To change your address, you will need to log in to your Premera member account. Once logged in, select “Personal Information.” This section will allow you to change your address of record. You may also change your address by calling Premera customer service at 1.800.722.9780.

10. **How do I set up Direct Deposit?**

    You may set up Direct Deposit under the Premera Personal Funding Account Portal. When you are in the portal, select “Direct Deposit” under My Account from the left hand navigation bar.

11. **How do I find a doctor?**

    You can access Premera’s online directory [www.premera.com](http://www.premera.com) to search for a physician by name, by facility name or specialty. Select the “Find a Doctor” option, located in multiple locations on Premera’s website. If you are looking for a new provider, you can search by zip code, street address, or within a radius of up to 75 miles of your location.

    - To locate a provider in Washington, select the **Heritage and Heritage Plus 1 Network**
    - For everywhere else, select the **BlueCard PPO**

    You can also check on providers by calling Premera Blue Cross toll-free at 800.722.1471 between 8 a.m. and 5 p.m. Pacific Time.

12. **How do I view my explanation of benefits?**

    To view your Explanation of Benefits, you will need to log in to your member account. Once logged in, scroll down to the “Manage My Account” section, and select “Claims”. This will bring up your Premera claims center. The first screen will show your most recent three claims. Select the claim for which you would like to view the Explanation of Benefits. When the claim pulls up, there will an option to “view” or “download” your Explanation of Benefits approximately half way down the screen. When you select “view”, the screen will pull up a summary titled “Important Information About Your EOB”. To proceed to your EOB, click the “continue” button which is located on the lower left hand side of your screen.

13. **How do I change my information to get paperless Explanation of Benefit statements?**

    Each time you visit a health care provider and file a claim, you receive an Explanation of Benefits (EOB), which explains how your claim was processed. An EOB is not a bill. You can choose to receive email notifications and discontinue receiving EOBs by mail. To receive email notifications, select “Go Paperless” under the “Manage My Account” section. On the next screen, you will have the option to provide an email address and check the selection box to go paperless. Please note that Premera will need an email address listed so...
that notices can be sent when claims are processed.

14. How do I view my most recent doctor visits and my share of the cost?
When you first log in to your member account, the most recent three claims received will be displayed on your home screen. The summary will show the date of service, family member name, provider name and your payment responsibility. *Please note that if your claim has not finished processing, it will show $0 in the patient responsibility field until processing is complete.* If you wish to view additional information on the claim, you can click on the date of service to open up the additional detail or view the Explanation of Benefits. You can also search for additional claims by selecting “Claims” from the “Manage My Account” section found on the lower half of the home screen.

15. How do I request a new ID card for myself or someone in my family?
You can request new ID cards through your online member account. Once logged in, go to the “Manage My Account” section and select “Print & Order ID Card.” The next screen will show all members on your plan. You can then select the member you need the ID card for and either print an ID card copy from your computer, or have the new card mailed to your home. Please note you may also use Premera’s Mobile App for Windows Phone, Android and iPhone as proof of coverage, and email your ID card to your provider through the app.

16. How do I add another family member to my account so I can submit an HRA or FSA claim for their qualified expense?
Premera needs to make sure that someone is your IRS-qualified dependent before they can process an FSA claim for that person. You will just need to add a family member as your dependent once, and then he/she will be attached to your record from that point forward.
To add a family member as your dependent, follow these steps:

- Log in to www.premera.com
- From the “Manage My Account” section on the left side of the page, select “Personal Funding Account”
- Select “Manage Your Account”
- Select “Claim Center”
- Select “Add New Claim”
- Scroll half-way down the page; under the drop-down box called “Service For”, it will give you the option to “Add Dependent”

17. Where can I view information about our specific plans online?
Log in to your member account, go to the “My Premera Plan” section and select “Benefit Plans.” The screen will list the benefits you are enrolled in, for example Medical, Prescription and Dental. You can select the plan you wish to research and the system will provide a box with three pieces of information, Deductible, Summary (for specific plan details) and Benefit Usage & Limits.

In addition, once your plan year Benefit Booklets are approved, those documents will also be posted under the “Benefit Plans” section for your reference.
18. Where can I find information to contact Premera and/or Connect Your Care?
A Premera Customer Service Representative can be reached at 1.800.722.1471 Monday through Friday from 8 a.m. to 5 p.m. Should your question require the additional assistance of a ConnectYourCare specialist, your call will be transferred to a ConnectYourCare representative. You may also reach ConnectYourCare Customer Service directly at 1.800.941.6121.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

19. What is a Dependent Care FSA?
A Dependent Care FSA (“DCFSA”) is a valuable employee benefit that allows you to have pre-tax dollars withheld from your paycheck to pay for eligible dependent care expenses.

If you have children and have to pay for child care so that you can work, a Dependent Care FSA can help stretch your dollars. Depending on your tax bracket, you may save up to 30% or more in taxes. A Dependent Care FSA covers employment-related child care expenses. Qualified expenses must be for services that allow you to be able to go to work. Typical expenses under this account include charges for day care, nursery school and elder care (though not if it is for medical care) for your legal tax dependents.

