

FUNDING & REIMBURSEMENT

ACCESS & MANAGE YOUR REIMBURSEMENT FUNDS



INSIDE YOU'LL LEARN



HOW TO USE YOUR EXTEND HEALTH ONLINE ACCOUNT.



HOW TO SUBMIT CLAIMS FOR REIMBURSEMENT.



WHICH DOCUMENTS YOU SHOULD SAVE FOR USE.



ANSWERS TO FREQUENTLY ASKED QUESTIONS.



An Introduction to Funding & Reimbursement

Learn how to access and manage your reimbursement funds.

Greetings from Extend Health, and congratulations on having successfully qualified for your reimbursement funding program. This mailing confirms that you have qualified for the funding program sponsored by your former employer or benefits provider. Using this guide and the welcome letter included with this mailing, you'll learn how to access and use your reimbursement funds. **The name of your specific funding program and the amount and date of your first allocation can be found in your personalized welcome letter included with this mailing.**

IF YOU HAVE QUESTIONS

If you have questions after you have reviewed the information provided in this mailing, you may be able to find the answers on the Extend Health website in your online account. Your online account contains all of your current information, including your account balance and claim reimbursement status. You may access or create your account using the website address printed in your welcome letter. Instructions on how to log into your account can be found on page 6 of this guide.

If you're unable to find your answer online, or if you simply prefer to speak to a representative, Extend Health is at your service. Our customer service representatives are available Monday through Friday, from 8 a.m. until 8 p.m. Eastern Time. Call us using the toll-free phone number printed in your welcome letter.

We look forward to helping you understand, access, and manage your reimbursement funds.





How Does My Funding Program Work?

Receiving reimbursement for your eligible expenses.

Your former employer or benefits provider provides funding through a tax favored account to help reimburse you for eligible health care expenses. Extend Health is the administrative service provider for your funding program.

This means you will submit your claims for expense reimbursement to Extend Health and may be reimbursed for eligible expenses from those funds, to the extent that they are available. See the opposite page for an illustration that shows how this process works.

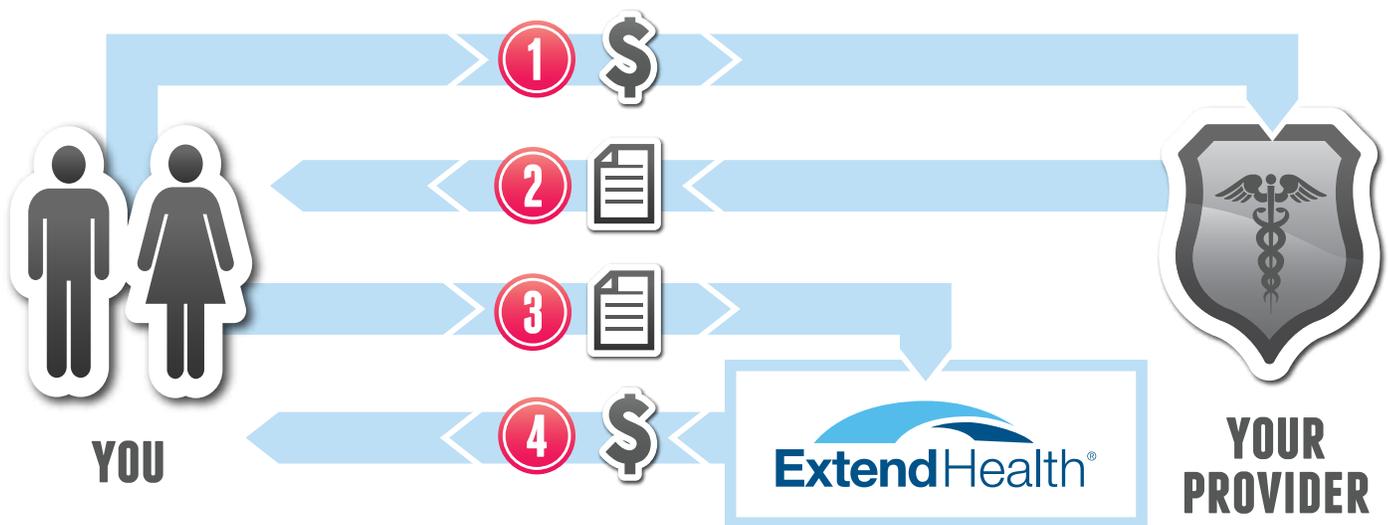
WELCOME LETTER & ELIGIBLE EXPENSES INSERT

