



# Paperless Reimbursement Quick Reference Guide

FSAFEDS has partnered with several Federal Employee Health Benefits (FEHB) and Federal Employee Dental Vision Insurance Program (FEDVIP) plans to implement Paperless Reimbursement (PR), which automatically reimburses you for eligible health care, retail pharmacy, dental and vision expenses under your Health Care Flexible Spending Account (HCFSA) or eligible dental and vision expenses under your Limited Expense Health Care Flexible Spending Account (LEX HCFSA). PR eliminates the need for you to submit a claim manually, via the FSAFEDS mobile app or online for many of your out-of-pocket expenses. With PR, FSAFEDS can save you money and valuable time!

The participating FEHB and FEDVIP plans listed below forward claims to FSAFEDS for services rendered to PR enrollees, spouses, eligible dependents, and adult children up to age 26 (you must submit claims manually for adult children from their 26th birthday through the end of the calendar year).

## Participating Plans

### FEHB Plans

- Aetna Medical Plan
- APWU Health Plan
- Blue Cross and Blue Shield Service Benefit Plan
- Compass Rose Health Plan
- Foreign Service Benefit Plan
- Government Employees Health Association, Inc. Benefit Plan
- Kaiser Permanente
- Mail Handlers Benefit Plan
- M.D. Individual Practice Association, Inc.
- NALC Health Benefit Plan
- SAMBA Health Benefit Plan
- SelectHealth
- UPMC Health Plan
- UHC Choice Plan
- UnitedHealthCare (see plan exclusions)

### FEDVIP Plans

- Aetna Dental Plan
- Aetna Vision Plan
- Delta Dental
- Dominion Dental
- Emblem Health Dental
- Blue Cross Blue Shield FEP Dental
- Blue Cross Blue Shield FEP Vision
- GEHA, Inc. Dental Plan
- HealthPartners Dental
- Humana Dental
- MetLife Dental
- The MetLife Federal Vision Plan
- UnitedHealthCare Vision
- United Concordia Dental
- UnitedHealthcare Dental
- Vision Service Plan (VSP)

## Important Information

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- You must re-enroll in either a HCFSAs or a LEX HCFSAs every year during Open Season to continue your FSA and PR participation without interruption. Outside of Open Season, you can enroll in Paperless Reimbursement through your online account at [www.FSAFEDS.gov](http://www.FSAFEDS.gov). You may also contact an FSAFEDS Benefits Counselor for help with PR enrollment toll-free at 877-FSAFEDS (372-3337), TTY: 866-353-8058, Monday through Friday from 9 a.m. until 9 p.m., Eastern Time.
- You can enroll in FEHB PR only, or FEHB and FEDVIP PR, or FEDVIP PR only.
- You can enroll or disenroll in PR at any time of the benefit period.
- If you choose to enroll in PR, do **not** submit your claims manually, via the FSAFEDS mobile app or online. This could result in an overpayment on your account.
- If you have enrolled in an individual policy (non-FEDVIP), your claims may not be sent through PR. You will need to file your claims manually using the FSAFEDS mobile app or submit claims online at [www.FSAFEDS.gov](http://www.FSAFEDS.gov).
- Discounts offered by the pharmaceutical company are completed after carrier processing. The claim dollar amount provided prior to the discount is sent to PR. This could result in an overpayment.
- Any claims for services rendered and already processed prior to your PR plan enrollment by your FEHB and/or FEDVIP plan are **not** retroactively forwarded to FSAFEDS. You must submit these claims manually, via the FSAFEDS mobile app or online at [www.FSAFEDS.gov](http://www.FSAFEDS.gov).
- To participate in PR, the FEHB and/or FEDVIP enrollee's Social Security number must be on file with your FEHB and/or FEDVIP plan. This information is only used to validate your FSAFEDS account and to ensure proper reimbursement. If you are not the FEHB or FEDVIP enrollee, you must provide FSAFEDS with information about the contract holder, including name, social security number and date of birth when you enroll in PR.
- Claims not automatically forwarded and processed and/or paid through PR:
  - **Claims not processed by your FEHB/FEDVIP plan, and/or claims processed by a non-participating FEHB/FEDVIP plan**
  - **Services not submitted to your FEHB plan or the FEDVIP plans listed on page 5 & 6, by you or your provider**
- PR does not change, in any way, your relationship and obligations to your physician or other health care providers. You are expected to meet your deductible, copayment and coinsurance obligations as specified in your FEHB and FEDVIP brochure.
- FSAFEDS does not receive claims via PR if you, your spouse, or any of your covered dependents or adult children up to age 26 request a HIPAA restriction from your FEHB or FEDVIP plan. In this case, you need to file a claim with FSAFEDS using the claim submission method that works best for you.
- If your FEHB and/or FEDVIP plan cannot verify your enrollment, FSAFEDS automatically disenrolls you from PR. You will remain disenrolled and need to file a claim with FSAFEDS. If you are enrolled in an FEHB and/or FEDVIP plan, please verify the Social Security number (SSN) of the enrollee when re-enrolling.

