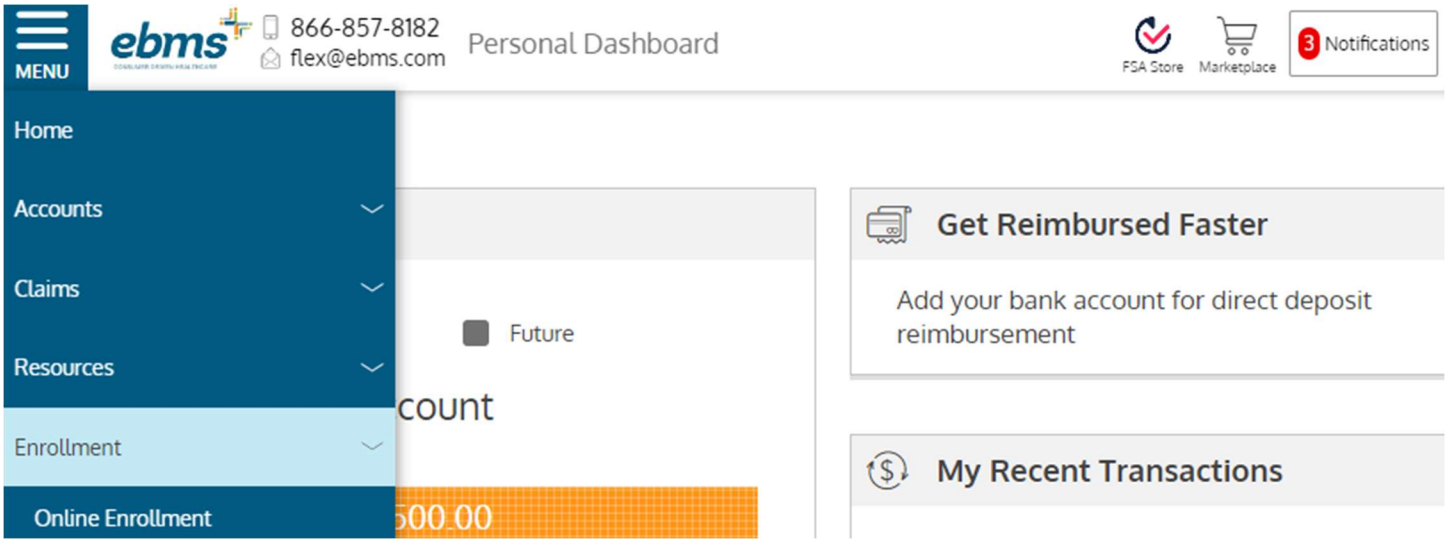
ebms
CONSUMER DRIVEN HEALTHCARE

Consumer Driven Health (CDH) Online Open Enrollment Instructions

Please go to www.ebms.com and click on the Login button where you will enter your MiBenefits username and password and click "Sign in". Once successfully logged into your MiBenefits account and click on the orange "FSA, HSA & HRA "Portal button.

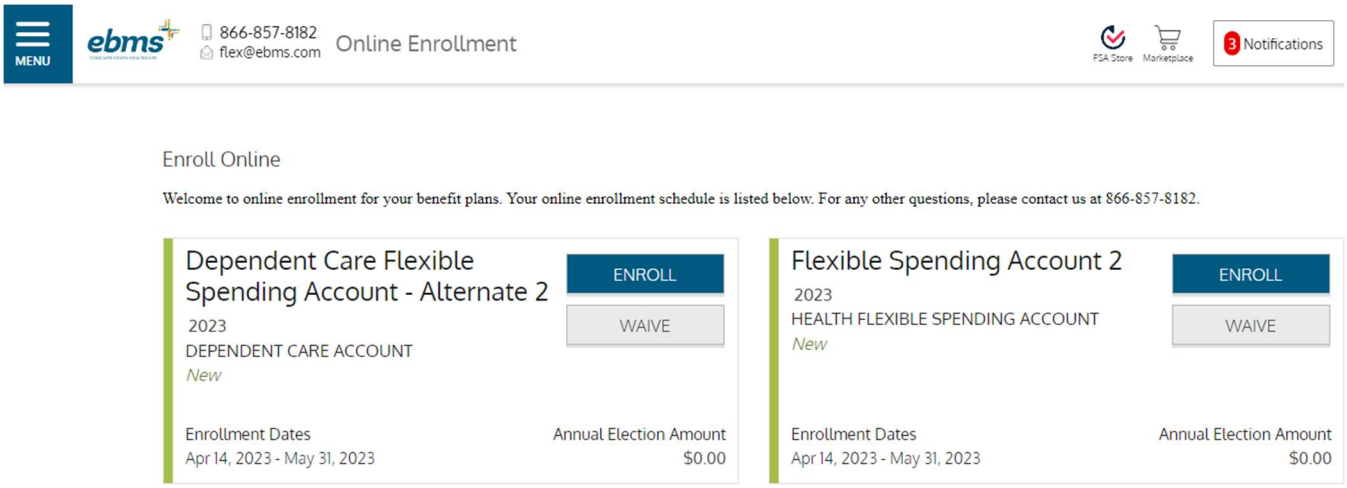
Employee Open Enrollment

You will be forwarded to the Personal Dashboard for the CDH benefits where you must either sign up for benefits or waive to participate in the plan year benefits that starts July 1st, 2023. You will go to the blue Menu Box, select Enrollment menu, and click on the option for Online Enrollment