This tax-free funding allows you to be reimbursed for eligible medical expenses. More specific information, such as the name of your specific funding program, the amount of your first allocation, and the date it will become available for use can be found in your personalized welcome letter.

Information on the types of expenses that are eligible for reimbursement can be found in the *Eligible Expenses* insert included with this mailing or can be found online.

RETAIN THIS GUIDE FOR YOUR RECORDS

We encourage you to retain this guide, your personalized welcome letter, and your *Eligible Expenses* insert, securely storing them with your other important records for future reference. In addition to important information on your funding amounts, this mailing also provides the instructions you will follow when submitting your claims for reimbursement.



1

PAY FOR YOUR EXPENSES

Now that you have qualified for your funding, the first step towards reimbursement is to pay for your health care expenses. You will make your payments directly to your insurance carrier or health care provider.

2

RETAIN YOUR RECEIPTS & SUPPORTING DOCUMENTATION

To receive your reimbursements accurately and efficiently, it is important to submit all supporting documentation with your claim. This may include premium statements, receipts, or other documentation. For more information on which documents you should watch for and save, see page 10.

3

SUBMIT REIMBURSEMENT CLAIMS FOR YOUR ELIGIBLE EXPENSES

Submit your claims for eligible expenses, along with your supporting documentation, directly to Extend Health. Information on how to submit claims is provided on pages 8 and 9. To find out which expenses may be eligible for reimbursement, refer to the *Eligible Expenses* insert.

4

RECEIVE REIMBURSEMENT FOR YOUR APPROVED CLAIMS

Extend Health will process your reimbursement claims and reimburse you from your available funds. You may receive your claims by direct deposit or by check, along with your *Explanation of Payment* statement. For more information on reimbursement and how to understand your *Explanation of Payment* documents, see page 12. For information on how long reimbursement may take, see the *Frequently Asked Questions* section on page 14.



Extend Health's Website & Your Online Account

Access and manage your funding information online.

If you have not yet created an online account on the Extend Health website, we encourage you to do so. Your online account is the fastest, easiest way to access your funding information. While you don't have to go online if you don't wish, creating your online account is easy and, if you have questions, helps reduce the amount of time you spend on the phone.

Once you have created your online account, you may access your current funding information, including your account balance, at any time. If you need assistance setting up your online account, simply call Extend Health and a representative will walk you through the process, step-by-step.

ACCESS YOUR ACCOUNT

To access or create your account, enter the website address printed in your welcome letter into the address bar of your web browser.

- Next, select the *My Account* link on the website. If you're a first-time visitor, some information will be required to create your account. If you're a returning visitor, enter your username and password.
- Once you have logged in or created your account, visit the *Funds & Claims* section.

Note that any information that appears in other sections of your account about you or the plans you have selected was collected during your enrollment process.

FUNDS & CLAIMS

The *Funds & Claims* section provides access to your relevant funding information, including your current funding allocation, your program's contribution frequency,

available balance, recent claims, and the histories of your claims and allocations.

