

Tab 3-803667

Copies of Reimbursement Requests and Backup

ANYTIME PREMIUM CHANGES

- Backup the same as you used for funding.
- In December we will provide a new disbursement request for you to complete and send in.
- The reimbursement will remain the same until you change it.
 - New 12-month rule.

VantageCare Retirement Health Savings (RHS) Plan
Direct Deposit Authorization Form

To set up Direct Deposit for your VantageCare RHS account, please read the bottom of this form and fill in the information requested in SECTION 1 and SECTION 2. The completed form must be returned to Meritain Health, VantageCare RHS Department, PO Box 30136, Lansing MI 48909-7611. Alternatively, you may set up or update direct deposit via Account Access (www.icmarc.org/login). Select your RHS plan and then Claims to get to the Meritain Health claims portal.

Type of Transaction: New Change Cancellation

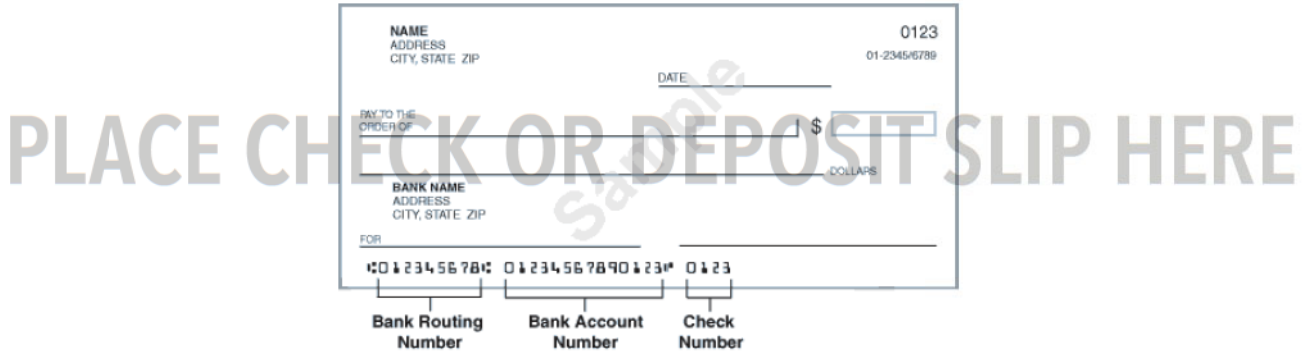
1 DEPOSITOR INFORMATION

EMPLOYER PLAN NUMBER: 801116	REFERENCE CODE:	PREFERRED PHONE NUMBER:	EMAIL ADDRESS:
FULL NAME: LAST, FIRST, MI			
MAILING ADDRESS: STREET CITY STATE ZIP			

2 FINANCIAL INFORMATION

NAME(S) ON THE ACCOUNT:	<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT
BANK OR FINANCIAL INSTITUTION:	ROUTING/TRANSIT NUMBER:	ACCOUNT NUMBER:
MAILING ADDRESS: STREET CITY STATE ZIP		

VOIDED CHECK (FOR CHECKING ACCOUNT) OR DEPOSIT SLIP* (FOR SAVINGS ACCOUNT) – THIS IS REQUIRED – PLEASE PLACE DIRECTLY BELOW



**If the savings deposit slip does not contain a routing number maintained by your bank, you will need to submit a bank form, or statement on bank letterhead that verifies the account and routing numbers of your savings account.*

DEPOSITOR CERTIFICATION

I certify that I have read and understand the terms at the bottom of this form. By signing this form, I authorize my VantageCare RHS account reimbursements to be sent to the financial institution named above and to be deposited in the designated account.

Depositor's Signature: _____ Date: MM/DD/YYYY _____

Joint Account Holder's Signature: _____ Date: MM/DD/YYYY _____

Note: Any joint account holder **MUST** sign this form in order to be reimbursed.

PLEASE RETAIN A COPY FOR YOUR RECORDS



VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN SURVIVOR Q&A

Q1: What are the benefits of the VantageCare RHS Program?

The RHS Program provides a tax-advantaged way for the participant to accumulate assets for retirement health care expenses. Contributions go in pre-tax, earnings grow tax deferred, and upon benefit eligible, reimbursements for qualified medical expenses are tax-free.

Q2: Why have assets transferred to a survivor account?

Upon the death of the participant, the participant's remaining account balance is transferred to an account for their spouse and/or eligible dependents' continued use to pay for qualified medical expenses as permitted by the plan.

Q3: How do I request a reimbursement?

To submit a request for reimbursement, complete the *VantageCare RHS Reimbursement Request Form*, and submit it to Meritain Health, along with documentation of your expenses. The *VantageCare RHS Reimbursement Request Form* is available by contacting ICMA-RC or Meritain Health. Alternatively, you may submit reimbursements and documentation online via Account Access (www.icmarc.org/login). Select your RHS plan and then Claims to get to the Meritain Health claims portal. Meritain Health will review your claim, making sure that it is for a qualifying medical expense and that your account contains sufficient assets for reimbursement. Your request must be paid, suspended, or denied in writing within 30 days. Most claims are paid within a 10-day period.

Eligible recurring expenses, such as insurance premiums, may be set up with recurring reimbursements. So long as you have a balance in your RHS account, the payment will be made automatically to you. You must provide documentation of the recurring expenses with this request, and retain sufficient documentation to show that the recurring expense is a valid medical expense. You must notify Meritain Health when the expense is no longer being incurred, so that reimbursements can be stopped on a timely basis. Any changes to your payment must be

- The person has not filed a joint return with his or her spouse.

A *qualifying relative* is any person who meets the following requirements:

- The person is related to you (see below) or lived with you for the entire year as a member of your household;
- The person's income is less than the exemption amount;
- You provided over one-half of the support for the person for the calendar year for which dependency is claimed; and
- The person is not a qualifying child of you or any other person.

