

DirectPay

Participant Reference Guide

A Participant's Guide to DirectPay Reimbursement Plans.

Welcome

Welcome to DirectPay and the benefits of a Section 105 medical reimbursement plan. We hope you will find DirectPay an efficient and easy way to have more choice in your health care planning and more control of your own health costs. This Reference Guide offers only a general description of a DirectPay Plan, and may not accurately reflect your Plan or the benefits available under your Plan. You will receive a Summary Plan Description outlining your Plan within the next 60 days. In the meantime, you can check with your employer for specifics regarding your Plan. Enclosed with this Guide is your Request for Reimbursement Form along with some reimbursement tips. The tips are designed to educate and assist you in accurately and efficiently requesting reimbursements. Please take time to read this material and become familiar with the operation of your DirectPay Plan. Feel free to contact us with any questions regarding your Plan.

DirectPay – Reimbursement Plan

DirectPay is solely funded by the employer and reimburses employees for qualified expenses as defined by the Plan. Employer contributions are received by the employee completely tax free! Employees may not contribute to this Plan and unused dollars may be rolled over from one Plan Year to the next.

Direct Pay Reimbursements

You may request reimbursement any time a qualifying expense has incurred. The service related to the expense needs only to have taken place; it does not need to be paid before requesting reimbursement. Simply complete and submit a Request for Reimbursement Form. Non-conforming forms will not be accepted. Qualified reimbursements are limited to: (a) eligible expenses incurred during the applicable Plan Year and pursuant to the Plan design, (b) for eligible Plan Participants, and (c) for expenses not previously reimbursed under this or any other benefit Plan or claimed as an income tax deduction. It is your responsibility to comply with these guidelines and avoid submitting duplicate or ineligible claims. TASC or your employer will not be held responsible for invalid claims for reimbursements made. Reimbursement requests must be accompanied by the appropriate Explanation of Benefits statement, if required. Failure to comply may delay payment. In some cases, DirectPay may require additional information or documentation.

Once a request is reviewed and approved, a Reimbursement check for the full amount of your claim will be mailed directly to your home. The Plan contribution limit will be factored in. Reimbursement requests that exceed Plan limitations will be maintained by TASC. Communication that you exceeded your Plan limit will not take place. Any balances in the account at the end of the Plan Year will be carried over and applied to the following Plan Year, if offered by the employer.

Plan Design

Deductible - All medical expenses that are applicable to the deductible of the health plan qualify for reimbursement. This does not include co-pays or co-insurance amounts. Qualified expenses are those incurred by the employee or the employee and family. *An Explanation of Benefits (EOB) **must** accompany the request for reimbursement evidencing the expenses as an expense applicable to the insurance deductible.*

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Deductible, Co-pay and Co-insurance - All medical expenses that are applicable to the health plan's deductible, a co-pay amount, or a co-insurance amount qualify for reimbursement. Qualified expenses are those incurred by the employee or by a member of the employee's family. *An Explanation of Benefits (EOB) **must** accompany the request for reimbursement evidencing the expenses as an expense applicable to the deductible, a co-pay amount or an co-insurance amount.*

Uninsured Medical Expenses - All out-of-pocket medical expenses (uninsured costs) are eligible under the Plan. These expenses can be for the employee or for a member of the employee's family. *A copy of a receipt or bill identifying the date of service, amount of service, and name of the service provider is required to substantiate the request for reimbursement. This may also include an EOB statement.*

Uninsured Medical Expenses and Health Insurance Premiums - All out-of-pocket medical expenses (uninsured costs) are eligible under the Plan. In addition, health insurance premiums are eligible. These expenses may be for the employee or a member of the employee's family. *A copy of a receipt or bill identifying the date of service, amount of service, and name of the service provider is required to substantiate the request for reimbursement. This may also include an EOB statement.*

Dental - Only covered expenses of a dental nature are eligible. However, cosmetic dentistry services are excluded.

Orthodontia - Eligible expenses include orthodontia expenses for family members unless specified differently in the Plan design.

Prescription Eye Wear - Expenses covered include vision expenses from a prescription.

Prescription Medication - Covered expenses may or may not apply to the health insurance plan. For an expense to be eligible, it must be a medication with a prescription from a licensed pharmacy.

Account Information

Each reimbursement check contains a summary of all account activity along with an explanation of your account status. If you have any questions regarding your account or a claim, contact our Customer Service Department (at 1-800-422-4661, and press 1).

Year End

Near the end of each Plan Year you will have an opportunity to reenroll for the upcoming Plan Year. At this time your employer may change the parameters of the Plan as well. The three months following the end of the Plan Year are called the transitional period. During this time, you may submit Requests for Reimbursement for expenses from the previous Plan Year if you have a positive account balance. The Plan Year is officially closed three months following the end of the Plan Year, or sooner if directed by your employer.