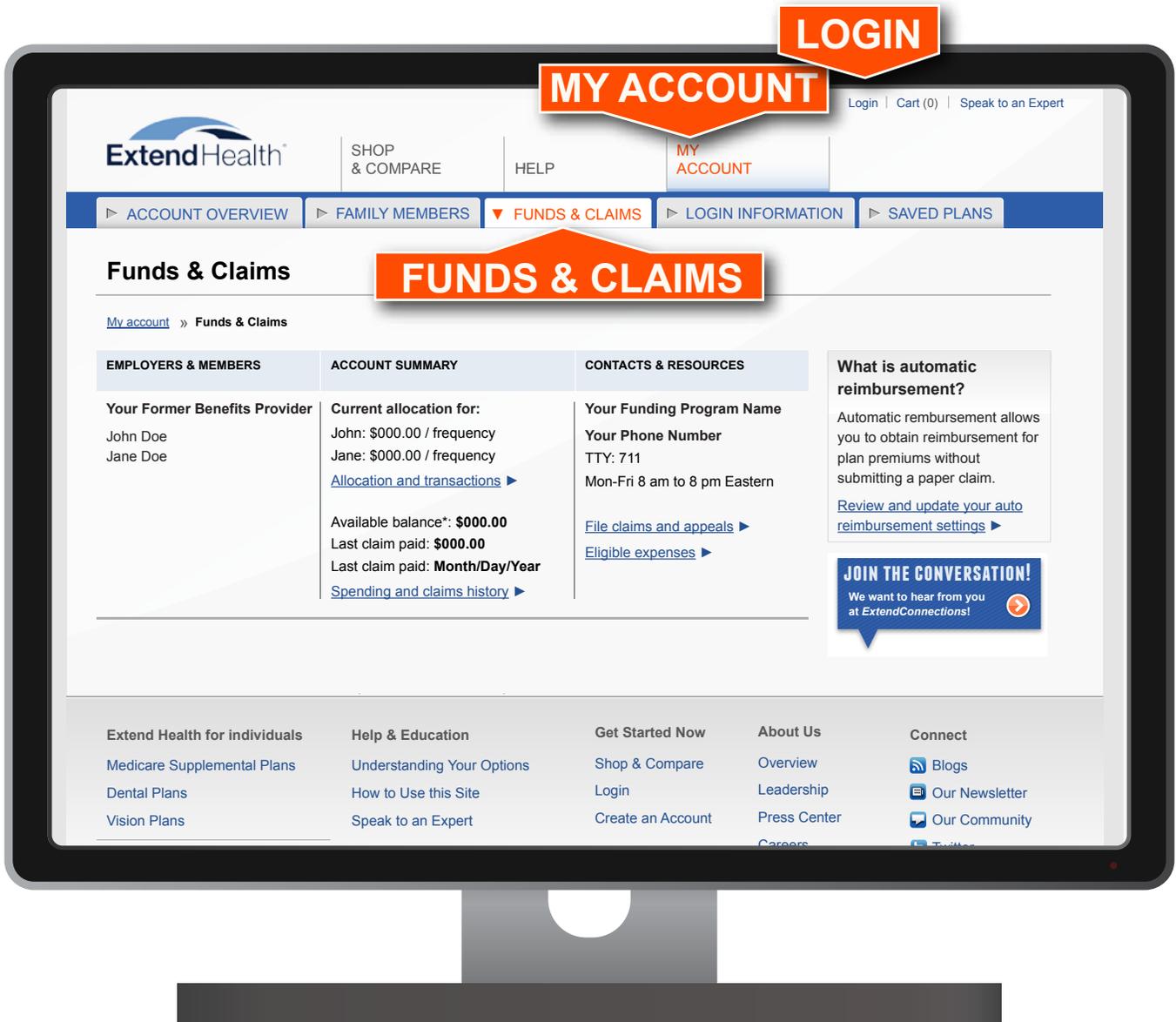
You will also find relevant phone numbers, answers to frequently-asked questions, and links that allow you to file claims or appeals.

YOUR ELIGIBLE EXPENSES

For your convenience, a sample list of eligible expenses was included with this mailing. If you misplace this printed list, you may find and print another online.