A person will be considered to be related to you if he or she falls in one of the following classifications:

- Your son or daughter (or a descendant of either)
- Your brother, sister, stepbrother, or stepsister
- Your mother or father (or an ancestor of either)
- Your brother, sister, stepbrother, or stepsister
- Your nephew or niece
- Your aunt or uncle
- Your son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law.

Q6: What if a claim is denied?

If your request for reimbursement is denied, you will receive a written notice of the denial from Meritain Health that provides the specific reason for the denial.

You may appeal a denied claim. Generally, the appeals process will consist of the following steps:

1. You submit a written request for a review of the denied claim to Meritain Health. Your request must be filed within 60 days of your receipt of the denial notice. You may also review documents regarding administration of the RHS Plan, and you may submit issues and comments in writing. You are entitled to representation, if you desire, throughout the appeals process.
2. Meritain Health will review your request within 60 days of receipt. Special circumstances can extend this to 120 days; you will receive a notice of extension.
3. You will receive a written summary of Meritain Health decision regarding your appeal, which will include specific reasons for the decision.
4. If you are dissatisfied with the written decision, you may appeal your claim to the plan sponsor.

Q7: What is the tax treatment of payments from the RHS account?

RHS benefits paid in the form of medical expense reimbursements will never be taxed to the participant, spouse, or eligible dependents. No income tax reporting or withholding is required, and you do not need to report any medical expense reimbursements on your income tax return.

Q8: What fees does ICMA-RC charge for the RHS program?

An annual fee of \$25 will be charged to your account (\$6.25 per quarter). If your plan offers certain mutual funds, ICMA-RC may also assess an asset-based fee. All RHS Program fees will be reflected on your quarterly statement, which contains complete and up-to-date fee information.

RHS fees are subject to change with appropriate prior notification.

Q9: What are my investment options?

The RHS Plan offers options that include actively managed, stable value, index, Model Portfolio, and Mitelstone lifecycle funds. At any time, you can direct the investment assets into any of the funds offered. You can review the investment options at www.icmarc.org/fundinfo by selecting Fund Information and entering the plan number, which is provided in correspondence from ICMA-RC. For additional information, please contact ICMA-RC at 800-669-7400, or access your account at www.icmarc.org.

Q10: Whom should I contact with other questions regarding my RHS account?

Depending on the nature of your question, either ICMA-RC and/or Meritain Health can assist you. The information below outlines whom you should call with questions about your RHS account.

Meritain Health (888-587-9441)

- For all claim-related issues
- To change personal data (also inform ICMA-RC)

ICMA-RC (800-669-7400)

- For all account issues not claim-related
- With questions regarding your account statement
- To change personal data (also inform Meritain Health)

received by Meritain Health at least 10 business days prior to the effective date of change.

Q4: What are qualifying medical expenses?

The RHS Plan allows reimbursement for any qualifying medical expense incurred by the participant, or the survivors defined as spouse and eligible dependents. Benefits eligible for reimbursement consist of all medical expenses eligible under IRC Section 213 other than (i) direct long-term care expenses, and (ii) expenses for medicines or drugs which are not prescribed drugs (other than insulin). Your plan may allow reimbursement for only one type of expense or for any combination of eligible medical costs.

Please contact Meritain Health at 888-587-9441 to obtain current information on the list of permissible healthcare expenses allowed for reimbursement by your RHS Plan.

Q5: Who is considered a dependent?

An eligible dependent is (a) the Participant's lawful spouse, (b) the Participant's child under the age of 27, as defined by IRC Section 152(f)(1) and Internal Revenue Service Notice 2010-38, or (c) any other individual who is a person described in IRC Section 152(a), as clarified by Internal Revenue Service Notice 2004-79. Dependent eligibility under IRS rules generally includes individuals who are either a "qualifying child" or a "qualifying relative".

A *qualifying child* is any person who meets the following requirements:

- The person is your child or a descendant of your child, or is your brother, sister, stepbrother, or stepsister or a descendant of any such relative;
- The person lived with you for more than one-half of the year;
- The person is under age 19 or under age 24 if a full-time student (age requirements do not apply to individuals that are permanently and totally disabled);
- The person did not provide over one-half of his or her own support for the calendar year for which dependency is claimed; and

- Complete this form and send with supporting documentation to MissionSquare RHS Plan, c/o Meritain Health, Inc., P.O. Box 30136, Lansing, MI 48909-7611 or fax to (888) 665-8495. **You can also submit reimbursement requests and documentation online:** Log into your account at www.missionsq.org, select your RHS plan, and then select Benefits Reimbursement to get to the Meritain Health claims portal.
- Each form of documentation must contain the date(s) of service, provider name, provider address, description of treatment, service or supply, amount charged, insurance payments, and the name of the claimant. **Supporting documentation may consist of itemized statement, explanation of benefits, premium notices. Claims are processed after documents are received in good order.**
- Claims must be submitted within two years from the date of service, but this limit can vary among plans. If you have questions regarding this limit or your claims, contact Meritain at (888) 587-9441.
- Eligible claim expense(s) for reimbursement must be incurred on or after your eligibility date. **Do not** submit claims for services provided prior to your benefit eligibility date.
- If you are able to access funds from your RHS plan in the same year in which you contribute to your Health Savings Account (HSA) administered through another provider, consult your tax advisor prior to submitting a request for reimbursement to your RHS account. There are specific rules governing HSAs when an employee is also enrolled in an HRA, like the RHS plan, that may affect the tax treatment of the HSA contributions.

PART A PLAN AND PARTICIPANT INFORMATION

EMPLOYER PLAN NUMBER: 803667	EMPLOYER PLAN NAME: City of Reno	STATE: NV
FULL NAME: <small>LAST, FIRST, MI</small>		
SOCIAL SECURITY NUMBER:	PREFERRED PHONE NUMBER:	EMAIL ADDRESS:
MAILING ADDRESS:		
<small>STREET</small>	<small>CITY</small>	<small>STATE</small> <small>ZIP</small>

NOTE: If this is a new address, contact MissionSquare at (800) 669-7400 to update your address. Your check will be mailed to the address on file with MissionSquare.

