Flexible Spending Account (FSA)
FREQUENTLY ASKED QUESTIONS

GENERAL FSA QUESTIONS & ANSWERS

Where can I find my account balance or the status of my claim?

You can access your account information via our website or over the phone. Please refer to the web address or customer service toll-free phone number listed on the back of your medical ID card. If you do not have a medical ID card, you can call 1-800-826-9781 to speak to a customer service analyst.

When contacting customer service, you will be prompted to enter your member ID. If you don't have your member ID, you will be redirected to an operator. As an alternative, you may submit a question to our Customer First representatives (CFRs) by e-mail from the **umr.com** member website.

What information do I need to register for access to the UMR member website?

You will need to provide your name, group ID number, member ID number and date of birth. You may also be asked to provide an e-mail address so you can obtain important notices about your benefit plan.

After entering this information, you will be prompted to record a personalized username and password. This username and password is required each time you log in to the member website.

How do I get my group number?

Your group number can be found on your medical ID card and also in a welcome letter when your flex account is originally set up. If you do not have this number, a CFR can help you obtain it.

What if I was not issued a medical ID card or I only have a flex account?

The group number and your member ID number are provided in a welcome letter when your flex account is originally set up. If you do not have this letter, a CFR can help you obtain it.

How long does it take for a claim to be processed?

The standard turnaround time for most dependent care account (DCA) claims is within 3-5 working days. For health care account (HCA) claims, the general turnaround time is 5-7 working days. A small percentage of claims will occasionally require further substantiation or clarification.

Please note: Once the claim is processed, it will appear on the UMR member website.

Is my claim eligible for reimbursement?

Please refer to your summary plan document (SPD) for specific regulations. A general list of eligible and ineligible expenses is also provided on the UMR member website. This list is not all-inclusive and is subject to change at any time.

FLEXIBLE SPENDING ACCOUNT (FSA)
QUESTIONS & ANSWERS

What is the best way to file my claim?

The fastest way your claim will be processed would be if you file the claim online. Just log onto umr.com and follow the prompts to your flex account. Complete the "File a claim" process and upload your supporting document.

You can track the status of the online claim and will have a message on your site when a payment will be issued.

Online claims are generally processed within 2-5 business days of receipt.

If I want to submit a paper claim to UMR for reimbursement from my FSA, how do I complete the claim form(s)?

To access the forms, register or log in to the UMR member website, then follow the prompts to view your FSA information.

There are two separate claim forms: one for dependent care claims and one for health care claims. Be sure you are using the correct one.

You will need to complete all sections on the claim form, as well as signing and dating it.

What documentation is required to verify the eligibility of my FSA expense?

You will need to include a copy of third-party documentation containing 1) date of service, 2) type of service, 3) charged amount, 4) name of the provider, and 5) any insurance paid on the expense, if applicable, for each claim.

- For dependent care requests, the third-party documentation can either be in the form of a receipt from the provider, or the provider can sign the claim form verifying the information listed is correct.
- For health care requests, an EOB from your benefits administrator is the best form of documentation, however, we can take an itemized receipt or statement if the previously mentioned information is included.

To allow for proper reimbursement, you must include the total reimbursement amount being requested on the claim form. The claim form needs to be signed and dated by the employee. UMR cannot process your request without a signature. Make a copy of your documents for your records before mailing or faxing this information to the UMR address/fax number provided on the claim form. You may also upload your documentation and submit a claim in the FSA section of umr.com.

What information should I include when I fax an FSA claim to UMR?

Include your completed claim form and third-party documentation along with a cover sheet with the employer name, employee name, daytime phone number, and number of pages being sent. The toll-free fax number that you should use to submit your claims is provided on the claim form.

Why wasn't I reimbursed the full amount that I requested?

Dependent care claims can only be reimbursed up to the amount that is currently contributed to the account at the time that the claim is processed. The balance of the claim will pend in the account and pay out as more contributions are made to the account.

HEALTH CARE FSA
QUESTIONS & ANSWERS

If a health care claim is not paid in full, review the denial letter or EOB to determine why the services were denied under your FSA.

Some reasons include:

Duplicate expense - We previously paid this same expense.

Over annual election - You have already been paid your full annual election and have no funds remaining in the account.

Claim filing deadline expired - There is a certain time frame you have to submit claims at the end of the plan year. If a claim is filed after that date, it would be denied.

Additional documentation is needed - There are several reasons why the original documentation was not sufficient. Your denial or EOB will explain what is needed to allow your claim.

Is there a limit to the amount of money that can be contributed to a health care FSA?

Health care FSAs can have minimum and maximum contribution amounts. Please refer to your plan document for the specific limit allowed by your plan.

What is a letter of medical necessity and what expenses require this?

Expenses that could be considered dual purpose (having both medical and personal benefits) may need a medical practitioner's note explaining the diagnosis and treatment action that is needed for this specific medical condition. Some examples of expenses that require a letter of medical necessity are: massage therapy, capital expenses, weight loss programs and dietary supplements.

Can the member submit a copy of the medical practitioner's recommendation with each claim or are they required to get an original note with each claim submission?

The medical practitioner's recommendation is valid for one calendar year, unless a lesser length of time is specified in the letter. UMR keeps a copy of these letters on file.

Who needs to write the letter of medical necessity?

The letter of medical necessity needs to come from a medical practitioner who has the "professional competence" to diagnose and treat the illness.

May I be reimbursed for my spouse's medical expenses or is the account meant only for my expenses?

The health care FSA can be used to cover the eligible medical, dental, vision or over-the-counter items of the member or their eligible dependents. If you are unsure who an eligible dependent is, please refer to your plan document or your tax advisor.

Are prescription co-pays reimbursable?

Yes. Prescription drugs are an eligible expense.

Are insurance premiums of any kind allowable for reimbursement under the health FSA?

No.

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How are orthodontia claims reimbursed?

Please refer to your employer's plan document for orthodontia administration.

Is there a limit to the amount of over-the-counter items that can be purchased?

The Internal Revenue Service (IRS) regulations state that in order for an expense to be eligible for reimbursement under the health FSA, the expense must have been incurred within the plan year. So only eligible over-the-counter items that are purchased AND used within that plan year will qualify for reimbursement. Stockpiling over-the-counter items at the end of the plan year to use up any remaining balances will not be acceptable.

If you have a question regarding the number of items you can purchase, please contact our customer service department for assistance. Please remember that over-the-counter medicines and drugs will require a prescription.

Are dietary supplements a reimbursable expense?

Dietary supplements can be reimbursable if they treat a specific medical condition. However, they also fall into the "dual-purpose" category and would need a letter of medical necessity as stated above.

Are shipping and sales tax costs included?

Yes. Shipping costs and sales tax are a part of the expense to obtain the item and are reimbursable.

Can I be reimbursed for an electronic toothbrush prescribed by my dentist?

No, because everyone uses a toothbrush to maintain general health.

DEPENDENT CARE (FSA)
QUESTIONS & ANSWERS

Does it matter if the provider does not claim the income on their tax return?

The provider will only need to claim the income if it is over a certain amount, which depends on their age and marital status. Check with a tax consultant, or visit the IRS website for more information.

Would kindergarten expenses be eligible for reimbursement?

No. Kindergarten is considered educational in nature, whether it is half-day, full-day, voluntary, or state mandated. Therefore, it is not a qualifying expense.

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