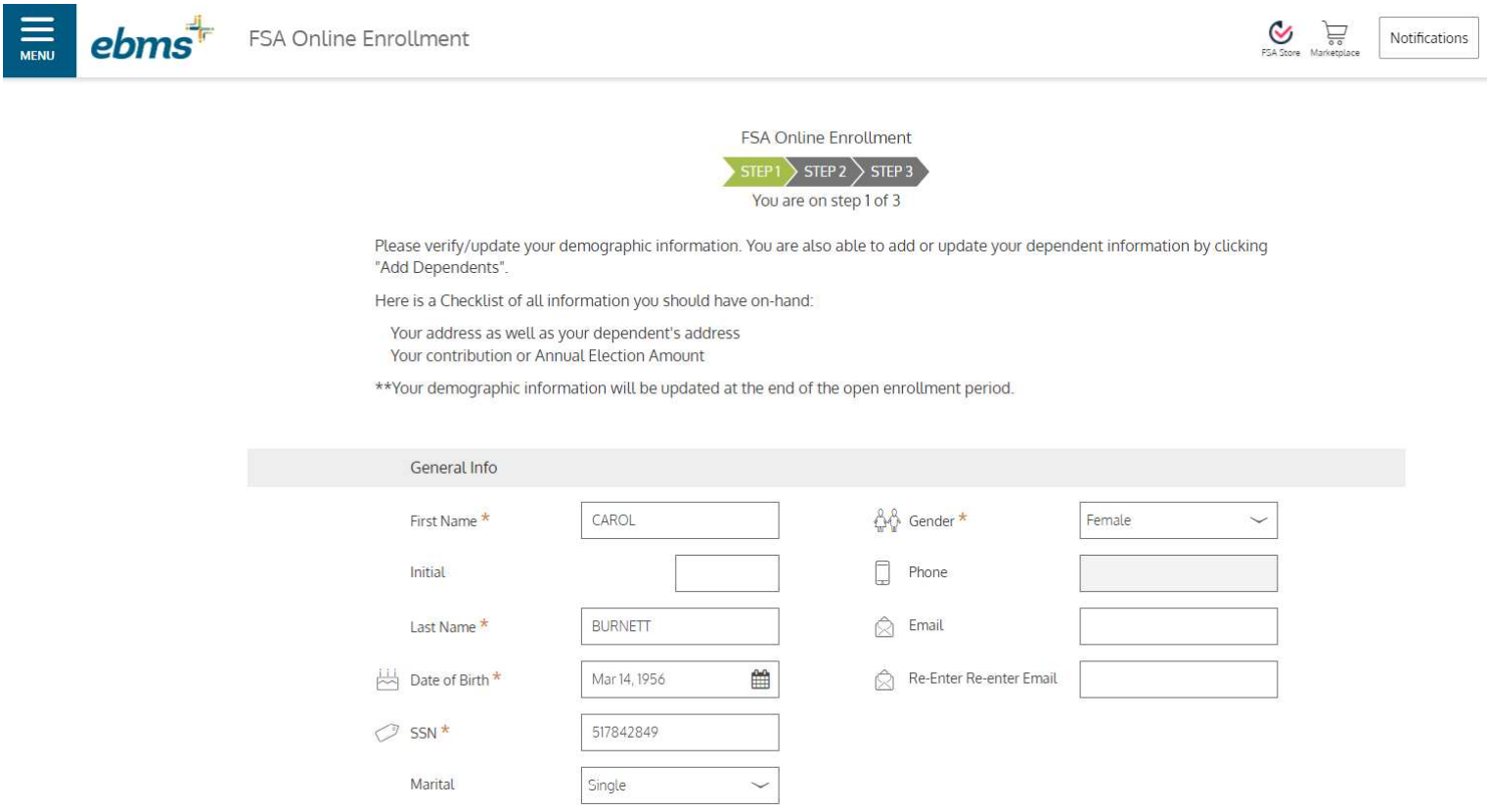
Updated April 18, 2023

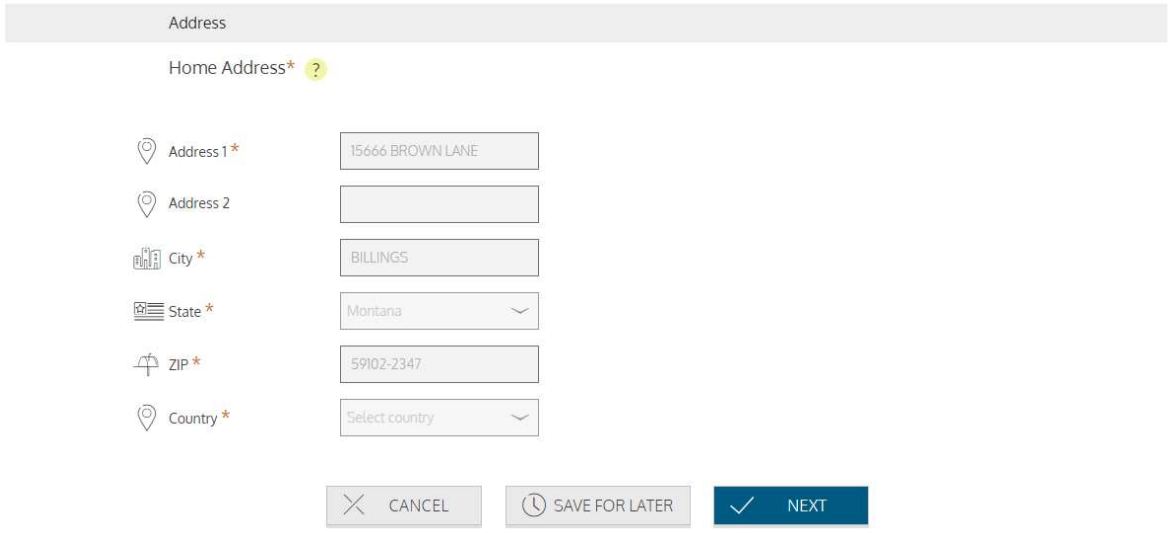
This will take you to the Online Enrollment page which will only be available for members from May 22nd 2023 - June 9th 2023. You must either enroll or waive your participation in the plan.