PART B REQUEST FOR REIMBURSEMENT OF NON-RECURRING EXPENSES

Use this section to request a reimbursement of non-recurring expenses (e.g., co-payments, medications, out-of-pocket expenses).

Summary of Health Care Expenses

Incurring Date*	Participant's Full Name <small>(last, first, middle initial)</small>	Provider <small>(e.g., doctor name/ pharmacy name)</small>	Name of Patient <small>(self, spouse, dependent child, other dependent)</small>	Description of Service	Amount to be Reimbursed
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Reimbursement Request:					\$

*Incurred date is the date of service, not the billing or payment date.

PARTICIPANT NAME: LAST, FIRST, MI

SOCIAL SECURITY NUMBER:

PART B REQUEST FOR REIMBURSEMENT OF NON-RECURRING EXPENSES *(continued)*

Read carefully and sign below for processing.

The undersigned certifies all expenses for which reimbursement or payment is claimed by submission of this form were incurred by the participant, the participant's spouse, or the participant's eligible dependents while the undersigned was eligible to receive benefits under the RHS plan. The undersigned also certifies as follows:

- Do not submit claims for charges eligible under your insurance or Medicare. A medical care expense may not be reimbursed from a flexible spending account (FSA) if the expense has been reimbursed or is reimbursable under any other accident or health plan.

The undersigned understands he/she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim. The undersigned understands he/she will be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the plan for non-qualifying expenses.

Signature: _____

Date: MM/DD/YYYY _____

PART C REQUEST FOR REIMBURSEMENT OF RECURRING EXPENSES

Use this section to request automated reimbursement of recurring expenses (e.g., insurance premiums).

Note: Payment must be made to the account holder. Payment will not be made directly to an insurance company or other third party.

You are responsible for ensuring automated reimbursements are for qualifying insurance premiums. You are also responsible for ensuring automated reimbursements are stopped if you are no longer incurring the expense(s). You must provide documentation of the recurring expense with this request, and you must retain sufficient documentation for all recurring expenses. Supporting documentation must show the premium is paid with after-tax funds and include the following: (i) insurance carrier; (ii) type of insurance; (iii) policy holder's name; (iv) amount; and (v) coverage period. **All supporting documentation must show that your coverage is active within 60 days of desired start date of recurring reimbursement.** Meritain Health, Inc. reserves the right to periodically request documentation for all automated payment requests.

Fill out SECTION A to start a new recurring reimbursement, SECTION B to change a current recurring reimbursement, or SECTION C to end a current recurring reimbursement.

SECTION A (Start a new recurring reimbursement.):

I want to be reimbursed \$ _____ each month/quarter (circle month or quarter) beginning _____ (MM/YYYY) and ending after *** (MM/YYYY) _____.

SECTION B (Change a current recurring reimbursement.):

I want to change my current recurring claim of \$ _____ to \$ _____ with the new payment starting (MM/YYYY) _____ and ending after *** (MM/YYYY) _____. All changes must be received by Meritain Health at least fifteen (15) business days prior to the month you want the change to occur.

SECTION C (End a current recurring reimbursement.):

I want to end my current recurring claim of \$ _____ after I am reimbursed for *** (MM/YYYY) _____.

Note: ***Payments will continue until one of the following occurs: Your account has been depleted, you've reached your requested end date, or 12 months of premiums have been reimbursed.

PARTICIPANT NAME: *LAST, FIRST, MI*

SOCIAL SECURITY NUMBER:

PART C REQUEST FOR REIMBURSEMENT OF RECURRING EXPENSES *(continued)*

Read carefully and sign below.

The undersigned certifies all expenses for which reimbursement or payment is claimed were incurred by the participant, the participant's spouse, or the participant's eligible dependents while the undersigned was eligible to receive benefits under the RHS plan. The undersigned also certifies as follows:

- The undersigned will not submit claims for charges eligible under any insurance or Medicare. A medical care expense may not be reimbursed from a flexible spending account (FSA) if the expense has been reimbursed or is reimbursable under any other accident or health plan.
- The undersigned is responsible for requesting cessation of automated reimbursement of recurring expenses when the expense is no longer being incurred, and will retain sufficient documentation for all recurring expenses. Meritain Health, Inc. reserves the right to periodically request documentation for all automated payment requests.

The undersigned understands he/she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim. The undersigned understands he/she will be liable for payment of all related taxes, including federal, state, or local income tax on amounts paid from the plan for non-qualifying expenses.

Signature: _____

Date: *MM/DD/YYYY* _____

Retain a copy for your records.

Send completed form to:

MissionSquare Retirement Health Savings (RHS) Plan

c/o Meritain Health, Inc.

P.O. Box 30136

Lansing, MI 48909-7611

(888) 587-9441 ■ Fax: (888) 665-8495

Necessary Documentation for In Good Order (IGO) Submissions

This information outlines the documentation necessary for Retirement Health Savings (RHS) reimbursement requests that are submitted to Meritain Health®, the third-party claims administrator. The qualifying medical expenses allowed for reimbursement varies by employer. Your RHS plan may allow reimbursement for all medical expenses, selected medical expenses, or limited to insurance premiums only. The eligible benefits are outlined in the RHS plan summary provided by your employer.

Insurance premiums. Documentation must indicate who is covered, the type of policy, the cost (premium) of the policy, and must confirm you were enrolled at the point that you are requesting reimbursement for. Examples include, but are not limited to: Itemized statements from the provider, retirement paystubs, enrollment confirmation letters, etc. Indemnity plans and medical cost sharing plans are not eligible.