A sample list of eligible expenses can be found by clicking *Eligible expenses* link in the *Funds & Claims* section of your online account.

- Next, select the *My Resources* link in the *Quick Links* sidebar of the *My Dashboard* section of your online account.
- Then select the *Planning Tools* link.
- Lastly, select the *Eligible Expense Items* link.



PRINT A CLAIM FORM

To print a blank paper claim form, click the *File claims and appeals* link on the *Funds & Claims* section of your online account.

- Next, select the *My Resources* link in the *Quick Links* sidebar of the *My Dashboard* section of your online account.
- Under the *Administrative Forms* section, select the *Reimbursement Account Claim Form* link.
- Then save or print the document. Instructions for submitting a claim form by mail are printed on page 8 of this guide.

PREMIUM AUTOMATIC REIMBURSEMENT

Automatic reimbursement allows you to obtain reimbursement for insurance plan premiums without submitting a monthly claim form. If you'd like to take advantage of the convenience of automatic reimbursement, you may activate this feature, if it is available for the plans that you selected, in your online account.

ENROLL IN DIRECT DEPOSIT

Receive your reimbursements more quickly by having them deposited directly into your bank account. You may manage your direct deposit settings in your online account.



Submit a Claim for Reimbursement

Instructions for submitting your reimbursement claims.

You may submit claims for reimbursement online, by fax, or through the mail. Whichever option you choose, you will need to provide documentation of your eligible expenses. A sample list of eligible expenses was included with this mailing, and instructions for locating a sample list of your eligible expenses can be found on page 6 of this guide, or by calling us at the phone number printed in your welcome letter.

TO FILE A CLAIM ONLINE

To file a claim online, log into your Extend Health online account and visit the Funds & Claims section.

- On the *Funds & Claims* page, select the *File claims and appeals* link.
- Select the *File a claim* link in the *Quick Links* sidebar.
- Select your expense type and relevant information. If you have more than one claim, enter each one separately, clicking the *Add Another Claim* button for each claim you would like to add. After entering all your claims, click *Next*.
- Confirm the details of your claim(s), then click *Next*. To edit your claim(s), click *Previous*.
- Submit your receipts online or by fax. Instructions are provided to the right.

To Submit a Claim Online

- To submit online, click the *Upload* button, then follow the directions provided. Note that receipts submitted online must be in PDF format and less than 5 megabytes. Most desktop scanners can export a PDF file.

To Submit a Claim by Fax

- To submit by fax, click the *Fax* button, then follow the directions provided to create your coversheet. Please note you will need to have your internet browser pop up blocker disabled.
- Print and sign your coversheet, and then fax it and your documentation to the number provided on the coversheet.
- Be sure to also fax your supporting documentation. A claim is not considered complete and can not be approved until all of its supporting documentation is received.

TO FILE A PAPER CLAIM

A paper claim is included with this mailing for your convenience. You may make copies for future use, print additional forms, or request a form by calling Extend Health.

TO PRINT AN ADDITIONAL CLAIM FORM

To print a form, log into your online account, select *My Account*, and then select *Funds & Claims*.

- In the *Funds & Claims* section, click the *File claims and appeals* link. This will take you to the *My Dashboard* section of your online account.
- Next, from the *My Dashboard* section of your online account, select the *My Resources* link in the *Quick Links* sidebar. You will find a downloadable, printable claim form under the *Administrative Forms* section.

TO SUBMIT A CLAIM THROUGH THE MAIL

If you prefer to send your claims through the mail instead of submitting them online or sending them by fax, please follow the steps below.

Instructions for submitting claims by mail are also printed on the claim forms.

- On the claim form, provide the information requested, and be sure to sign and date the form.
- Provide copies of receipts or relevant documentation. Do not mail original documents.
- Instructions for submitting your claim by mail or fax are printed on the form.