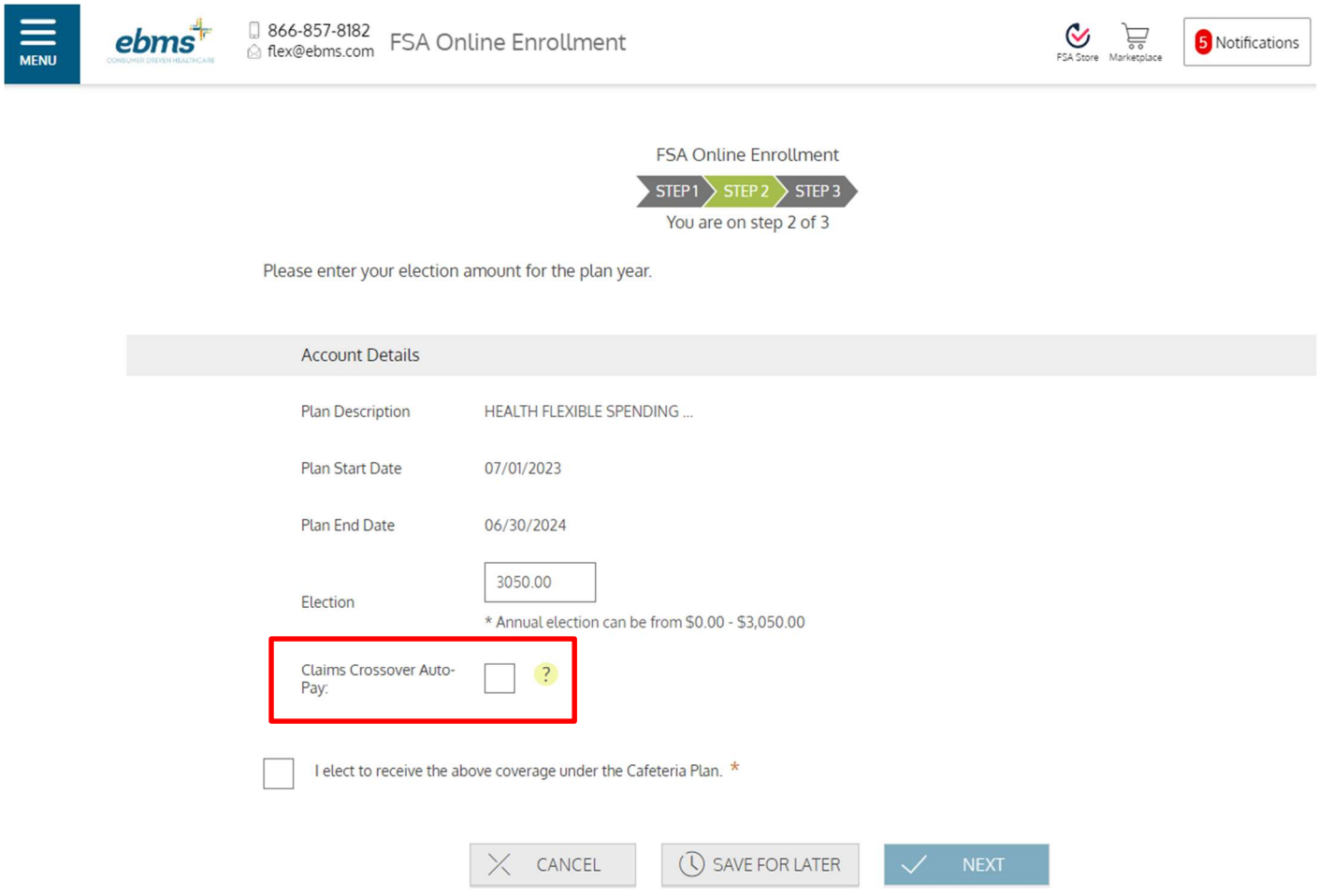
Enrolling in a Spending Account Plan

Step 1: Where you can update your demographic information If the fields are in gray, they are not editable, you will want to make any demographic updates with your Employer or in the MiBenefits portal with your health plan enrollment information.



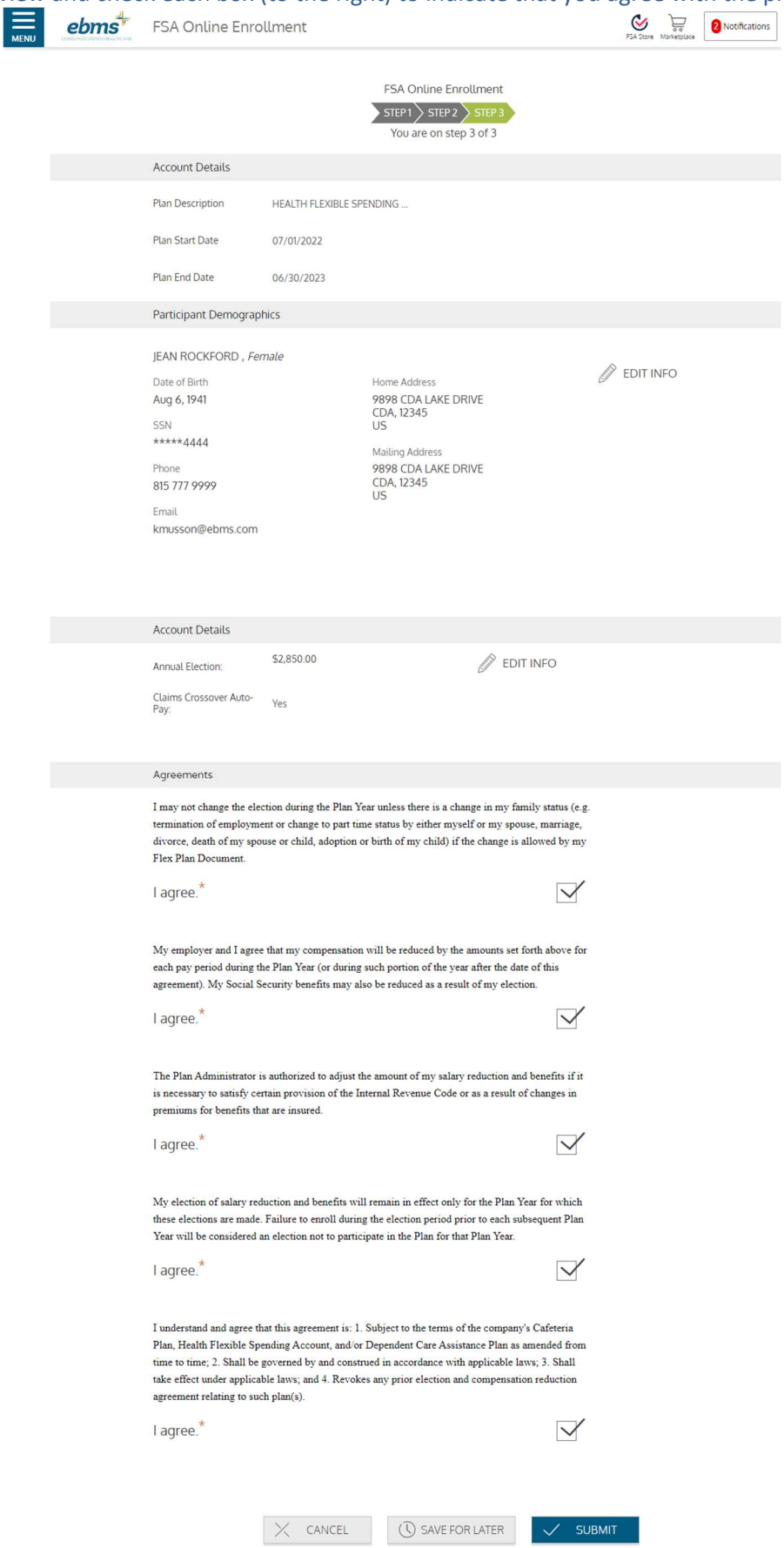


Step 2: This screen allows you to enter your annual election amount for the new plan year, *be sure to include the decimal point on your election amount.*