Service-based medical, vision, and dental claims. Documentation must contain:

1. **Date of service.**
 - a. We cannot approve any portion of a statement that is listed as a previous or prior balance.
 - b. Date of payment is not necessarily the date of service.
2. **Patient name.**
3. **Service(s) rendered (brief description).** If it is a simple office copay, “copay” or “office visit” will suffice.
4. **Total amount charged.**
5. **Amount actually paid and/or adjusted by insurance.**
 - a. Any statement showing insurance as pending, estimated, billed to, or expected will be denied.
 - b. If the expense is a copay (an even \$15/20/25, etc.), we do not need the insurance information.

We do not need proof of payment. We need to know what the final patient responsibility is. However, orthodontics is an exception (see Orthodontics below).

Credit card receipts and many statements do not provide the needed information. Either an Explanation of Benefits (EOB) from your insurance company (the itemized page[s], not a summary), or an itemized statement with actual insurance payments listed, will allow your claim to be paid. Most providers are able to provide an account history report (or ledger), if asked. This will usually detail all of the needed information as well.

Prescriptions. Please submit one of the following:

1. **Rx slip** with the fill date, pharmacy name, patient name, drug name, and cost.
2. **Cash Register receipt** with the date, pharmacy name, and full Rx number.
3. **Pharmacy ledger or history report:** a patient-specific spreadsheet printed out by the pharmacy.

Over-the-counter (OTC) items. Documentation must include:

1. **Name of store where purchased.**
2. **Date of purchase.**
3. **Item(s) purchased.**
 - a. OTC medication (e.g., Motrin, Tylenol, etc).
 - b. Medical supplies (thermometers, contact solution, bandages, etc) are eligible.
 - c. Vitamins and supplements: We must have a Letter of Medical Necessity (LOMN) on file, stating the specific medical condition/diagnosis creating the need for each specific item. If the treatment is ongoing, have the letter include the duration of time that they will be necessary. The letter can be good for up to a year.
4. **Amount paid.**

Orthodontics: Documentation must have:

1. A copy of the orthodontic contract, with the banding date (the date the braces were put on).
2. Proof of payment. If the payment coincides with the monthly payment amount on the contract, only a receipt is needed. If payment veers away from the payment plan at all, please provide a financial ledger of the account.

Common services requiring a Letter of Medical Necessity (LOMN): Anything that could serve a non-medical purpose, including, but not limited to: Massage Therapy, Vein treatment, Weight loss programs.

Common ineligible expenses: Vision warranty, late fees, services incurred outside of the eligible time period, teeth whitening, toothbrushes or paste, anything considered cosmetic, foods associated with a weight loss program.

Information on what constitutes a qualifying medical expense can be found in IRS Publication 502, Medical and Dental Expenses, available at www.irs.gov/publications/p502.

Questions?

Have any questions or need more information? We can help. Just reach out to Meritain Health Member Service at **1.888.587.9441**, weekdays 8:00 a.m.- 5:00 p.m. EST.

PROPRIETARY NOTICE

This information, provided by Meritain Health, is intended only for the use of the addressee and only for the purpose that it is being provided. The information shall not be distributed, disclosed or conveyed to any consultant, subcontractor, vendor or other third party. The addressee is required to use appropriate safeguards to protect the information from unauthorized disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received these documents in error, please notify the Meritain Health Privacy Officer immediately to arrange for their return at 1.800.831.1166.





MissionSquare Retirement

Meritain Health® Claims Portal Guide

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Participant Website Steps to the Meritain Health Claims Portal

Meritain Health is the third-party claims administrator for the MissionSquare Retirement Health Savings (RHS) plan. The Meritain Health claims portal is accessible through single sign-on from the MissionSquare Retirement's online account.

Step 1

Go to www.missionsq.org, select *Participant Log in* and enter your user ID and password.

MissionSquare
RETIREMENT

Our website was upgraded on October 9, 2022. Before logging in to our website for the first time, click [here](#) to create a new user ID and password.

Welcome!
We are here
to help you
achieve your
financial goals.

Log in to conveniently manage your account.

While logged in, check out the Financial Wellness Center — designed for you — and explore the many tools and resources to help you achieve your goals.

User ID

Password

Log In

[Forgot User ID?](#)
[Forgot Password?](#)
Need Access? [Start here.](#)

Step 2

For participants with multiple plans, expand menu option by clicking on "...", then select *Benefits Reimbursement*.

MissionSquare RETIREMENT

Overview Profile

John Sample (Active)

Summary of all accounts as of 08/04/2022
\$8,053.85

Notifications
You have no notifications

My Accounts 1

Account Name	Actions	Status	Last Contribution	Account Balance	Vested Balance	*YTD Return
COUNTY OF SAMPLE - HRA	⋮	Active	\$25.00	\$5,605.20	\$5,605.20	-12.98%
SAMPLE SANITATION DISTRICT - HRA	⋮		\$1,971.61	\$2,448.65	\$2,448.65	-13.19%
Combined Values			\$1,996.61	\$8,053.85	\$8,053.85	-13.04%

To see a more complete picture of your account, click the link any other accounts you may have. [Add Accounts](#)

My Portfolio
Contributions
Withdrawals
Statements
My Plan Information

For participants with a single plan, select *My Account*, then *Benefits Reimbursement*.

My Portfolio Contributions Benefits Reimbursement
Request a Withdrawal Statements My Plan Information
Research Investments

Type	Actions	Id	Date	Amount	Status
There is no withdrawal history					

Step 3

Select *Ok* to be redirected to the Meritain Health claims portal.

MissionSquare RETIREMENT

Overview My Account Profile Quick Links

John Sample (Active)

Withdrawals

Withdrawal Information

Type Amount Status

You are about to leave MissionSquare Retirement's website and will be redirected to the Meritain Health website. Meritain Health is the Third Party Administrator (TPA) that exclusively handles all of your Retiree Health Savings (RHS) plan claim processing and record keeping. You will be able to submit your reimbursement requests and inquire about your RHS claims through the Meritain Health website. Please be advised that clicking "OK" will connect you to the Meritain Health website. As the TPA, Meritain Health complies with the HIPAA (Health Insurance Portability and Accountability Act of 1996) privacy and security rules regarding protected health information of RHS plan participants.