Note that claims for monthly premiums must include:

1. Name of the provider (health carrier or insurance carrier)
2. Covered participant's name
3. Description of the type of service (premium, medical, etc.)
4. Date of coverage
5. Proof of payment. Proof of payment includes:
 - A premium statement AND a bank statement
 - OR a canceled check (both sides) that matches the amount on the premium statement
 - OR a premium statement showing the amount as paid



Which documents do I need to save?

Learn which mailings should be retained for your records.

In order to receive your reimbursements accurately and efficiently, it is important to submit all supporting documentation with your claim. However, it can be difficult to know which of the notices you receive in the mail should be saved for use when submitting claims, and for future reference. Below is a list of important documents that you should watch for in the mail (or email, if you have chosen paperless delivery) and should save once they arrive.

From Your Insurer:

PREMIUM STATEMENTS

Your insurance carrier will provide a policy statement or a monthly premium statement containing your monthly premium amount and your payment schedule. This document may be mailed or may be provided as a paperless electronic document.

Save all policy statements, premium statements, invoices, premium coupons, and receipts that you receive from your insurance carrier for use as supporting documentation when submitting claims for reimbursement.

If you are not receiving your statements, or are unable to locate a statement, you may obtain a new copy of any statement or invoice by calling your insurance carrier at the phone number listed on the back of your insurance card.

EXPLANATION OF BENEFITS (EOB) STATEMENTS

Each time an expense is billed to your Medicare insurance plan, your insurance

carrier will provide an *Explanation of Benefits (EOB)* stating the amount of the expense covered by the plan and the remaining amount, which is your responsibility to pay. Keep these *EOB* statements as documentation of your out-of-pocket medical expenses.

If you are not receiving your *EOB* statements or are unable to locate a statement, you may obtain a new copy of any *EOB* by contacting your insurance carrier at the phone number listed on the back of your insurance card.

MONTHLY PRESCRIPTION PLAN SUMMARIES

If you have enrolled in Medicare Prescription Drug (Part D) coverage, you will receive a monthly prescription plan summary statement from your Part D plan provider. Each statement will summarize important information related to your coverage that may be needed as supporting documentation and should be kept. Note that not everyone chooses to enroll in a Part D plan, so you may not receive these documents.

From the Social Security Administration:

BENEFIT AWARD/PROOF OF INCOME LETTER

Each year you are issued a *Social Security Benefit Award Letter* by the Social Security Administration (SSA), usually during October or November. This document, which may also be labeled *Proof of Income Letter*, states the amount of your Social Security benefit for the coming year and lists the amount deducted for your Medicare premium. This letter should be kept and used when required as supporting documentation.

If you have not received or are unable to locate your *Benefit Award Letter*, you may obtain a new copy by calling the SSA at 1-800-772-1213, then following the prompts to request a new *Proof of Income Letter*.

From Extend Health:

EXPLANATION OF PAYMENT (EOP) STATEMENTS

Each time Extend Health processes a claim for reimbursement you will be sent an *Explanation of Payment (EOP)*. This document includes a summary of your paid claims, your available balance, and the amounts you have been reimbursed for. In the case of denied claims, your *EOP* will list the reason for denial. If you have not elected to receive your reimbursements by direct deposit, your *EOP* document will also include your reimbursement by check. More information on how to understand your *Explanation of Payment* documents is available on page 12.

If you are not receiving your *EOP* statements or are unable to locate a statement, contact Extend Health using the phone number listed in your welcome letter.





Understanding Your Explanation of Payment (EOP) Statements

Important statements regarding the status of your claims and payments.

Each time Extend Health processes a reimbursement claim that you or your insurance carrier has submitted, you will receive an Explanation of Payment (EOP) statement. Each EOP statement will include a summary of your paid claims, your available funding balance, and the amounts you have been reimbursed for.