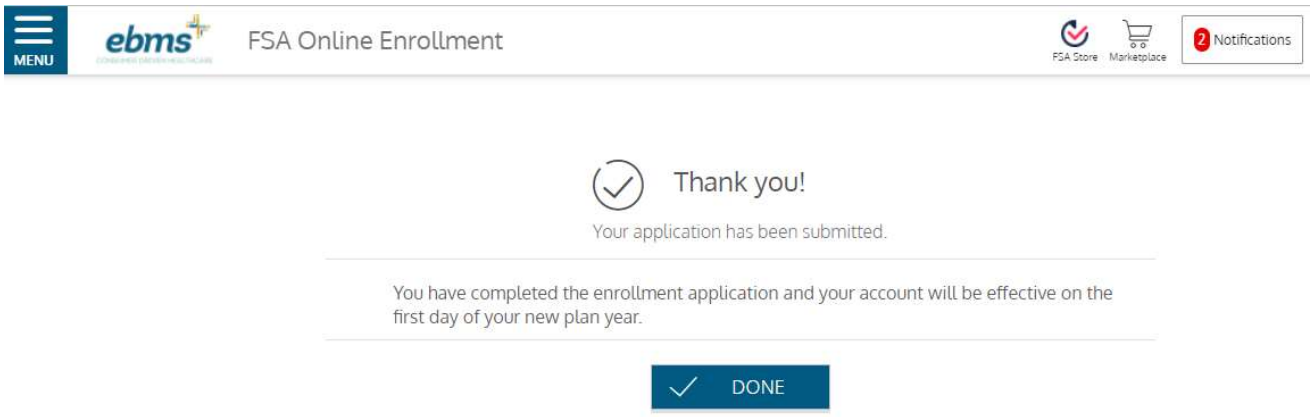


The Auto-Flex option will *NOT* be carried over from the previous plan year. Participants must enroll in this option each year by putting a check mark in the Claims Crossover Auto Pay box.

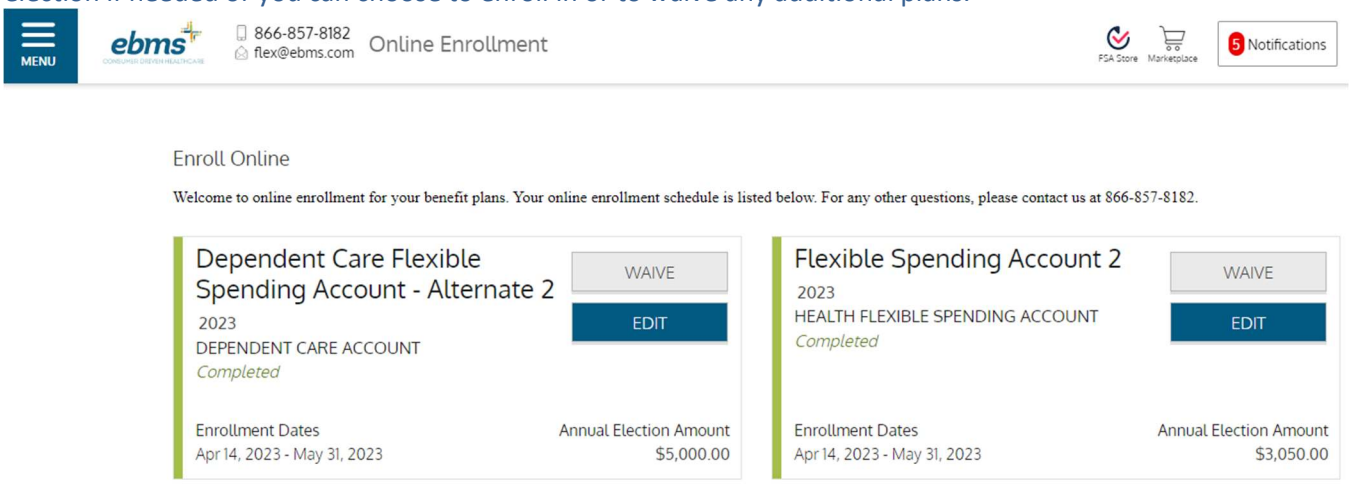
Step 3: Where you review your Account Details. At the bottom of the confirmation page, there is an Agreements section that you must review and check each box (to the right) to indicate that you agree with the plan information listed.



After you have checked each box, click “Submit” to continue. When the enrollment process is completed, a final confirmation page will appear to show the enrollment was processed.

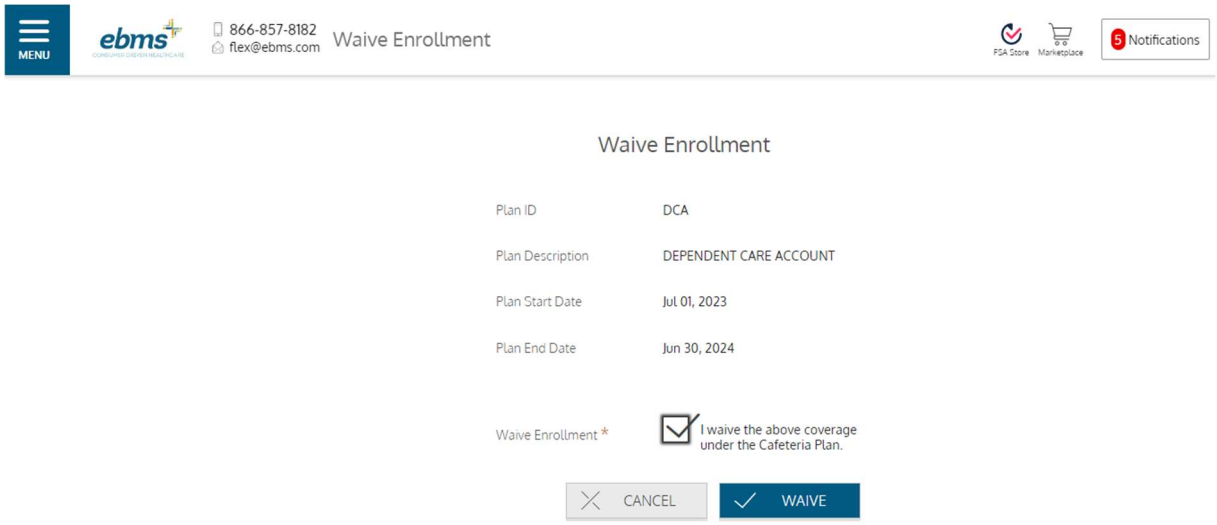


Click “Done” when complete and you will return to the Online Enrollment election section. You can now edit your election if needed or you can choose to enroll in or to waive any additional plans.



