

REIMBURSEMENT INSTRUCTIONAL GUIDE

PLEASE KEEP THIS GUIDE IN A CONVENIENT LOCATION
SO THAT YOU MAY REFER TO IT AS NEEDED



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Benefit Card

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WELCOME TO YOUR ACCOUNT

THIS GUIDE WILL HELP
YOU UNDERSTAND
YOUR REIMBURSEMENT
ACCOUNT, AS WELL AS:



— THE REIMBURSEMENT
PROCESS



— HOW TO SIGN UP FOR
DIRECT DEPOSIT



— HOW TO LOGIN TO
YOUR ONLINE PORTAL
ACCOUNT



— HOW TO SUBMIT
CLAIMS FOR
REIMBURSEMENT



Your former employer provides a reimbursement account for eligible participants to be reimbursed for eligible healthcare expenses. **The employer's Summary Plan Description (SPD) and legal plan document outline the rules for eligibility and eligible expenses.** Receipt of this instructional guide does not confirm your eligibility for the subsidy.

This guide serves as a resource for submitting reimbursement requests. It reflects current process and documentation requirements based on IRS regulations. Process and documentation requirements are subject to change. If any conflict should arise between the descriptions in this instructional guide and the provisions of the subsidy plan, or if any provision is not explained or only partially explained, your rights will always be determined under the provisions of the plan document and the plan's administrative rules.

**PLEASE KEEP THIS GUIDE SO YOU
MAY REFER TO IT WHEN YOU
SUBMIT YOUR REIMBURSEMENT
CLAIMS.**

CONTACT US

WHERE TO GO WHEN YOU HAVE QUESTIONS



O N L I N E

Manage your account online, find valuable information, and use self-service options in the portal 24/7 at

<https://yourflexbenefits.aptia365.com/>

- View frequently asked questions and answers
- Check balance, submit claims, and enroll in direct deposit
- Mobile app *Your Flex Benefits* is available on Google Play and Apple App Stores



C A L L

For claim-related questions, Recurring Payment assistance, or Health Reimbursement Account information:

Call us at 1-844-806-3808

Monday-Friday 8:00 a.m.- 9:00 p.m. ET

To sign up for Automatic Premium Reimbursement:

Call us at 1-888-434-1144



F A X / E M A I L

- Send a fax to 1-844-791-8319, to the attention of the Claims Department
- Email to:
myflexbenefits@tri-ad.aptia365.com
- Please include the participant's name in all correspondence



M A I L

Aptia365 Retiree Claims Department
21 West Crest Street - Suite 300
Escondido, CA 92025

Please include the participant's name in all correspondence

STEP 1: YOU PAY FOR YOUR ELIGIBLE INSURANCE PREMIUMS OR HEALTH CARE EXPENSES

- Pay your premium directly to your insurance company -- You arrange the method and frequency of premium payments directly with your insurance company
- Pay for your out-of-pocket expenses like copays and coinsurance

STEP 2: DECIDE WHAT EXPENSES YOU WANT REIMBURSED

- Log into the online portal to view your list of eligible expenses on the Claim Submission page found here: <https://yourflexbenefits.aptia365.com/>
- Review your HRA allocation to decide which expenses you will choose for reimbursement based on your available balance

STEP 3: DETERMINE HOW YOU WANT TO SUBMIT YOUR REIMBURSEMENT REQUEST

- Eligible premiums can be reimbursed through two methods:
 - Automatic Premium Reimbursement if your insurance carrier allows for this method (**see page 7**) or
 - Recurring Payment for any eligible premium expense (**see page 8**)
- Use your Aptia Benefits Card debit card to pay for eligible out-of-pocket expenses (**see page 9**). Out of pocket expenses may also be reimbursed via a One-Time Payment (**see page 10**)
- Supporting documentation is required for Recurring Payment and One-Time Payment claims. **See page 8 and 10** for more information on what to provide in your submission.

STEP 4: HOW DO YOU WANT TO RECEIVE YOUR REIMBURSEMENT?

