

### **FLEXIBLE SPENDING ACCOUNT REIMBURSEMENTS**

We know how important it is for you to receive your flex money as fast as possible. We would like to give some guidelines on how to submit these claims to have your money returned in the shortest amount of time possible. **Effective January 1, 2013 the Flexible Spending Account will be on a calendar year, not a Plan year**

- When you go to the doctor (medical, dental, or vision) find out from the doctor if they are submitting a bill for you. If they are, the bill will come to us and we will process the charges. You and your provider will then receive an explanation of benefits, (eob) from us. Attach the explanation of benefits to a Flexible Medical Expense Reimbursement Form and send to us. Our email is [benefits@missoulacounty.us](mailto:benefits@missoulacounty.us). Fax 406-523-4731. Mailing address is 200 W. Broadway Missoula, MT 59802
- If the provider does not bill for you or you see a non-conventional provider, (i.e. massage, naturopath, Costco Vision etc) make sure you get a bill from them. This should include all the provider information, such as their name or business name, address, phone number and tax id number. It should also include patient information such as patient name, date of service, procedure performed, diagnosis and charges. **Please do not send receipts that only show what you paid to the provider. These cannot be used to process your claim.** Again, when you have submitted this documentation to us, we will send to you an explanation of benefits. Attach this to the Flexible Medical Expense Reimbursement Form and send it to us.
- When you are sending a prescription claim for reimbursement, please be sure you send the prescription tag. This should indicate the drug name, patient name, prescribing physician, cost, date of service, pharmacy name and address. **Please do not send the receipt that indicates you purchased a drug and the dollar amount. We must have documentation of what drug was purchased.**

**You want all your claims to be sent through Medical Benefits first, even if the charges go to your deductible.**

The medical flexible spending account has a grace period. If you have money left over from previous fiscal year **and have not used it to date**, you have until March 15<sup>th</sup> to incur charges and you have until June 15<sup>th</sup> to submit those charges.

**The dependent care flexible spending account does not have a grace period. All services must be incurred in the plan year in which you currently have enrolled. Dependent children, age 13 or older, are not eligible for dependent care flexible spending account.**

Flexible Medical Expense Reimbursement forms can be found on [www.missoulacounty.us/government/administration/risk-benefits](http://www.missoulacounty.us/government/administration/risk-benefits). You will find many forms available to you as well as an information flyer. The forms can be completed on line and submitted. If you decide to fax your claim to us, our fax number is 406-523-4731.

When completing the form you can put all your medical charges on one line, all your prescription charges on one line and all your dental charges on one line. It is not necessary to put one charge on each line and complete multiple pages. We accept them combined, as long as the documentation is there to validate all charges.

Just a reminder that over the counter drugs can be covered through your Flex Plan. Items such as aspirin, band aids, allergy medication, cold medication, etc. can be submitted with the store receipt and the item(s) circled. Some over the counter supplies require a prescription from your doctor. Please call our office with any questions at 406-523-4876 or look on our website at [www.missoulacounty.us/government/administration/risk-benefits](http://www.missoulacounty.us/government/administration/risk-benefits).

Our office runs flexible spending checks three times a week. As a general rule if your claim has been received in our office prior to 9 AM on the day of the check run, you will receive your check the same day. All checks are sent through inter-office mail.

We want your experience with your flexible spending account to be stress free and easy. **Please call us if you have any questions.** We are happy to help you through the process to make it as simple as possible and for you to receive your reimbursements as quickly as possible. You can reach us at 406-523-4876.

This is just a brief summary of the Flexible Spending Accounts. There can be variances, changes by the Federal Government, exceptions and limitations. All payments of your Flexible Spending Account will be made in accordance the Federal Government and our Summary Plan Description. You must have a valid Flexible Spending Account in effect when services are provided.



RISK & BENEFITS  
200 W BROADWAY ST  
MISSOULA MT 59802-4292

(406) 523-4876  
FAX (406) 523-4731

FLEX PLAN PARTICIPANTS

NOTICE OF A CHANGE IN YOUR MEDICAL FLEXIBLE SPENDING  
ACCOUNT

EFFECTIVE JANUARY 1, 2011

Under the Patient Protection and Affordable Care Act and the Health Care and Education Act of 2010 includes a number of modifications to employee benefit programs.

One of those provisions, effective January 1, 2011, is the requirement for **over-the-counter** drugs, medicines and biologicals to be accompanied by a physician's prescription in order to be reimbursed under the flexible spending account.

