

BASIC FLEX USERS GUIDE



Below is important information about using your FLEX account. If you have not previously crated your login, please see your confirmation letter for information on how to access your account online.

Reimbursement Submission Overview:

- You should keep a copy of all documentation as you would for your income taxes
- · Reimbursements will be made directly to you
 - o It is the employee's responsibility to pay the provider if payment was not made at the time of service
- Be sure to select the appropriate plan type and benefit year (if applicable) when submitting your claim online.
- Claim submission Run-Out Period
 - Your plan has a run out period to submit claims at the end of each plan year or after termination of coverage from the plan. Consult your Summary Plan Description or check with your HR Department to determine the length of time you have to submit claims after one of these events have occurred.
- Check your Claims Status online at https://basic.lh1ondemand.com or on the mobile app
- BASIC cannot accept emailed claims, so please submit your scanned documentation online through the Portal website (https://basic.lh1ondemand.com/) or through BASIC's Secure Claims Upload https://claims.basiconline.com.

How to submit a reimbursement:

Submit within the Online Portal Website:

- 1. Go to the Portal website (https://basic.lh1ondemand.com/) and login.
- 2. Click the File Claims link listed on the home page or click Claims located under the Accounts Tab.
- 3. Enter your claim information and submit the claim. Make sure you have valid documentation for your expenses, as you will need to submit them to BASIC. You can upload your scanned documentation or submit it separately after filing your claim. You will need to include a copy of your claim confirmation if submitting separately.
- 4. If you have more than one claim you'd like to file, you may click File New Claim to add to your claims basket.
- 5. Once all claims are entered, you must agree to the Terms & Conditions (click on appropriate box) and submit the claim(s) by clicking Submit.
- 6. If the claim documentation was not uploaded during the online claim submission, PLEASE PRINT AND SEND THE ONLINE CLAIM CONFIRMATION WITH YOUR DOCUMENTATION! The confirmation page verifies that all claims have been successfully submitted! You must print this page and Fax, mail or upload through BASIC's Secure Claim Upload along with your documentation. If the required documentation is not received, your claim(s) will not be paid. Please remember your submission is not considered a claim until the required documentation is received claims need to be submitted prior to your plans final filing date (filing deadlines apply).

Submit through the Android or iPhone OS Mobile Apps:

- 1. Go to the mobile app and login.
- 2. Click the File Claims to enter your claim information and you will be prompted to optionally take a picture of your documentation.
- 3. If the claim documentation was not uploaded during the claim submission, PLEASE SUBMIT DOCUMENTATION THROUGH THE MOBILE APP, ONLINE PORTAL, OR SEND BASIC YOUR DOCUMENTATION via Fax, mail or upload through BASIC's Secure Claim Upload (<u>include the claim # and indicate that the claim has been filed online</u>). If the required documentation is not received, your claim(s) will not be paid. Please remember your submission is not considered a claim until the required documentation is received claims need to be submitted prior to your plans final filing date (filing deadlines apply).



BASIC FLEX USERS GUIDE



Submit via BASIC's Online Secure Claim Upload:

- Go to BASIC's Secure Claims Upload: https://claims.basiconline.com
- An online claim form will be presented for you to fill in and you will upload/attach your scanned documentation (see the Necessary Documentation section below)

Submit via Mail or Fax:

- A reimbursement form is required with all submissions and you can find the form online (https://basic.lh1ondemand.com) in the Forms section. Please use a separate line for each receipt and attach your documentation (see the Necessary Documentation section below).
- When faxing claims, please circle items on receipts or bills. Please don't use a highlighter because it often
 faxes too dark to read. If the original is light please make a darker copy prior to faxing.
- Fax claims to: 800-391-6562
- Mail claims to: BASIC, 9246 Portage Industrial Dr, Portage MI 49024

Eligible Expenses:

IRS regulations govern the eligibility of claims. As your Flex Administrator, BASIC helps ensure that you and your employer stay within those regulations. For a list of common eligible expenses, visit www.basiconline.com, click on Current Clients and then under Participants & Employees select BASIC Flex then click on Administration Information & FSA Education. If you have a question regarding a specific item, please call a BASIC Flex Customer Service Representative at 269-327-1922 ext 1 or 800-444-1922 ext 1.

Necessary Documentation:

As a FSA Administrator, we are required to receive specific documentation showing that your purchase is an eligible expense according to the IRS regulations. Below are helpful hints to ensure you submit proper documentation that is necessary in order to avoid a delay or denial of your reimbursement request.

MEDICAL REIMBURSEMENTS

- Explanation of Benefits (EOB) The best form of documentation for medical, dental & vision expenses is an EOB from your insurance carrier.
- **Itemized Statement** An itemized statement from your provider is also acceptable but needs to include date of service, detailed description of the service provided, provider's name, address & charge for the service. This is true for verifications as well as reimbursement requests.
- **Prescriptions** For prescriptions, please provide a cash register receipt that lists RX next to the item number and/or RX tag. Pharmacy print-outs are also acceptable.
- **Vision** Send detailed vision bills from your provider which include date of service, detailed description of the service provided, providers name, address & charge for the service. Please note: Warranties and/or service plans are not eligible for reimbursement.
- **Orthodontics** Send detailed documentation or payment coupons from your provider which indicate orthodontic treatment and also include date of service, provider name and description of service.
- Letter of Medical Necessity (if needed) A letter of medical necessity needs to include a diagnosis, duration of treatment and description of treatment plan. Letters of Medical Necessity or Prescriptions from your provider expire one year after date written. A Letter of Medical necessity form can be found at: www.basiconline.com/employees/services/BASIC Flex/Participant Forms
- Massage Therapy and Weight Loss Programs For massage therapy and weight loss programs, please submit a copy of the physician's statement of medical necessity; including diagnosis with every reimbursement request.



BASIC FLEX USERS GUIDE



• OTC - Over the Counter (OTC) drugs and medicines require a prescription (RX) or letter of medical necessity from that is completed by a physician and this documentation needs to be submitted with each claim and renewed yearly. To check a specific item you may want to refer to www.fsastore.com where you can search for eligible items. If the item is an eligible expense, it will be designated as FSA eligible. You may also call a BASIC Flex Customer Service Representative for clarification. Please note: not all items appearing on these web sites as FSA eligible items qualify for reimbursement.

DEPENDENT CARE

Dependent Care (Day Care) Facts:

- This is a pay-as-you-go account, meaning reimbursements are made when funds are available
- Child Care provider must claim payments as income
- Meals and transportation expenses are not eligible
- Child(ren) must be under the age of 13 and be a dependent for income tax purposes
- Child Care provider may not be a minor child or dependent of the tax payer
- Overnight camps are not eligible
- Education/schooling for Kindergarten and beyond is not eligible

Dependent Care Necessary Documentation:

- Itemization of dates of service and charges:
 - Receipt from Day Care provider or
 - o Day Care providers' signature on the reimbursement claim form