Once your claim request has been received, Aptia will review your legally required supporting documentation and determine if the claim is in good order. Reimbursement is made by either:

- **Direct deposit** - You may enroll in direct deposit online by visiting the account portal at <https://yourflexbenefits.aptia365.com/>
- **Physical check** - If you do not enroll in direct deposit, you will receive a mailed physical check to the address we have on file
- When you use your Aptia Benefits Card debit card for eligible out-of-pocket expenses such as a copay the doctor or a prescription at the pharmacy) there is no separate claim request required. If you have an available balance in your reimbursement account, funds are pulled directly from your account.

INSTRUCTIONS TO ACCESS YOUR ACCOUNT THROUGH THE ONLINE PORTAL AND/OR MOBILE APP

You can access your account by visiting <https://yourflexbenefits.aptia365.com/> or through the “Your Flex Benefits” mobile app. Please register if you are a first-time user or log in with your existing credentials.

FIRST-TIME USERS: ONLINE PORTAL

One Time, Step-By-Step Registration Instructions:

- Go to <https://yourflexbenefits.aptia365.com/>.
- From the Participant Access screen, click on *Register as a New User?*
- Enter your personal information on the ‘Identify Yourself’ screen as prompted and check the “I’m not a robot” CAPTCHA box.
- Complete the Registration Form screen by adding your username and password, as well as your preferred communication method for two-factor authentication. Two-factor authentication is an added security check that sends a personalized 6-digit code to your phone via text or to your email when you log into your account.
- From the ‘You have been registered successfully’ screen click the *Click Here to Log In* button to confirm your registration and login into your account.
- Log in.
- From the ‘Send Two-Factor Authentication Code’ screen select the preferred method to have your code sent via text or email. Click *Send Code*.
- Enter the code provided, then Click *Login*.
- Review the “Terms of Use” on the next screen, check the box stating *I have read and agree with the terms*, then click *Agree*.
- You will now be at the home page. Access your account from here by clicking the *Flex Benefits* box.

FIRST-TIME USERS: Mobile App *Your Flex Benefits*

Download the mobile app *Your Flex Benefits*, available in the Apple App Store and Google Play. A one-time registration is required to use the app.

Register using your name, zip code, and Benefits Card number, if applicable. The *Your Flex Benefits* mobile app will guide you to confirm your identity, create a User ID, and choose and confirm a password that meets the provided specifications.

- If you do not have a Benefits Card number available, you will be prompted to enter your Employee ID and Employer ID. Your ID information may be found by logging into the online portal. Once you are in the online portal, under Main Navigation on the top left side of the page, click on User Profile > Mobile App Registration. The next screen will provide your Employee and Employer ID required for mobile app registration.

AUTOMATIC PREMIUM REIMBURSEMENT

When to use

You have this option for your premium reimbursement if:

- You have enrolled in a qualifying plan through Aptia365 Retiree
- Your carrier allows for Automatic Premium Reimbursement; contact Aptia365 Retiree (**see page 4**) to inquire about your carrier

How it works

Opt in to Automatic Premium Reimbursement by phone with the help of a benefits counselor

After you pay your premium each month, Aptia365 Retiree receives a notification from your carrier and issues your reimbursement on the next available date

Your opt-in election applies for as long as you remain enrolled in your eligible plan, even if your rate changes

There is no need to file a reimbursement claim unless you dis-enroll from the eligible plan, OR the carrier no longer allows for Automatic Premium Reimbursement

When to expect reimbursements

Reimbursement timing may vary each month and depends on when you pay your premium and when your carrier reports that information to Aptia365 Retiree. The reimbursement that you are eligible to receive is based on your available account balance at that time.

Keep in mind

- This option provides the convenience of being automatically reimbursed without submitting any documentation and continues as long as you remain enrolled in your plan
- This reimbursement option is only available for certain carriers and plans
- If you have elected to have your premium deducted from your Social Security check, Automatic Premium Reimbursement is not available.
- If you have selected Automatic Premium Reimbursement as your reimbursement type, do NOT send in a separate reimbursement request for the same claim.
- If you wish to opt out of Automatic Premium Reimbursement you must do this on the phone (**see page 4**) with a benefits counselor.