In the case of denied claims, your *EOP* will list the reason for denial. If a claim is denied, you may be required to take action in order to receive reimbursement for the claim, such as resubmitting paperwork or providing additional documentation. Most importantly, if you have not opted to receive reimbursement by direct deposit, your *EOP* statement may be accompanied by your reimbursement check.

Your *EOP* statements will be sent to you with the same frequency you submit claims. If you have provided your email address to Extend Health, expect to receive your *EOP* statements by email. If you have not provided an email address, your *EOP* statements will arrive in the mail. To change your statement delivery method, call Extend Health at the phone number printed in your welcome letter.

If you have signed up for automatic reimbursement, your insurance carrier will submit reimbursement claims on your behalf, meaning you will receive *EOP* statements without having filed a claim. You may also receive an *EOP* for a claim not previously paid in full. If you submit a claim and do not have sufficient

funds, your claim will be held until funds become available. The claim may then be approved and an EOP provided.

HOW TO READ AN EOP STATEMENT

Your EOP statement is divided into two sections: *Your Account Balance After This Payment* and *This Payment Includes*.

Your Account Balance After this Payment

The *Your Account Balance After this Payment* section includes:

- 1. Account Name:** This is the specific name of your funding program. The year contained in parenthesis is the current plan year of your program.
- 2. Contributions:** The amount deposited into your funding program by your benefits provider as of the date of the statement.
- 3. Total Paid:** The total amount you have been paid for approved claims during the current plan year. The total paid amount includes the amount paid as of this statement, shown under “Amt This Payment” (#5).
- 4. Available Balance:** The amount available for future claim requests.

Draft #: 110994020		Date: 08/28/2012		Total Amount: *****\$15.10	
Your Account Balance After This Payment					
1	Account Name	2	Contributions	3	Total Paid
	(2012) Health Reimbursement Arrangement		\$1,800.00		\$1,612.14
				4	Available Balance
					\$187.86
				5	Amt This Payment
					\$15.10

This Payment Includes									
7	8	9		10	11	12	13	14	
Account Name	Expense Type	Begin	End	Amt Requested	Amt Paid	Amt Denied	Claim #	Amt This Payment	
(2012) Health Reimburseme	Premium	08/01/2012	08/01/2012	\$15.10	\$15.10	\$0.00	167103600	\$15.10	
									Total: \$15.10

5. Amt This Payment: The amount paid this statement by check or direct deposit. If you do not have direct deposit with Extend Health, a check will be attached to your EOP statement.

6. Total Amount: The amount you requested for reimbursement.

This Payment Includes

The second section of your EOP statement, *This Payment Includes* provides the following information:

7. Account Name: This is the specific name of your funding program. The year contained in parenthesis is the current plan year of your program.

8. Expense Type: Expenses are organized by categories. The category of the expense you are being reimbursed for is listed here.

9. Service Dates (Beginning and Ending): These dates represent

the date the service was received, not the date the expense was paid. Reimbursement for premiums generally list the first day of the month as both the start and end date.

10. Amt Requested: The amount requested for reimbursement. For premiums, this will generally be the entire premium amount.

11. Amt Paid: The amount of the claim that is eligible for reimbursement.

12. Amt Denied: The amount of the claim that is not eligible for reimbursement. You will see a reason for the denial, if applicable.

13. Claim #: A system generated number to identify your claim.

14. Amt This Payment: The amount paid to you by check or direct deposit. If you do not have direct deposit with Extend Health, a check will be attached to your EOP.



Frequently Asked Questions

Extend Health has helped hundreds of thousands of retirees access and manage their reimbursement funding. After helping so many, we understand that many people have similar concerns. Below are answers to some of our most frequently-asked questions.

Which health care expenses are eligible?

A sample list of eligible expenses was included with this mailing. To view a printable sample list of the health care expenses that are eligible for reimbursement, visit your Extend Health online account. Instructions for creating or accessing your account, and for locating examples of eligible expenses, are provided on page 6 of this guide.