Cancel Ok

Need Assistance? Call our 24-hour service center at 1-800-848-8484

Welcome to your claims portal—where you can set up direct deposit, add eligible dependents and file claims.

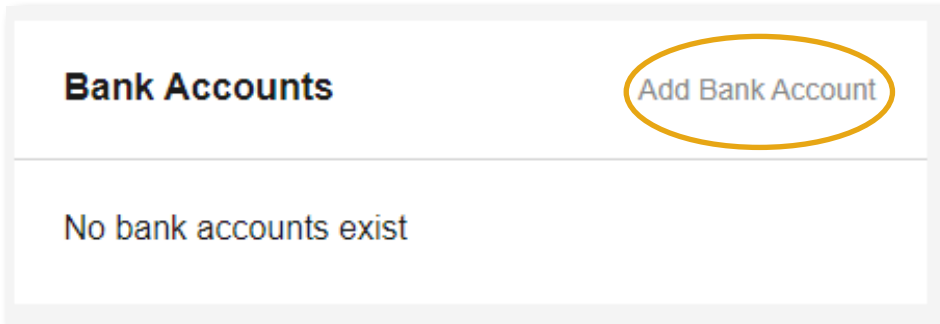
The screenshot shows the MissionSquare Retirement website. At the top left is the logo "MissionSquare RETIREMENT" with a colorful sunburst icon. Below the logo is a navigation menu with four items: "Home" (underlined), "Accounts", "Tools & Support", and "Message Center". A green banner below the menu features the text "Direct Deposit Update" and "For all new or updated bank accounts" with a "View More" link. To the right of the text is an illustration of a blue piggy bank with gold coins. Below the banner is a white box with the text "Welcome to the claims portal for your health reimbursement arrangement (HRA)!". Underneath this is another white box with the heading "File Recurring claims online!" and a link "View step by step instructions". Below that is a section titled "I Want To:" with a button labeled "Reimburse Myself".

Please reference the following instructions on how to complete any of the above options online.

Add direct deposit

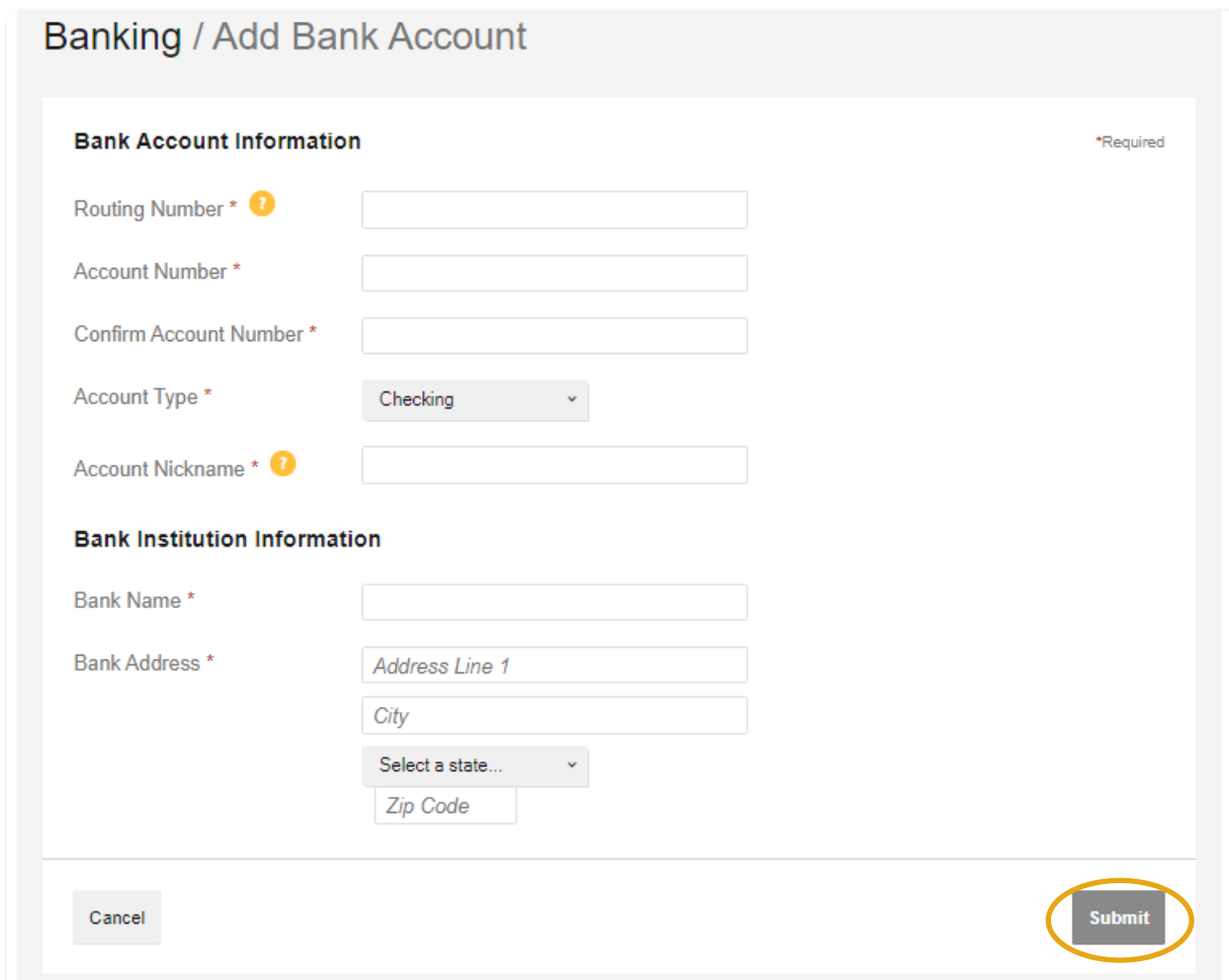
From the home screen:

- Hover over *Accounts* tab and select *Banking*.
- Click on *Add Bank Account*.