RECURRING PAYMENT

When to use	<p>This option is available for any eligible premium expense.</p> <ul style="list-style-type: none">• You should only choose this option for your premium reimbursement if you have NOT established an Automatic Premium Reimbursement claim for the premium expense
How it works	<ul style="list-style-type: none">• You submit a Recurring Payment request along with supporting documentation (see required documentation below)• Once your premium request is approved you will receive recurring, monthly premium reimbursements for the calendar year• Typically, you will only submit one request for each calendar year, however, if your premium rate changes during the calendar year you must submit a new request with new supporting documentation• To cancel or modify your Recurring Payment during the year, please call us (see page 4).
Submitting a claim	<p>You may submit a Recurring Payment claim by using your online account portal, mobile app or by mail or fax using a paper claim form</p>
Documentation required	<p>All Recurring Payment claims require third-party documentation showing proof of expense and coverage, and must include the following information:</p> <ul style="list-style-type: none">• Covered participant's name• Premium type• Proof of coverage, typically in the form of a letter you receive from your insurance carrier, which includes carrier name, policy effective date and monthly premium amount• If Medicare Part B premiums are eligible for reimbursement and deducted from your Social Security check, you may use the Social Security Benefit Award Letter issued by the Social Security Administration (SSA) each year, typically mailed during the month of October or November, as your third-party documentation.• Refer to the HRA Retiree Resources in the top left menu on the online account portal for tips and examples to ensure you provide the right documentation the first time to avoid any delays in reimbursement

APTIA BENEFITS CARD DEBIT CARD

When to use	This option is available for any eligible out-of-pocket expense. Use the card when making eligible purchases at an eligible merchant or use online to make eligible transactions.
How it works	When paying with your Benefits Card select “CREDIT” and sign your purchase receipt.
Documentation Required	Typically, documentation is not required as most transactions are automatically approved. However, we advise that you keep receipts and necessary documentation to support your transactions. Aptia is required by the IRS to request documentation if it is unclear if the transaction cannot be recognized as an eligible expense.
When to expect Reimbursements	The Benefits Card pulls funds directly from your reimbursement account in real time. Claim submission is not required. Refer to page 13 for detailed instructions on how to use the Benefits Card debit card.
Keep in mind	<p>It is important to check your account balance before using your Aptia Benefits Card debit card. Be sure you have enough funds to cover your eligible expense(s). Account holders can log into the online portal or mobile app to check their account balance on the dashboard page.</p> <p>You can report your card lost or stolen at any time by using the Aptia participant portal. You can also report your card lost or stolen by contacting Aptia Participant Services from 8 am to 9 pm ET at (866) 268-0142.</p>

ONE-TIME PAYMENT

When to use	<p>A One-Time Payment claim is available for any eligible expense.</p> <p>While available for reimbursement of premiums, Automatic or Recurring reimbursement is suggested for premiums.</p>
How it works	<ul style="list-style-type: none">• You submit a One-Time Payment claim (with supporting documentation – see below for requirements) for your eligible expense• Once your request is approved, you receive reimbursement of the expense by the method you have selected (direct deposit or physical check)• You will submit a new request with supporting documentation each time you have an eligible expense that you would like reimbursed
Submitting a claim	<p>You may submit a One-time Payment claim by using your account portal or through the mobile app <i>Your Flex Benefits</i> or by mail or fax using a paper claim form</p>
Documentation required	<p>All One-Time Payment claims require third-party documentation showing the information outlined below:</p> <ul style="list-style-type: none">• Covered participant's name• Expense type (premium or out-of-pocket expense)• Date of premium or service• Proof of incurred expense which may include:<ul style="list-style-type: none">– Proof of coverage (for premium expenses)– A receipt from a provider that reflects payment made for the visit– A prescription drug receipt from your retail or mail-order pharmacy that includes the pharmacy name, address, date of prescription, prescription number and the covered participant's name– An Explanation of Benefits (EOB) that includes the participant's portion of the payment. Note this is required for any prescription drug copay or coinsurance expense. <p>TIPS: Refer to HRA Retiree Resources in the top left menu on the online account portal for tips and examples to ensure you provide the right documentation to avoid any delays in reimbursement.</p>
When to expect reimbursements	<p>One-Time Payments are processed as soon as the request is received.</p>
Keep in mind	<p>One-Time Payment requests are submitted individually for each eligible expense</p>

