

# WageWorks

## Retiree Reimbursement Account (RRA) Overview



# Agenda

---

Who is WageWorks?

Overview of RRA (Retiree Reimbursement Account)

Overview of Reimbursement Options

Online Account Access

Questions

---



# WageWorks – Your Partner

- Nations largest **INDEPENDENT** provider of consumer directed benefit solutions
  - Founded in 2000
  - Headquarters in San Mateo, CA
  - ~930 employees
  - NYSE : WAGE
- Call Centers located in Arizona and Texas
  - 877-924-3967
  - Monday – Friday, 8am – 8pm ET
  - [www.wageworks.com](http://www.wageworks.com)

## Provider of choice to:

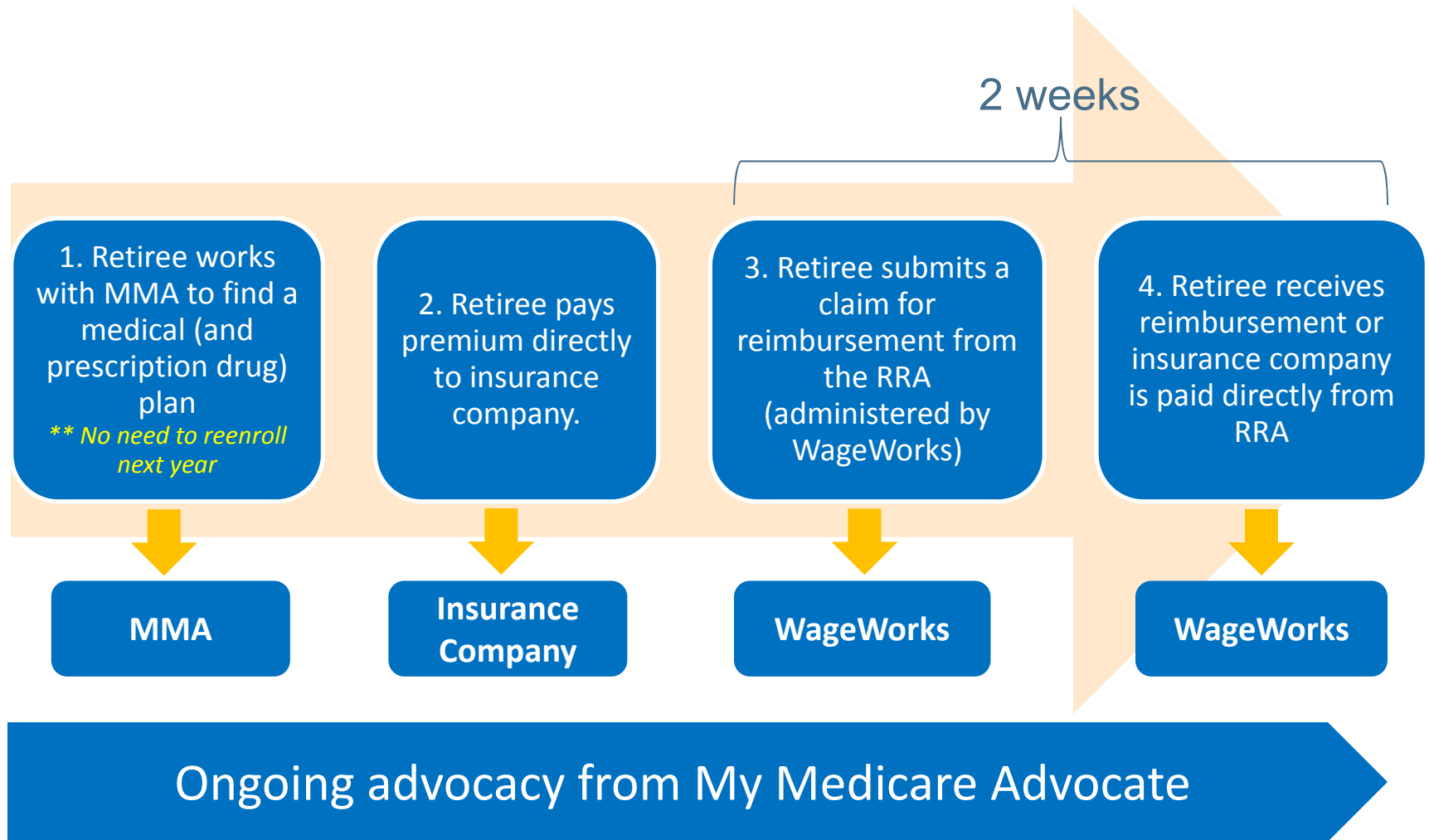
- 45% of *Fortune 100*
- 25% of *Fortune 500*
- 96.5% *client retention rate*

# Retiree Reimbursement Account (RRA)

- RRA is funded by a contribution by SRNS/SRR
- Any unused amount will roll over
- If you are married and both participating in the RRA, both you and your spouse have access to the *joint* RRA.
  - You will need to sign a HIPAA release form (handout)
- If your spouse passes away, any unused RRA funds are available to the Medicare eligible post age 65 survivor.



# RRA Process Overview



# RRA Medical Expenses

- **Medical Premiums**
  - Medigap (Supplement) policies
  - Medicare Advantage plans
  - Medicare Parts B and D
  - Dental, Vision and/or Drug Insurance premiums
- **Deductibles for healthcare plans**
- **Coinsurance and copayments for Medical, Dental or Vision out of pocket expenses**



For a complete list of qualified expenses, refer to [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf)

# RRA Welcome Kit

## Account Summary

**WageWorks®**

**QuickStart Guide**
**Your Health Reimbursement Arrangement**

Includes:

- Your HRA: The Essentials
- Managing Your Account
- Using Your HRA Dollars

Welcome to WageWorks.