## Claim Management for Federal Employees Married to Each Other

- **Each spouse carries a self-only FEHB or FEDVIP enrollment but only one is enrolled in FSAFEDS.** Only claims for the FSAFEDS participant can be forwarded under PR. Your spouse's health care expenses are still eligible for reimbursement from your HCFSA, but you must file a claim with FSAFEDS using the claim submission method that works best for you.
- **One spouse carries a self-only FEHB or FEDVIP enrollment and the other spouse is enrolled in FSAFEDS.** If the FEHB or FEDVIP enrollee's Social Security number (SSN) is provided on the FSAFEDS participant's account under "Spouse Processing," claims for the contract holder are matched and processed by FSAFEDS. The FSAFEDS account holder's health care expenses are still eligible for reimbursement, but you must file a claim with FSAFEDS using the claim submission method that works best for you.
- **One spouse carries an FEHB or FEDVIP self and family enrollment and the other spouse is enrolled in FSAFEDS.** If the FEHB or FEDVIP enrollee's Social Security number (SSN) is provided on the FSAFEDS participant's account under "Spouse Processing," claims for the contract holder are matched and processed by FSAFEDS. Your FEHB or FEDVIP plan sends claims processed for all family members covered under the FEHB or FEDVIP enrollment, and FSAFEDS matches and processes claims for all covered family members, including both spouses.
- **One spouse carries an FEHB or FEDVIP self and family enrollment and each spouse is enrolled in FSAFEDS.** All claims are first processed via PR from the FEHB or FEDVIP enrollee's FSA account. **Once that account is exhausted or terminated, you need to file all claims against your spouse's FSA account.**
- **You elect "shared account" processing with your spouse when you enroll.** FSAFEDS offers spouses the opportunity to link their accounts so when one spouse's balance has been exhausted, PR claims are automatically forwarded and processed against the spouse's account with a remaining balance. If the primary FSAFEDS account holder has a termination date on their account, the claims will not roll to the spouses account for processing. You must file a claim with FSAFEDS using the claim submission method that works best for you.



If you choose to enroll in PR, do **not** submit your claims manually, via the mobile app or online. This could result in an overpayment on your account.