Waiving Enrollment into Employer Plan

If you choose not to Enroll into a specific CDH plan clicking on the “Waive” button to be taken to the “Waive Enrollment” screen where you will waive your participation in either the FSA or DCA by selecting the box and clicking the Waive button.



PLAN DEADLINES FOR CLAIMS SUBMISSIONS

Plan Year Dates: 7/1/22-6/30/23

Last Day to submit claims: 9/28/23

Tips to ensure that your Flexible Spending Account (FSA) or Dependent Care Account (DCA)claim can be processed timely:

1. When submitting claims by fax/email/mail you must include the FSA/DCA claim form, or you can submit your request online from the Personal Dashboard.
2. You must include supporting documentation for all services.
    a. Documentation for the FSA must be the insurance EOB or legibly show the patient's name, date of service, service provider name, total amount owed (including insurance amounts if applicable), and the eligible service or product. Prescription claims require the RX tag that includes the fill date, RX number, patient name and the amount owed.
    b. Documentation for the DCA must include a copy of the receipt or bill for dependent care service detailing the name, address, and tax ID/SSN of the provider, as well as dates of service being claimed. Receipts are not necessary if the provider has signed the Request for Flex Reimbursement Form.
        i. *Note: The tax identification number or Social Security number of the provider is required on all submissions*.
3. Do **NOT** submit credit card payment receipts, balance due statements, cancelled checks and "estimated" insurance references as they not acceptable forms of documentation.

Frequently Asked Questions regarding the FSA Carry Over

Q: What happens to any remaining funds after the last day to submit claims?

A: Any funds except the eligible FSA carry over amount will be forfeited back to your employer, and you are no longer eligible to claim these funds. This is commonly known by the IRS as the "Use it or Lose it" rule.

Q: What is the FSA Carry Over Amount for this plan year?

A: $610

Q: When are the carry over amounts eligible to use on dates of service after 7/1/23?

A: After the last day to submit claims has passed, so 9/29/23.

Q: What if I have any other questions?

A: You can reach the Member Services team toll free at 866-857-8182 or flex@ebms.com.

P.O. Box 21367 Billings, MT 59104-1367
Phone: 866.857.8182 Fax: 844.791.8315 Email: EBMS_receipts@alegeus.com

Request for Flex/DCA Reimbursement

Employer Name		Employer Group Number
Employee's Last Name	First Name	Employee's ID Number
Address		E-mail Address

Healthcare Expenses

Date of Service	Provider	Description of expense (office visit, co-pay, prescription, etc.)	Patient Name	Amount Requested
				$
				$
				$
				$
				$
		Total amount requested		$

You must include supporting documentation from the provider so that your claim can be processed timely. Documentation must legibly show the patient's name, date of service, service provider name, total amount owed (including insurance amounts if applicable), and the eligible service or product. Prescription claims require the RX tag that includes the fill date, RX number, patient name and the amount owed. ***Note: Credit card receipts, balance due statements, cancelled checks and "estimated" insurance references are not acceptable forms of documentation***

Dependent Daycare Expenses

Name of dependent	Date of birth	Daycare Provider Name & Tax ID number	Dates of Service	Amount Requested
				$
				$
				$
		Total amount requested		$

Participants must submit a copy of the receipt or bill for dependent care service detailing the name, address, and tax ID/SSN of the provider, as well as dates of service being claimed. Receipts are not necessary if the provider has signed the Request for Flex Reimbursement Form. ***Note: The tax identification number or Social Security number of the provider is required on all submissions.***

Daycare Provider's Signature:_____Date: _____

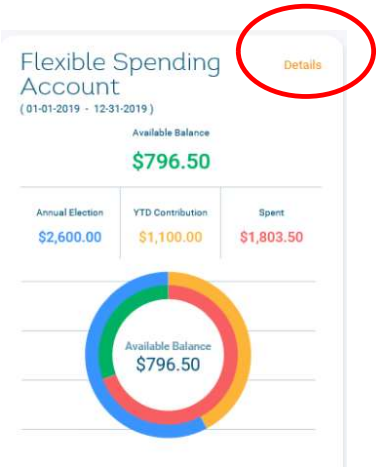
To the best of my knowledge and belief, my statements in the Request for Flex Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. The expense(s) listed has not been reimbursed or is not reimbursable under any other health plan coverage and will not be claimed as an income tax deduction. I authorize my Flexible Spending Account be reduced by the amount requested above.

Employee's Signature: _____Date: _____

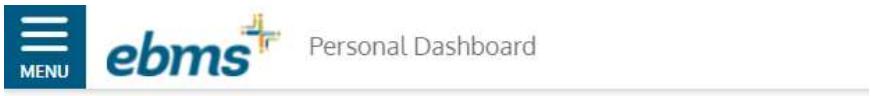
Revised on 8/4/2021

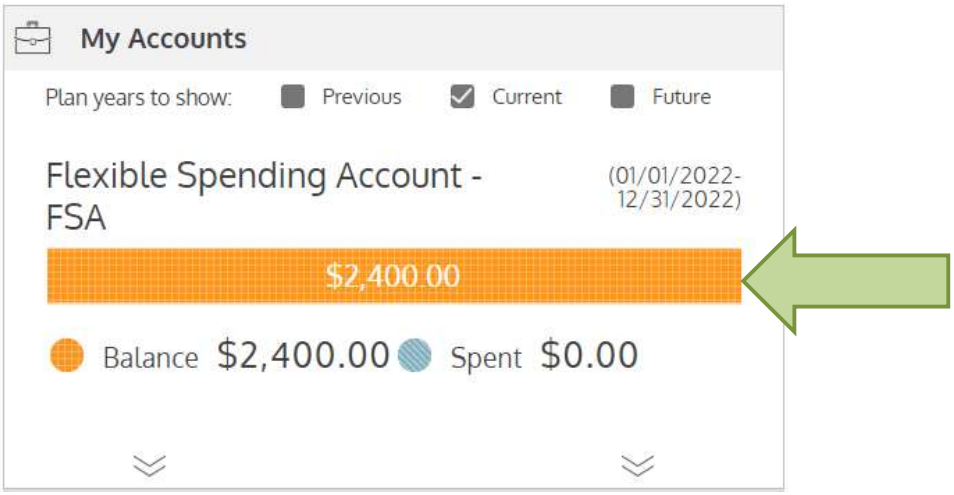
CDH Online Submissions

You can access your Consumer Driven Health (CDH) spending account by logging into your MiBenefits account at www.ebms.com with your username and password. Once logged into miBenefits, click on the CDH portal button that appears in your MiBenefits account.