Bank Accounts Add Bank Account

No bank accounts exist



Banking / Add Bank Account

Bank Account Information *Required

Routing Number * ?

Account Number *

Confirm Account Number *

Account Type *

Account Nickname * ?

Bank Institution Information

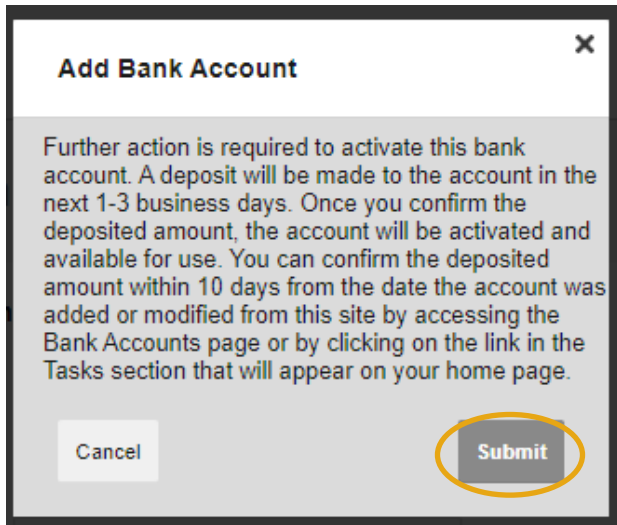
Bank Name *

Bank Address *

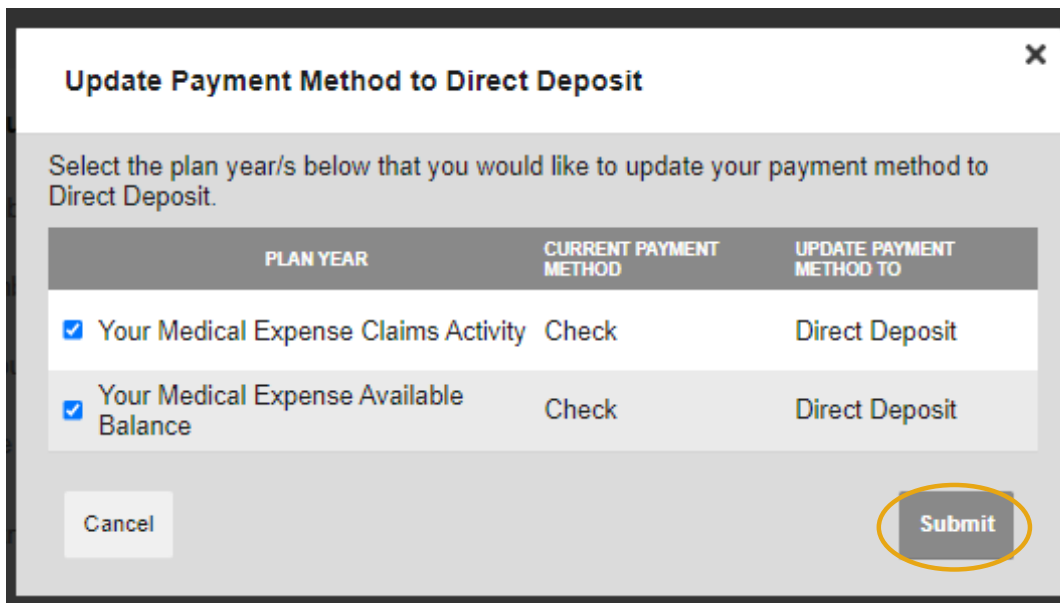
Submit

- Add required information and hit *Submit*.

- A pop-up message will appear advising you to validate your bank account. Click *Submit*.



- Another pop-up will appear to authenticate your entry asking you to answer one of your established security question. Answer and submit.
- Select the plan years to apply the direct deposit and click *Submit*.



When participants add a new or updated bank account to their participant profile, they will be required to validate the bank account. A micro-deposit will be made into the participants bank account within one to three business days. The participant will be required to confirm the amount of the deposit in order to validate the account. Participants may log into their participant website or contact Customer Service at **1.888.587.9441** to validate the account.

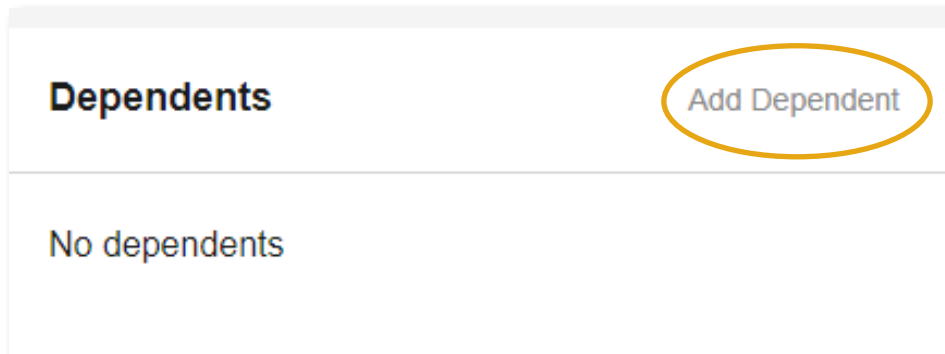
Please note: participants will not receive their reimbursement via direct deposit until they have completed the validation process.

You have successfully added direct deposit!