FREQUENTLY ASKED QUESTIONS

Helpful Tips:

- Remember you can opt in to Automatic Premium Reimbursement if you are enrolled in coverage with a carrier that allows for this reimbursement method. Call a benefits counselor (**see page 4**) who can opt you in to this reimbursement type.
- If you select Recurring Payment or One-Time Payment you will move to an online submission screen. Once you complete all of the information in each of the fields and upload the appropriate documentation, click 'SUBMIT CLAIM,' and we will begin processing your request.
- Direct Deposit is the fastest way to be reimbursed. Sign up online at <http://www.yourflexbenefits.aptia365.com/> or through the *Your Flex Benefits* mobile app
- Online submission is a convenient and often faster option for receiving your reimbursement.

Where can I find information about my account balance or the status of my claims?

Both the *Your Flex Benefits* mobile app and the dashboard on your online account portal are a “one-stop shop” for information about your claim reimbursements. You can file claims online, sign up for direct deposit, and find helpful resources in the top left menu. See page 5 for log in instructions.

How do I reset my subsidy account portal access?

On the login screen, select 'Forgot Your Password' or 'Forgot Your Username' and if you have a valid email address on file, an email will be sent. If this occurs, you will be able to reset your access yourself. If you do not have an email address on file, you will need to call the Aptia365 contact center at 1-844-806-3808.

How do I find the list of carriers participating in Automatic Premium Reimbursement?

You may call a benefits counselor at 888-434-1144 to review the list and opt in to Automatic Premium Reimbursement if you are enrolled in a plan that allows for this reimbursement method.

How long will it take for my claim to be paid?

One-time Payments are processed daily and payments are sent according to your previous employer's reimbursement schedule. Once your Recurring Payment or Automatic Premium Reimbursement claim is established, you will be reimbursed on a monthly basis.

I submitted a claim, when will I receive my payment?

For online claims, you will receive an email message letting you know your claim has been received and will be processed shortly. You will receive a separate email communication once your claim has been processed. Direct deposit is the fastest reimbursement method. Note: if you have not selected direct deposit, please allow an additional 5 to 7 days for a physical check to be received in the mail.

FREQUENTLY ASKED QUESTIONS

What if I have not received the necessary documentation for my premium from my insurance carrier?

Contact your insurance carrier and request a document that contains: the covered participant's name, plan type (health prescription drug, dental, vision), start date of your new policy, monthly premium amount, and name of insurance provider.

What if I have not received my Social Security Benefit Award letter to use as third-party documentation?

For lost documents, you may request a "Proof of Income" letter by contacting the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778) or www.ssa.gov.

If I submit paper claim forms, who needs to sign them?

The account holder must sign all claim forms prior to submitting for reimbursement. The account holder is determined by your plan's rules. Refer to the welcome letter included to confirm who is the appropriate account holder. If the account holder has a Power of Attorney (POA), the POA paperwork has to be provided to Aptia365 and approved before they can sign a claim form. Unsigned forms will delay your reimbursement.

What do I do if my reimbursement claim request is not approved?

If your reimbursement claim request was not initially approved, you will receive an email or letter in the mail stating the reason for the denial with instructions on next steps.

How long do I have to submit previous year claims?

Deadline information about your plan is available in the online portal Benefit Account Summary section.

What happens if there is a payment error?