Why was my claim denied?

Claims can be denied for a number of reasons, including incorrect or incomplete paperwork, or ineligible expenses. If a claim you submit is denied, you can learn why in your Explanation of Payment, your online account, or by calling us to speak to a representative.

What are qualification requirements?

Most, but not all, former employers (or benefits providers) have qualification requirements for accessing your reimbursement funds. Your benefit advisor discussed your specific qualification rules during your enrollment call. Should you choose to make changes to your current coverage, contact Extend Health for assistance and to ensure you continue

to qualify for your funding. If you do not understand if you have requirements or what they are, call Extend Health.

How long does reimbursement take?

Once your claims have been approved, you will receive payment within fourteen (14) days. If you have elected direct deposit, payment will be issued within three (3) days of the claim approval. For quicker access to your reimbursement, sign up for direct deposit online, or use the enclosed direct deposit election form.

What is automatic reimbursement?

Automatic reimbursement allows you to obtain reimbursement without submitting a monthly claim form. You may activate this feature, if it is available for the plans that you selected, in your online account or by phone. Once you have elected to receive automatic reimbursements, you do not have to submit claims for these expenses in order to be reimbursed.

To verify whether or not you chose automatic reimbursement, please refer to the *Selection Confirmation* letter you received from Extend Health shortly after your enrollment call. You can also check by using in your online account, or call us to speak to a representative.



How long does automatic reimbursement take?

Auto reimbursement is not intended to be the fastest way to be reimbursed. It is intended to remove the burden of submitting monthly claims for premium reimbursement.

After setting up automatic reimbursement for the first time, the initial reimbursement can take up to three (3) months from the start of the plan to begin. When auto reimbursements begin all premiums paid to that point will be reimbursed at the same time.

If you file a manual claim during this start up time period, you will receive a “duplicate claim” denial notice when the carrier starts sending your auto reimbursement information. This notice does not impact the auto reimbursement process.

Once automatic reimbursements begin they will usually arrive about the same time each month. This may vary depending on when your premium payments to your carrier are made

and the timing of the files being sent to Extend Health from your insurance provider.

Who do I contact if I have questions?

If you have questions that aren't answered in this guide or online, or if you simply prefer to speak to someone, Extend Health's trained representatives are always happy to hear from you.

Our customer service representatives are available Monday through Friday, from 8 a.m. until 8 p.m. Eastern Time. Call us using the toll-free phone number printed in your welcome letter.

To direct your call accurately, our telephone system may ask you to select from a menu of options. If you are calling with questions about your funding account or claims, you will select option 3. If you are calling about the status of a reimbursement payment, you will select option 2.

You may also be asked a few questions before you are connected to a representative. Be prepared to provide your zip code and the last four digits of your Social Security number.



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While the individual health insurance plans offered by Extend Health are not sponsored by your former employer or benefits provider, your funding program is. Accordingly, your former employer will provide a summary plan description (SPD) related to your rights and responsibilities that pertain to your funding program. The plan document and the SPD are the formal plan documents that apply to your funding program. This document is intended as information only for retired employees eligible for the funding program. The SPD will contain the provisions of the Plan and, ultimately, determine what benefits are provided to the retirees and dependents.

Extend Insurance Services, LLC is a Utah resident insurance agency (Utah License No. 104741) and licensed as a non-resident insurance agency or otherwise authorized to transact business as an insurance agency in all states and the District of Columbia. Extend Insurance Services, LLC represents, and receives payment of commissions from, the insurance companies for which Extend Insurance Services, LLC is an agent and sells insurance products and services and may receive other performance-based compensation for its sale of the insurance products and services provided to you. Insurance rates for the insurance products and services offered by Extend Insurance Services, LLC are subject to change. All insurance products and services offered by Extend Insurance Services, LLC may not be available in all states. It is your responsibility to enroll for coverage during the annual Medicare open enrollment period.