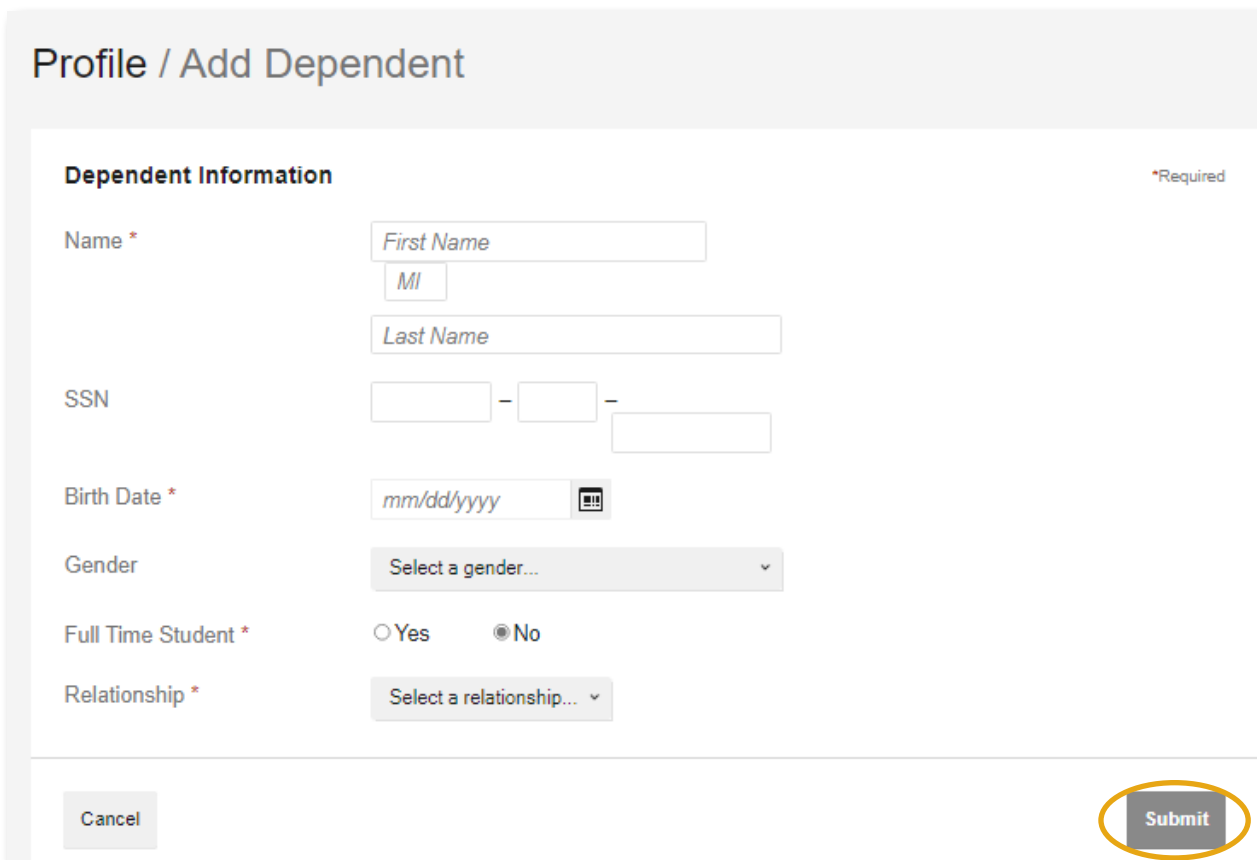
Add eligible dependents

From the home screen:

- Hover over the *Accounts* tab and select *Profile Summary*.
- Under *Dependents* section select *Add Dependent*.



The screenshot shows a header with the word "Dependents" on the left and a button labeled "Add Dependent" on the right. The "Add Dependent" button is circled in orange. Below the header, the text "No dependents" is displayed.



The screenshot shows a form titled "Profile / Add Dependent". The form is divided into sections. The first section is "Dependent Information" with a "*Required" label. The fields include:

- Name *
 - First Name
 - MI
 - Last Name
- SSN (three separate input boxes with dashes)
- Birth Date * (mm/dd/yyyy format with a calendar icon)
- Gender (dropdown menu: "Select a gender...")
- Full Time Student * (radio buttons: "Yes", "No" with "No" selected)
- Relationship * (dropdown menu: "Select a relationship...")

At the bottom of the form, there are two buttons: "Cancel" on the left and "Submit" on the right. The "Submit" button is circled in orange.

- Add required information and hit *Submit*. If you need to add more dependents, repeat the steps until completed.

You have successfully added dependents!

Want to file a claim?

Step 1—ensure your documentation is in good order!

Prior to submitting your claim(s), you should check your available balance and obtain the appropriate supporting documentation. **Please note:** multiple claims should be submitted individually.

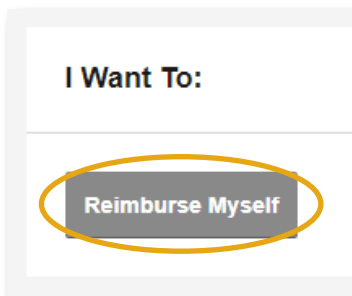
Common examples include:

- Premium Itemization Notice.
- Explanation of Benefits (EOB).
- Itemized statements or bills.

For more information on supporting documentation, review the [Necessary Documentation for In Good Order Submissions](#).