An underpayment or overpayment may occur due to an administrative error or if you are mistakenly reimbursed for an expense that you were not eligible to receive. If you have an unresolved payment issue, Aptia365 will contact you after the occurrence. In order to resolve a payment error, please contact Aptia365 to speak with a representative about your options.

What should I do if a beneficiary becomes incapacitated or deceased?

Aptia365 is here to help. Authorized caregivers should contact Aptia365 for guidance on any remaining account balance for a deceased or incapacitated beneficiary.

HOW TO USE YOUR BENEFITS CARD

How to Use Your Aptia Benefits Card Debit Card

You will receive your card in an unmarked white envelope (for security purposes). Your card is activated upon the first swipe. You do not need to call to activate it. Use your Benefits Card only for eligible expenses under your Retiree Health Reimbursement Account administered by Aptia.

1. Before using your Benefits Card, check your account balance to be sure you have sufficient funds for the purchase or expense. The Benefits card pulls funds directly from your reimbursement account in real time. Funds are used on a “first come” basis and if you have submitted other reimbursement requests, such as Automatic Premium or Recurring Payment claims, these could be impacted by a purchase, depending on your account balance.
2. When paying with your Benefits Card select “CREDIT” and sign your purchase receipt.
3. Keep receipts and necessary documentation to support your transactions. Aptia is required by the IRS to request documentation if it is unclear if the transaction cannot be recognized as an eligible expense.
4. If documentation is required, you will receive a request from Aptia.

How can I check my Aptia Benefits Card debit card account balance?

Account holders can log into the online portal or mobile app to check their account balance on the dashboard page. The instructions to access your online portal and mobile app are on page 5 of this document.

How the Benefits Card Works

The Aptia Benefits Card helps cut down on paperwork by approving many transactions automatically. However, it is sometimes unclear what service or item you paid for with the card. For example, at the dentist’s office, a filling is an eligible expense but teeth whitening is not. In cases like this, you will be asked to provide documentation to support your card swipe.

The Benefits Card is designed to work with eligible merchants only

Based on the merchant code used for the transaction, the approval process can identify the type of provider initiating the transaction.

HOW TO USE YOUR BENEFITS CARD

Connect to many stores' inventory systems

Your Benefits Card is designed to work at both healthcare merchants (that are identified as eligible under your plan) and non-healthcare merchants who have a healthcare inventory approval system (IIAS) in place that allows them to determine if purchased items are eligible at point of sale.

What do I do if my Benefits Card is Report is lost or stolen?

Report your lost or stolen Benefits Card(s) immediately. You can report your card lost or stolen at any time by using the Aptia participant portal or mobile app. You can also report your card lost or stolen by contacting Aptia Participant Services from 8 am to 9 pm ET at 1-844-806-3808.

Manage your Benefits Card

You can order replacement and additional Benefits Cards for your eligible dependents if they are covered under your plan, by using the online portal or mobile app.

Do I need to keep receipts for Benefits Card transactions?

Yes. Keep your transaction receipts! You may be asked via email (or mail if no email on file) to provide documentation to substantiate your claim showing the following information:

- The date the service was incurred
- The service provider's name
- To whom the service was provided
- The cost of the service or item
- A clear and detailed service or item description

Acceptable documentation examples: Insurance carrier Explanation of Benefit forms (EOBs), receipts showing the above information, or "bag tags" for prescriptions.

Unacceptable documentation examples: Bank card statements, canceled checks, insurance claim forms, credit card receipts, estimates of expenses and balance forward statements.

What if my debit card is declined?

Your balance must be sufficient to cover the expense. If it is not, your card will be declined. We recommend always checking your balance first; the mobile app makes that very easy! Then, you can elect to instruct the provider to run your card equal to your available balance and pay the remaining balance using an alternative method. Or, you can pay the entire balance using an alternative method and submit a claim for reimbursement via the mobile app. *Be sure your account is in good standing. If you have not provided requested supporting documentation your Benefits Card may be disabled.*