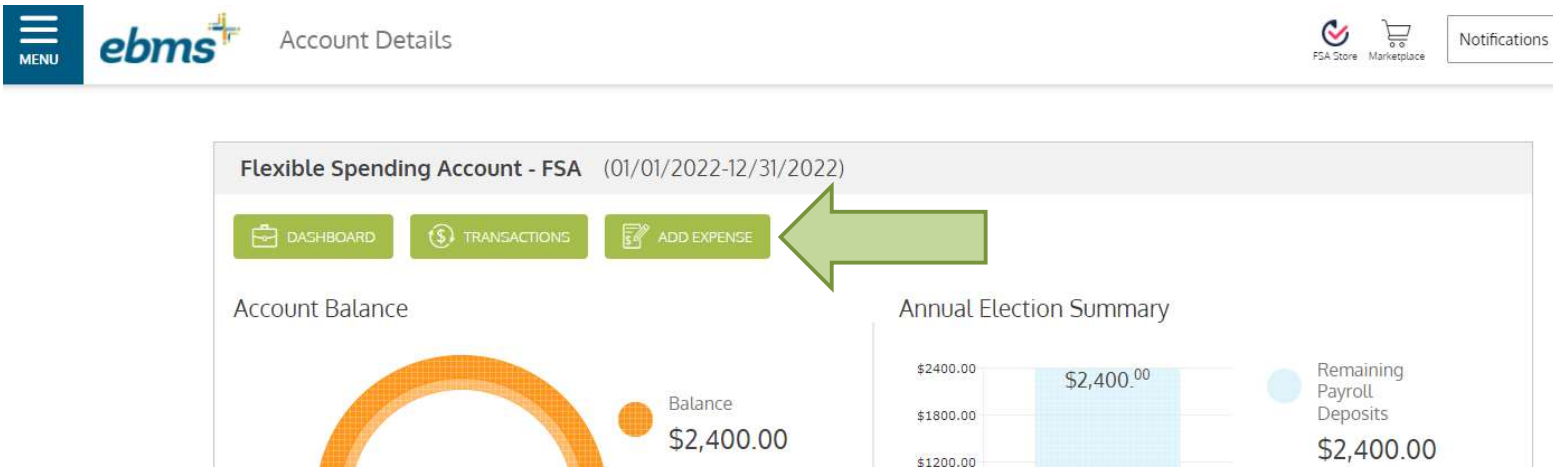


This will take you to Personal Dashboard where you will view the My Accounts Menu which will default to the current plan year; however, you can change your view to a previous plan year.

