



1 Fifth Street North
Great Falls, MT 59401

406.727.4969
email@bernpugh.com
www.bphealthmt.com

Claims Payment Procedure

Methods of Claim Submission

Manual Claims

Claims can be submitted via claim for found on website (www.bphealthmt.com- under the Plan Tab) or from Human Resources or Payroll Department. Claims can be

Faxed (406-727-4979)

Mailed (1000 25th Street North, 59401)

Scanned and emailed (claims@bernpugh.com)

Manual claims are paid three days a week (Monday, Wednesday and Friday), thus ensuring prompt payment of any claims received. Occasional exceptions to this may occur during holidays or at month end when the books are being closed.

If the Claim is received by 8:00 am on a claim day, it will be paid that day.

Claim Payment can be issued by:

1. Check
2. Direct Deposit (ACH) (which can be found on the website www.pbhealthmt.com under the Plan Tab.

Benny Card (Debit Card)

Debit Cards will be issued to all participants on the Expanded Medical and Dependent Care.

Your Prepaid Benefits Card is loaded with the value of your annual FSA election amount (less any amounts you have already spent in this plan year.) Using your Card helps you keep cash in your wallet and makes accessing your FSA funds easy. The Card can be used, instead of cash, to pay for qualified health care expenses such as:

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| <ul style="list-style-type: none"> • Prescription and health plan copayments, deductibles and coinsurance • “Amount Due” on medical and dental statements • Orthodontics | <ul style="list-style-type: none"> • Mail-order or online prescription invoices • Vision services and eyeglasses • LASIK surgery • Eligible over-the-counter (OTC) items* |
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You'll simply swipe your Card each time you incur a qualified health care expense and the amount of your purchase will be deducted from your FSA – automatically. You can also fill in your Card number on bills you receive from providers to pay the amount you owe. You'll have no claim forms to complete and you won't have to wait to get a check in the mail. You can check balances or account details anytime – online or with a quick phone call. It's that easy!

Remember, the Card will not work at gas stations or restaurants – only at health care related providers.

It's Important to Save Your Receipts!

Your Prepaid Benefits Card will definitely improve your cash flow. However, be aware that the IRS requires the Card be used only for eligible expenses. Most of the time, we can verify the eligibility of the expense automatically. Yet, there are instances when you'll receive a letter/notification asking you to furnish an itemized receipt to verify the expense. When you receive such a request, make sure you submit the receipts as soon as possible to avoid having your Card suspended until receipts have been submitted and approved.

What is an itemized receipt?

An itemized receipt must include: merchant or provider name, services received or item purchased, date of service, and amount of the expense. Cancelled checks, handwritten receipts, card transaction receipts or previous balance receipts cannot be used to verify an expense. We suggest that you keep their itemized receipts in one place (perhaps using the "Save the Receipt" envelopes provided) so they're readily available when you receive a request.

Using Your Card is as Easy as 1-2-3!

Look for additional information about how to use your new Prepaid Benefits Cards

included with your card packet in the mail. We hope you enjoy this new exciting

feature of your FSA!

* Effective 1/1/11, the list of eligible OTC items is changing per the Patient Protection and Affordable Care Act of 2010. Contact your plan administrator for more information.