



# The Federal FSA Program

## *Automatic Reimbursement: FEHB Fee-for-Service Plans*

### Quick Reference Guide

FSAFEDS has partnered with a number of FEHB fee-for-service plans to implement **Automatic Reimbursement**. This new program eliminates the need for you to manually prepare and submit your claims for out-of-pocket costs from your FEHB Plan to FSAFEDS. Instead, once your FEHB plan processes your medical, dental and/or prescription claims, they will forward your out-of-pocket expense(s) electronically to FSAFEDS for **automatic reimbursement** from your Health Care Flexible Spending Account (HCFSA). Now you can not only save money with your HCFSA, you save your valuable time as well!

#### Current Participating FEHB Fee-For-Service Plans

- \* *BlueCross/BlueShield Service Benefit Plan*
- \* *GEHA*
- \* *Mail Handlers/First Health*
- \* *Association Benefit Plan*

**FSAFEDS is continuing to work with other FEHB plans to implement this exciting new feature during the Plan Year. You have the option to sign up to be notified when your FEHB plan begins participating in Automatic Reimbursement. To sign up, please visit [www.FSAFEDS.com](http://www.FSAFEDS.com).**

#### Important Information

- ◆ In order to participate in **Automatic Reimbursement**, the FEHB contract holder’s social security number for your enrollment must be on file with your FEHB plan. This information is used only to validate your FSAFEDS account, to ensure proper reimbursement.
- ◆ If you are not the FEHB contract holder, you must provide FSAFEDS with information about the contract holder’s, including name, social security number, and date of birth.
- ◆ **Automatic Reimbursement** does not change in any way your relationship and obligations to your health care providers. You are expected to make payment for your out-of-pocket expenses when requested by your provider. Under automatic reimbursement, FSAFEDS will reimburse you – not your provider.
- ◆ **Automatic Reimbursement** works best with self and family coverage. If you and your spouse each carry a self-only FEHB enrollment, claims can only be automatically reimbursed for the FSA participant who is also the contract holder. Health care expenses for your spouse are still eligible for reimbursement from your HCFSA, but you must submit them with a paper claim form by fax or mail.
- ◆ Covered expenses that are filed with your FEHB plan - for all family members covered under the enrollment- will be forwarded to SHPS for automatic reimbursement under your FSAFEDS account.

Plan Name	Services/Claims Covered
BCBS Service Benefit Plan	Medical, Dental, and Pharmacy
GEHA	Medical and Dental
Mail Handlers/First Health	Medical, Dental, and Pharmacy
Association Benefit Plan	Medical only

- ◆ The timeline for your FEHB plan to process your claim has not changed. Once your claim has been processed it will automatically be submitted to your FSAFEDS account.
- ◆ You can sign up for, or cancel your participation in **Automatic Reimbursement** at any time by logging into your account at [www.FSAFEDS.com](http://www.FSAFEDS.com).
- ◆ You have the right to appeal a claim for benefits that has been denied by writing to FSAFEDS and requesting reconsideration. You can submit written appeals to:  
**FSAFEDS Program ♦ P.O. Box 36880 ♦ Louisville, KY 40233-6880**
- ◆ To learn more, please check our Frequently Asked Questions (FAQs) at <https://www.fsafeds.com/fsafeds/faq.asp> and then click on **Automatic Reimbursement**. You may also call the FSAFEDS toll free phone line at 1-877-FSAFEDS (372-3337). Benefits Counselors are available to assist you from 9:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday. TTY Line: 1-800-952-0450

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