## FEHB and FEDVIP Participating Plans and Services/Claims Forwarded and NOT Forwarded

Plan Name	Services/Claims Generally Covered and Automatically Forwarded <sup>3</sup>	Services/Claims NOT Automatically Forwarded
<b>Aetna</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Denied pharmacy
<b>APWU</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy	Consumer Driven Plans, Vision
<b>Blue Cross/Blue Shield</b>	Medical <sup>1</sup> , Pharmacy	Denied Pharmacy, Dental, Vision
<b>Compass Rose Health Plan (ABP)</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	
<b>Foreign Service Benefit Plan</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy	Vision, Denied Pharmacy
<b>GEHA</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Denied Pharmacy
<b>Kaiser Permanente</b>	Medical <sup>1</sup> , Pharmacy, Vision <sup>2</sup>	Adjusted Claims, COB Claims, Denied Claims, Denied Pharmacy, Dental, HSA, Vision (frames, lenses, and routine contact lens) Kaiser Permanente Washington Options Federal Pharmacy Claims, Kaiser Foundation Health Plan of Washington Pharmacy Claims
<b>Mail Handlers</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy	Denied Pharmacy, Vision
<b>M.D. IPA</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Primary Care Physician, Lab, Radiology, Denied Pharmacy
<b>NALC</b>	Medical <sup>1</sup> , Pharmacy	Behavioral Health Services, Dental, Vision
<b>SAMBA</b>	Medical <sup>1</sup> , Pharmacy, Vision <sup>2</sup>	Denied Pharmacy, Dental, Vision
<b>SelectHealth</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Denied Pharmacy
<b>UPMC Health Plan</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Denied Pharmacy
<b>UnitedHealthcare</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Dental, Vision, High Deductible Health Plan
<b>UHC Choice Plan UnitedHealthcare</b>	Medical <sup>1</sup> , Dental <sup>2</sup> , Pharmacy, Vision <sup>2</sup>	Denied Pharmacy
<b>Aetna Dental</b>	Dental <sup>2</sup>	
<b>Aetna Vision</b>	Vision <sup>2</sup>	
<b>Delta Dental</b>	Dental <sup>2</sup>	
<b>Dominion Dental</b>	Dental <sup>2</sup>	
<b>Emblem Health Dental</b>	Dental <sup>2</sup>	
<b>BCBS FEP Dental</b>	Dental <sup>2</sup>	
<b>BCBS FEP Vision</b>	Vision <sup>2</sup>	

Plan Name	Services/Claims Generally Covered and Automatically Forwarded <sup>3</sup>	Services/Claims NOT Automatically Forwarded
<b>GEHA Dental</b>	Dental <sup>2</sup>	GEHA Connection Dental Plus Claims, Cosmetic Dental
<b>HealthPartners Dental</b>	Dental <sup>2</sup>	
<b>Humana Dental</b>	Dental <sup>2</sup>	
<b>MetLife Dental</b>	Dental <sup>2</sup>	
<b>MetLife Vision</b>	Vision <sup>2</sup>	Adjustments, Denied Claims
<b>UHC Vision</b>	Vision <sup>2</sup>	
<b>United Concordia Dental</b>	Dental <sup>2</sup>	Out of Network Provider Claims
<b>UnitedHealthcare Dental</b>	Dental <sup>2</sup>	Orthodontia Claims
<b>VSP</b>	Vision <sup>2</sup>	Denied Claims

<sup>1</sup>Vision care provided by an ophthalmologist or other medical doctor is considered a medical service and these claims ARE automatically forwarded under PR.

<sup>2</sup>Your FEHB plan may offer some dental and/or vision benefits that are submitted via PR. If you or any of your covered family members are also enrolled in a FEDVIP dental and/or vision plan, the claim will be considered in the following order:

1. The claim should be submitted by either you or the provider to the FEHB plan.
2. The claim should then be submitted to your FEDVIP dental or vision carrier, as appropriate.
3. If you are enrolled in one of the FEDVIP PR plans listed above, your claim will be sent automatically for processing. If you choose not to enroll in PR with one of the FEDVIP PR plans, you will need to submit your dental and vision claims manually.

**NOTE:** FSAFEDS only receives claims that have been submitted by you or your provider to your FEHB and/or FEDVIP plan. If your provider does not routinely submit certain services to your FEHB and/or FEDVIP plan because he/she knows that the service is not covered, then there is no claim to automatically forward to FSAFEDS, even if you are enrolled in PR.

## Additional Information

- For more information, please visit our [FAQs page](#).
- Once your FEHB and/or FEDVIP plan processes your claim, your plan automatically forwards your claim information to FSAFEDS for processing from your FSA.
- You have the right to appeal a claim for health care expenses that we have denied in whole or in part by writing to FSAFEDS and requesting reconsideration. Please see the [Appeal Process Quick Reference Guide](#) for instructions on appealing a claim.