Flex Medical Claims Instructions & Viewing of Account Balances

Log onto the Portal and click on the “Pay & Benefits” tab. The following words/links will appear:

Quick View  Calendar  Pay & Benefits  Flex  Accrual  Profile  Review

Click on “Flex” and your plan elected amount and balance will display near the top of the page. If you scroll down, you’ll see where to enter data for reimbursement. The form is similar to what we currently use, but now you’ll be entering the information directly into the database. **This will help save time in the processing of the reimbursement and allow you to see an up-to-date flex balance.**

1. Enter receipts in **date order** (oldest to most current)

2. Type receipt information. If multiple **prescriptions** are on the same receipt/date, they can be lumped together (as shown below)

<table>
<thead>
<tr>
<th>Date</th>
<th>Service Provider</th>
<th>Description</th>
<th>Recipient</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/19/2009</td>
<td>Kroger Pharmacy</td>
<td>Rx (4)</td>
<td>Self</td>
<td>$80.00</td>
</tr>
</tbody>
</table>

Enter qualifying expenses only. Remember, items considered cosmetic (e.g., teeth whitening agents) and vitamins and supplements are non-qualifying items unless prescribed by a doctor.

3. **Review** your form for accuracy before you click the “submit” button. You’ll need to check the box indicating you accept responsibility.

4. After you click “submit” you'll be prompted to print the page. This will be your only opportunity to print this claim for reimbursement. Should a problem occur, you’ll need to contact HR at Ext. 8114.

**Print** the page, **sign**, **attach receipts** in order, and **send** to HR.

Everyone with regular access to the portal will be asked to use the above process to submit claims. **The old/other form will be used only by those participants without internet access.**

The dependent care reimbursement process has not changed. Please submit claims as usual.