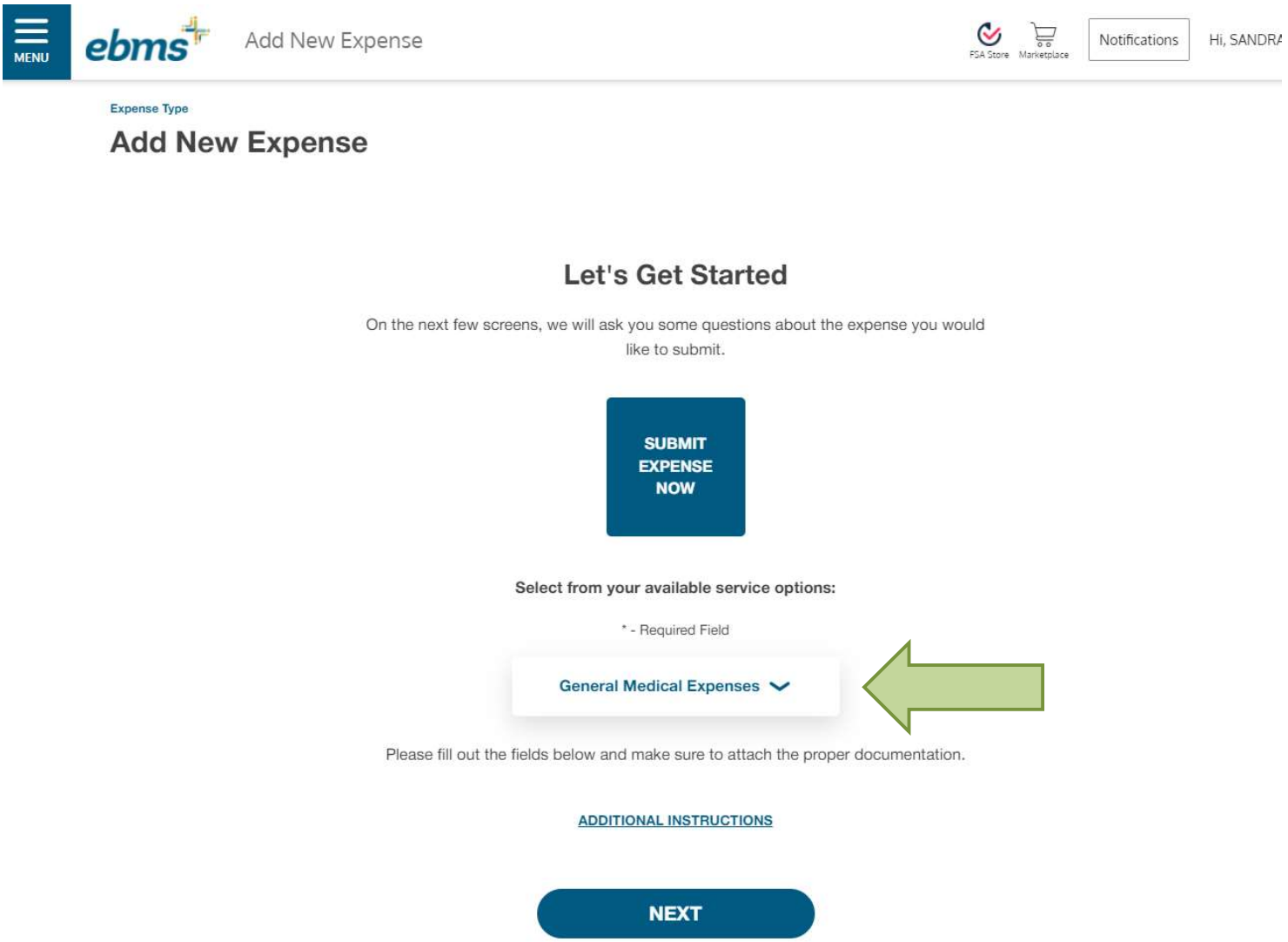




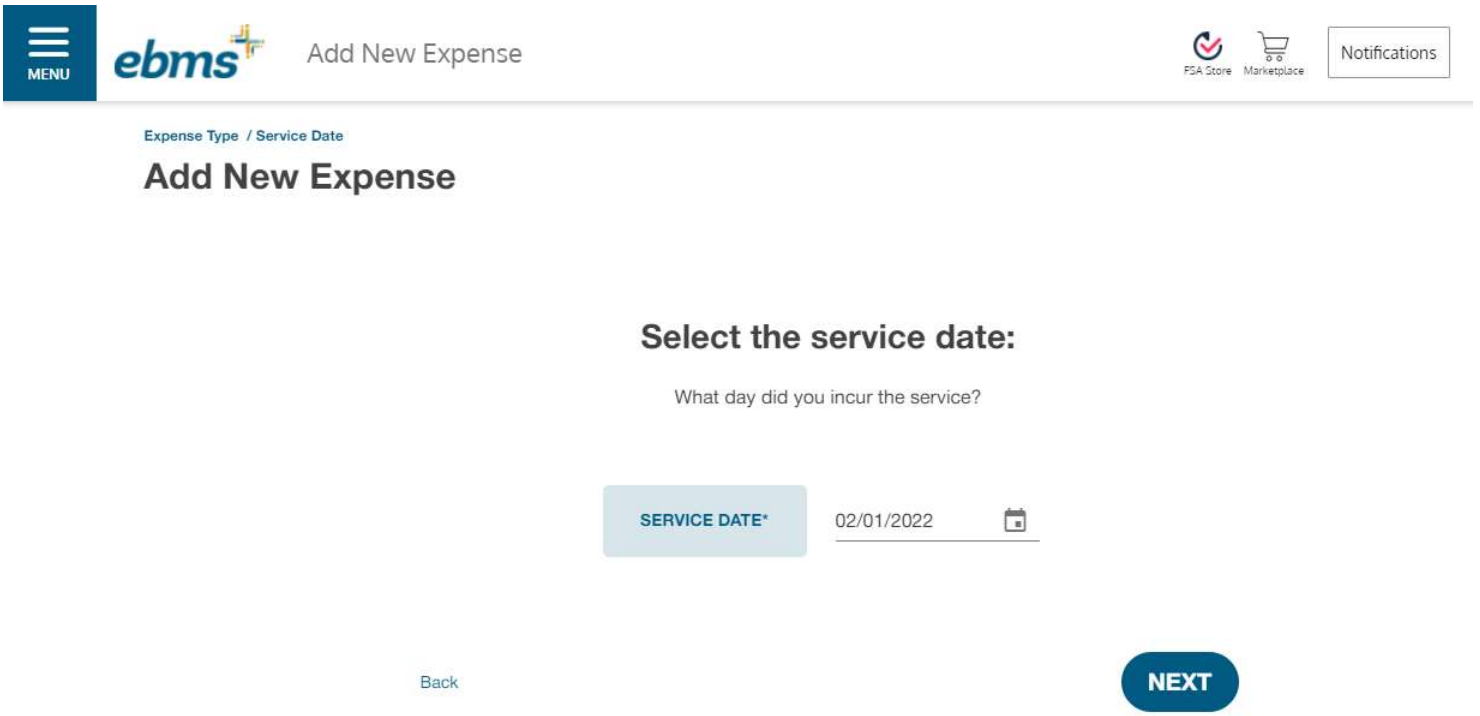
You can click anywhere on the current available balance to be redirected to the Accounts Details page.



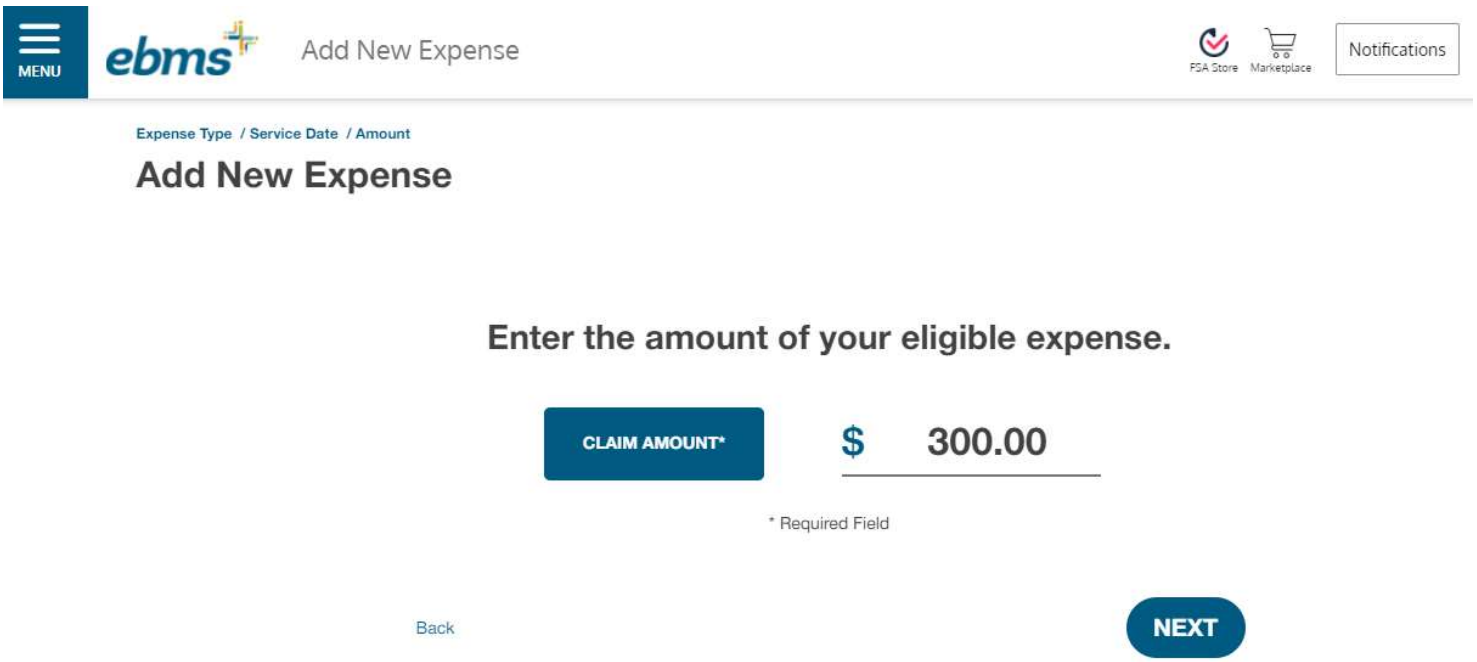
You will click on the Add Expense button where you will select the type of expense from the drop-down menu and click Next.