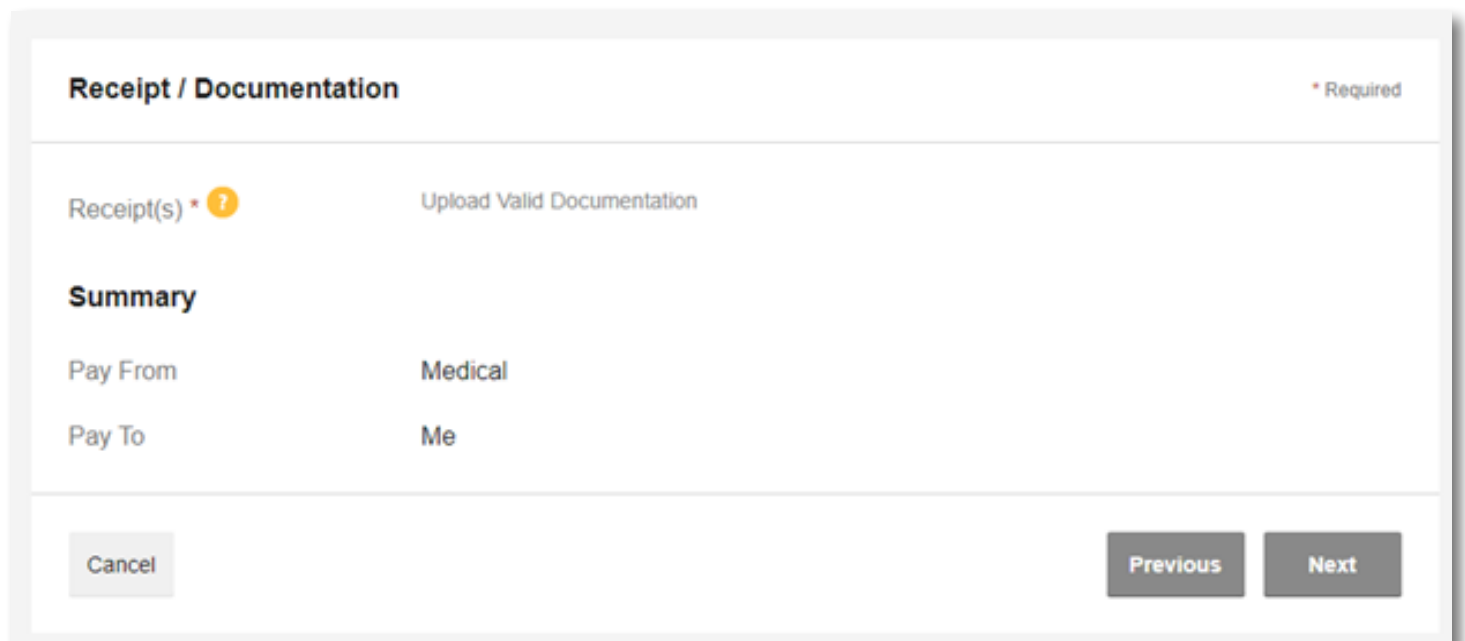
Step 2

Click on *Reimburse Myself* to start the process.



Step 3

You will be prompted to upload your supporting documents.

A screenshot of a web form titled "Receipt / Documentation" with a "* Required" indicator. The form has a section for "Receipt(s) * ?" with a sub-label "Upload Valid Documentation". Below this is a "Summary" section with two rows: "Pay From" with the value "Medical" and "Pay To" with the value "Me". At the bottom of the form, there are three buttons: "Cancel" on the left, and "Previous" and "Next" on the right.

Step 4

Enter your claim details—mandatory fields are indicated with an asterisk (*). Required fields:

- Date of service
- Amount
- Provider
- Category and claim type
- Recipient (select dependent if applicable)

You can establish a recurring claim by selecting this option as shown below:

Available Balance

Available Balance [?]	Medical Activity [?]	Premium Activity [?]
\$1,000.00	--	--

Claim Details * Required

Start Date of Service *

End Date of Service

Amount * \$

Provider *

Category * [?]

Type *

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient * MARY SMITH
 Michael Smith

Add Dependent

Set up a recurring claim for this expense

Did You Drive To Receive This Product/Service?* [?] Yes No


Summary

Pay From	Medical
Pay To	Me
Documentation Uploaded	Yes

Step 5

Click *Add Another* to file more than one claim. To ensure claims are processed in a timely manner, they must be broken down by expense type and date of service. **Example:** if you have multiple prescriptions, you must file them separately.

Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT 		
+ Medical Activity	Me	Medical Copay	\$100.00	\$100.00	Remove	Update
Total Amount			\$100.00	\$100.00		

Cancel Save for Later Add Another Submit

How to file recurring claims

Instead of faxing or mailing recurring claim requests, you can submit them online using the participant retiree health claims portal. **Please note:** recurring claims require documentation of premium amount within 60 days of your requested start date.

The screenshot shows a web form for filing recurring claims. It includes the following fields and instructions:

- Category ***: A dropdown menu with "Insurance" selected. A red box with an arrow points to it with the text "Select: Insurance".
- Type ***: A dropdown menu with "Medical Insurance" selected. A red box with an arrow points to it with the text "Select: Insurance Type".
- Description**: A text area containing "Reimburse premiums on a monthly basis." A red box with an arrow points to it with the text "Provide recurring frequency. System default is **MONTHLY**." Below the text area, it says "If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description."
- Recipient ***: A radio button selected for "JOHN Q DOE". Below it is a link "Add Dependent".
- Set up a recurring claim for this expense**: A checkbox that is checked. A red box with an arrow points to it with the text "Ensure you check this box to enable recurring reimbursements."

After accessing Meritain Health's claims portal, your home page is easy to navigate:

- On the home screen, select the option to *Reimburse Myself*.
- Upload your supporting documentation. Documentation may include: itemized statements from the provider, retirement paystubs, enrollment confirmation letters, etc.
 - Documentation must show that the premium is paid after taxes and include the following: insurance carrier; type of insurance; policy holder's name; amount; and coverage period.
- Next, add the following details requested on the *Claim Details* screen.

Please note:

- Once your recurring setup is complete, you will receive a *Recurring Claim Complete* notification.
- Recurring requests will default to a frequency of monthly, unless otherwise noted.
- Change recurring: complete and upload part C, section B of the RHS reimbursement request form found under tools and support, along with supporting documentation.
- Stop recurring: complete and upload part C, section C of the RHS reimbursement request form found under tools and support.

Tools and support

- Gives you access to all forms.
- Includes information on how to contact Meritain Health.

Message center

- If you have an email on file with MissionSquare, you will be able to review denial letters.
- If you are receiving direct deposits and have an email on file with MissionSquare, you can view your advice of deposit.



Questions? Contact us by phone at 1.888.587.9441, by fax at 1.888.665.8495 or by email at missionsq@meritain.com.