20. What are the benefits of a Dependent Care FSA?
Your biggest advantage is the tax savings. Every dollar you set aside in your account reduces how much you pay in income taxes. Plus, you can be reimbursed for qualified dependent care expenses that you are already incurring.

21. How does a Dependent Care FSA work?
- **Funding.** You, the employee, contribute a pre-determined amount to your account.
- **Accessing Funds.** When you have an eligible expense, you will pay out-of-pocket for those expenses and then submit a claim for reimbursement. Remember to always keep your receipts.
- **Requesting Reimbursement/Substantiating Purchases.** Log on to your online account and visit the Claim Center found in the Personal Funding Account area. Click “Add New Claim” to submit a request for reimbursement, then follow the instructions located there.
- **Claims Processing.** Premera will promptly process your request and reimburse you either by check (or direct deposit, if you sign up for that feature). Please note that you will receive your money sooner if you use direct deposit.
- **Account Management.** Log in to your online account regularly to check your DCFSA account balance.

22. What types of expenses are eligible for reimbursement with a Dependent Care FSA?
The rules for funding and accessing funds in a Dependent Care FSA are legislated by the IRS and mandated to be used for dependent care while you are at work. DCFSA account funds can be used for dependent day care provided during working hours. Expenses are eligible for reimbursement after the care is provided. Examples of eligible expenses include:
• Before school or after school care (other than tuition expenses)
• Custodial care for dependent adults who live with you at least eight hours a day
• Licensed day care centers
• Nursery schools or pre-schools
• Placement fees for a dependent care provider, such as an au pair
• Late pick-up fees due to work schedule
• Summer or holiday day camps

23. What types of expenses are not eligible for reimbursement with a Dependent Care FSA?
Services that are typically not eligible or reimbursable include:

• Expenses for children 13 and over
• Educational expenses including kindergarten or private school tuition fees
• Amounts paid for food, clothing, sport lessons, field trips and entertainment
• Overnight camp expenses
• Registration fees
• Transportation expenses
• Care for dependent while sick employee stays home
• Late payment fees
• Payment for services not yet provided (payment in advance)

24. What happens if I use the account for a non-eligible expense?
If you file a manual request for reimbursement of a non-eligible expense, the request will be denied.

25. How much can I contribute to my Dependent Care FSA?
For a Dependent Care FSA, you may contribute up to $5,000 per year, based on IRS regulations.

26. Can I transfer money from my Dependent Care FSA to my Health Care FSA (or vice versa)?
No, this is not allowed.

27. How does participating in the Dependent Care FSA differ from using other tax credits relating to dependents?
Reimbursements under the dependent care account must be for employment-related expenses, and IRS regulation Section 129 Dependent Care Assistance Programs regulates what expenses may be reimbursed. Employment-related means an expense for dependent care that allows you and your spouse, if applicable, to be gainfully employed.

The Dependent Tax Credit is an alternative to using a Dependent Care FSA and is a credit against tax liability. IRS Publication 503 Child and Dependent Care Expenses contains detailed information for determining whether a taxpayer may claim the Dependent Care Credit. For some employees, the Dependent Care Credit may be more advantageous than
participating in the Dependent Care FSA, and care should be used in determining which method to select.

28. What happens if I don’t claim all the money in my account?
The IRS regulates Flexible Spending Accounts under IRC 125. According to the IRS guidelines, funds that are not claimed during the plan year are forfeited to the plan. This is called the "use it or lose it" clause. Funds are not transferable from one plan year to another and they are not available for other benefits. The unused funds are retained by the university and are used to offset administrative costs of the plan.

29. What if I am not covered under the university’s medical plan?
You and your family can still participate in the Health Care Flexible Spending Account and/or the Dependent Care Flexible Spending Account, even if you are not covered under the university’s medical plan.

30. Who are qualified dependents?
Dependents must be someone you can claim as an exemption for federal income tax purposes. To be covered through your Dependent Care FSA, the individual must meet one of the following criteria:

- Your dependent under age 13 for whom you would be entitled to a deduction under IRS Code 151(c);
- Your dependent who is physically or mentally incapable of caring for him or herself; or,
- Your spouse who is physically or mentally incapable of caring for him or herself.

31. How can I find my account balance and review transactions?
Account Balance and Claims Status information is available 24 hours a day, seven days a week:

- Log on to your online account at any time for balance information. Your online account is secure and updated in real time.
- Call 1-800-941-6121 for balance information.

32. If my child turns 13 during the plan year, may I still use my Dependent Care FSA through the end of the plan year?
No. You are no longer eligible to be reimbursed for care for a child as of age 13, unless they are physically or mentally incapable of caring for themselves. Having a child attain age 13 is a qualifying event and a reason to terminate your participation in the plan.

MOBILE APPS
Mobile App for Windows Phone, Android and iPhone are available for Premera Blue Cross, ConnectYourCare (CYC), and Express Scripts (the pharmacy vendor). These apps offer convenience and ease while you are away from your computer. Look for these apps at the App Store on your mobile device.