Some of the **over the counter** items requiring a doctor's prescription are:

Acid controller	Digestive aids
Allergy & Sinus	Feminine anti - fungal/anti - itch
Antibiotic Products	Hemorrhoidal preps
Anti-diarrheals	Laxatives
Anti - Gas	Motion sickness
Anti - itch & insect bite	Pain relief
Anti - parasitic treatments	Respiratory treatments
Baby rash ointments/creams	Sleep aids & sedatives
Cold sore remedies	Stomach remedies
Cough cold & flu	

The following are examples of some of the **over the counter** items that will remain available without a doctor's prescription:

Band aids	Elastic bandages & wraps
Birth control	First aid supplies
Braces & supports	Insulin & diabetic supplies
Catheters	Ostomy products
Contact lens supplies & solutions	Reading glasses
Denture adhesives	Wheelchairs, walkers, canes
Diagnostic tests & monitors	

Please note, effective January 1, 2011, vitamins and supplements must be for the treatment of a medical condition and requires a doctors prescription indicating the diagnosis the doctor is treating.

If you have any questions please do not hesitate to contact our office. Missoula County Risk and Benefits, 200 West Broadway, Missoula, MT 59802, (406) 523-4876.



Missoula County Risk & Benefits  
 200 West Broadway  
 Missoula, MT 59802  
 Phone (406) 523-4876  
 Fax (406) 523-4731

For additional forms, go to [www.co.missoula.mt.us/benefits](http://www.co.missoula.mt.us/benefits)

## FLEX MEDICAL EXPENSE REIMBURSEMENT REQUEST

Use this form to submit claims by fax or mail. Please complete the applicable spaces on this form, attach appropriate documentation, and forward to Missoula County Risk & Benefits Department. If any of these expenses were covered by your insurance or any other insurance, attach a copy of the "Explanation of Benefits" from your insurance company as documentation. For expenses not covered by insurance, send a copy of a bill or invoice identifying the service, service date, total charges and any discounts. If the required documentation is not attached, your reimbursement will be delayed.

Plan Year: 2016 Department County Department Daytime Phone# 111-2345  
 Employee Name: Public, Joe Soc. Sec. No. 000-11-2222  
 Please Print. Last First  
 Home Address: 123 Main Street Missoula MT 59802  
 Street or Box Number City State Zip

### UNREIMBURSED MEDICAL EXPENSE CLAIMS

Date(s) Incurred	Name of Provider, or Description of Service(s) Rendered	Covered by insurance?	Out-of-Pocket Medical Expense(s)
01/01/2016-01/31/2016	Medical	Yes <input checked="" type="radio"/> No <input type="radio"/>	100.00
01/01/2016-01/31/2016	Dental	Yes <input checked="" type="radio"/> No <input type="radio"/>	200.00
01/01/2016-01/31/2016	Vision	Yes <input checked="" type="radio"/> No <input type="radio"/>	300.00
01/01/2016-01/31/2016	Over the counter supplies	Yes <input type="radio"/> No <input checked="" type="radio"/>	400.00
Total Medical Expenses (Minimum \$10)			\$ 1000.00

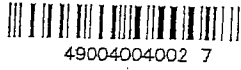
I certify to the best of my knowledge, the statements made within this Request for Reimbursement are complete and true. I certify the medical expenses were necessary to treat a medical condition for myself, my tax dependents, and/or spouse. I further understand that expenses reimbursed by Flex may not be claimed on my income tax return as an income tax reduction. I authorize my Flexible Spending Account to be reduced by the amount requested.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

# SHOPKO<sup>®</sup> pharmacy

2510 RESERVE ST  
MISSOULA, MT 59801  
(406) 721-3789

DA



Amt Due \$34.98

Patient: Joe Public  
Address: 123 Main Street

2/18/1967

MISSOULA, MT 59804  
(406)721-3776

Rx: 476503

Date: 11/25/10

Doctor: GIBSON(FNP/APRN), CARLA

Quantity: 30

Drug: PROMETRIUM 100 MG CAP SOLV 00032-1708-01

PHR 103293985604130999

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.



# SHOPKO

\*\*\*\*\* SHOPKO STORE #075 \*\*\*\*\*  
MISSOULA, MT 721-2311

040030099998 PRESCRIPTIONS	123.48
040030099998 PRESCRIPTIONS	34.98
**** BAL	158.46
MASTERCARD	158.46
Account # : ****	
Auth. No. : 408976	

CHANGE .00

'Q' NON-TAXABLE FSA/HRA ELIGIBLE ITEM  
'X' TAXABLE FSA/HRA ELIGIBLE ITEM

11/26/10 4:37PM 0075 51 0150 618



RECEIPT NBR - 040 930 052 4042  
VALIDATION NBR - 009451

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Save your receipt for all returns

↑ This is a sample of a prescription receipt/EOB that is allowed for FLEX reimbursement.

This is a sample of a Retail store receipt that is not accepted for FLEX reimbursement.