You will then enter the date of service for when the actual services were provided and go to the Next screen. Please note that eligible dates of services are not determined on when you are invoiced by the provider or pay the bill.

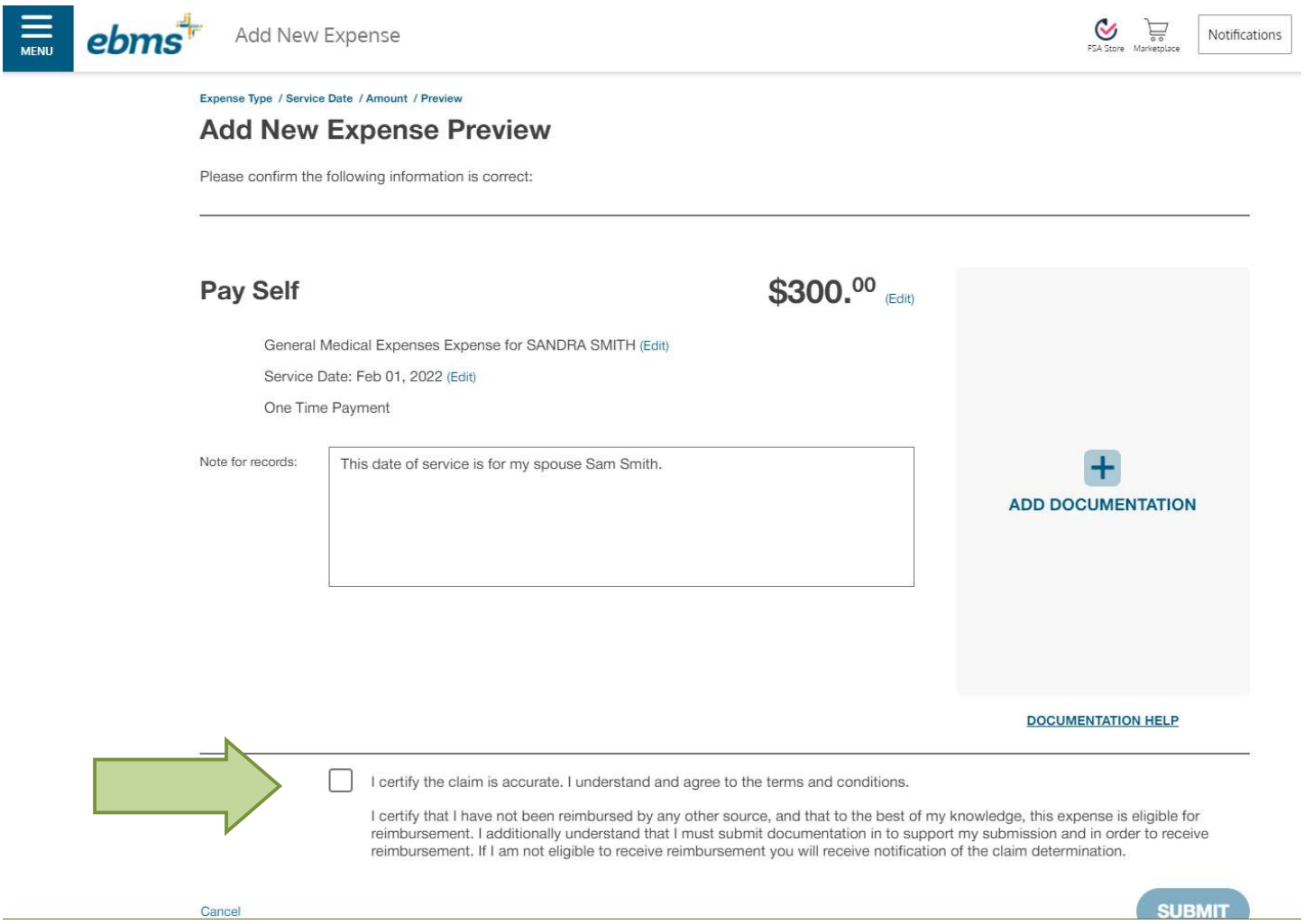


You should enter the total amount that is patient responsibility owed to the provider for that date of service and click Next.



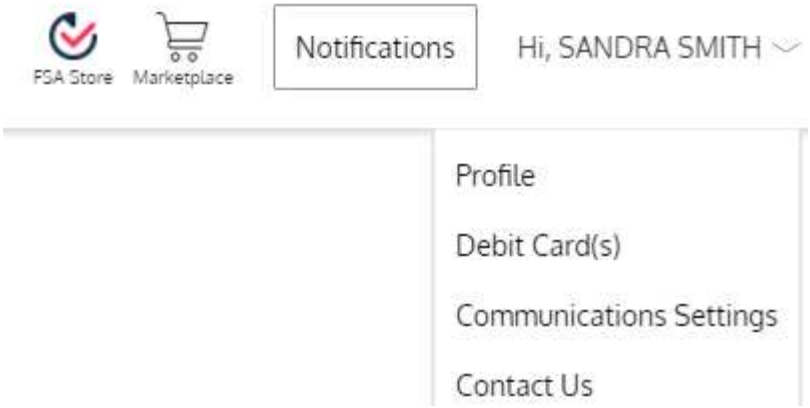
You will then be asked to preview your request, add a note if the request is for a spouse or taxable dependent child, and add documentation.

You must add supporting documentation so that your claim can be processed timely. The best documentation will be your insurance EOB, however we can also accept an itemized receipt that legibly show the patient's name, date of service, service provider name, total amount owed (including insurance amounts if applicable), and the eligible service or product. Prescription claims require the RX tag that includes the fill date, RX number, patient name, and the amount owed. ***Note: Credit card receipts, balance due statements, cancelled checks, and "estimated" insurance references are not acceptable forms of documentation. Daycare expense submissions must include the tax ID or social security number of that provider.***



If everything is correct, place a checkmark in the box to the right of the disclosure at the bottom of the screen to certify that the expenses you're submitting are valid and click on the blue "Submit" button at the bottom of the screen.

Anytime a CDH claim is successfully submitted a confirmation message will be found in the Notifications box on the Personal Dashboard. You can update your Communication Settings by hovering over your name in the right side of the screen.



Claims submitted online take up to 24-48 business hours to be processed. If a request is pended for additional information or is denied, a written message will be added to the Notification Box the next business day after the transaction is processed.

When the claim has been processed the completed transaction and any reimbursement information can be found by going to the Menu box, clicking on Accounts, and selecting My Transactions. The date of service will be listed based on the date the transaction was processed; you can then select a transaction and the box will expand to show the date of service, amounts, reimbursement methods, and any applicable denial reasons.