Take control of your health care costs.

Welcome to your Health Reimbursement Arrangement (HRA) program, sponsored by Eastman, and brought to you by WageWorks.

Through this program, Eastman puts tax-free money into your HRA to help you pay for your health care premiums and expenses after retirement. Your account can also be used for costs not covered by your health insurance, and this QuickStart Guide tells you how to put it all to work.

Inside you'll find the quick-reference information you need to pay for eligible expenses using your HRA and track your transactions — plus tips for getting the most from the program.

Please read on and learn how to take control over your health and wealth — with the savings, control, and flexibility of your HRA.

**Your HRA: The Essentials**

Your HRA is governed by IRS regulations that detail who is eligible to use the account and where and how the money in it is to be used. Your HRA was designed to be simple. To keep it that way, it's important to comply with the IRS regulations that govern the program. The following guidelines will help you avoid any inconvenience.

- **Make sure account funds are only spent on those who are eligible.** Typically, those eligible are you, your spouse and your eligible dependents.
- **Know what expenses are eligible.** Log into your account at [www.wageworks.com](http://www.wageworks.com) for a complete list of your employer's eligible health care expenses. Generally, insurance premiums, Medicare premiums, dental and vision plan premiums, out-of-pocket expenses such as deductibles and co-pays, long-term care coverage, and services and products that are medically necessary to treat a specific condition are considered eligible health care expenses.
- **Get a prescription from your doctor.** To use your account for over-the-counter (OTC) drugs, you'll need to get a prescription from your doctor. You can pay for the item out-of-pocket and use Pay Me Back to submit your claim with your prescription to WageWorks for reimbursement. Pay Me Back claims can be submitted online or with your smartphone/mobile device.
- **Proof of expenses.** You must provide proof for each expense listed on your Pay Me Back claim form.
- **Keep your receipts.** Save receipts that describe exactly what you paid for. Make sure the amount and service date — not the payment date — are included.
- **Keep an eye on your HRA account.** Log into your account to keep track of your balance. Look for your quarterly HRA statement in the mail.

Register for an online account now!
Download the EZ Receipts® mobile application.

If you haven't registered online yet, please do so today — to register, just visit [www.wageworks.com](http://www.wageworks.com) and click "Register with WageWorks now." You'll need to provide your name, date of birth, last four digits of your SSN and your home zip code, confirm your contact information and create a username and password.
Use your smartphone to file claims and take care of your account paperwork from anywhere. Go to [www.wageworks.com/about/mobile](http://www.wageworks.com/about/mobile) to learn more.

www.wageworks.com

## Claim Forms (2)

**WageWorks®**  
www.wageworks.com

Retiree Reimbursement Account (RRA)  
Pay Me Back Claim Form

**TOLL-FREE FAX:** (877) 353-9236  
Or, mail to: Claims Administrator, PO Box 14053,  
Lexington, KY 40512

DO NOT USE A FAX COVER SHEET to ensure speedy processing

**ACCOUNT HOLDER INFORMATION**

Last Name

First Name

Retiree SSN\* (last 4 digits)

Retiree Birth Date (MM/DD)

Spouse/Survivor SSN\* (last 4 digits) (if applicable)

Email Address (complete only if new)

**CERTIFICATION AND AUTHORIZATION**

Signature of Account Holder X \_\_\_\_\_ Date \_\_\_\_\_

I certify that the information on this form is accurate and complete. **I am requesting reimbursement for eligible expenses incurred by myself or an eligible dependent while I was a participant in the plan. (Patient & Relationship is assumed to be Self unless otherwise indicated.)** I have already received these products and services and I have not/will not seek reimbursement of this expense from any other plan or party because I: 1) am required to pay for the premiums through withholding, 2) have paid for the premiums, 3) have already received these products and services. If I am covered under more than one health care account, reimbursement will be made according to the payment order determined by those plans and as stated on the WageWorks Web site. Use of this service indicates my acceptance of the WageWorks User Agreement at [www.wageworks.com](http://www.wageworks.com) (available upon registration; enter user name and password or click on First Time User).

CLAIMS FOR OUT-OF-POCKET EXPENSES

**1. One Time Annual Request for Social Security Administration (SSA) Deducted Premiums**  
(Medicare Part B, Medicare Part C – Medicare Advantage, Medicare Part D – Prescriptions)

Relationship to Account Holder

 Self  Spouse  Dependent

Service Start Date (MM/DD/YY)

Service End Date (MM/DD/YY)

Annual Out-of-Pocket Cost

Patient's Name \_\_\_\_\_

**2. Health Plan Premiums Not Deducted from Your Social Security Check**

Relationship to Account Holder

 Self  Spouse  Dependent

Service Start Date (MM/DD/YY)

Service End Date (MM/DD/YY)

Out-of-Pocket Cost

Patient's Name \_\_\_\_\_

**3. Other Expenses**  Medical  Dental  Vision  Prescriptions  Over-the-counter

Relationship to Account Holder

 Self  Spouse  Dependent

Service Date (MM/DD/YY)

Total Out-of-Pocket Cost

Patient's Name \_\_\_\_\_

**TOTAL THIS FORM**

\$

\* The last 4 digits of the Social Security Number (SSN) is needed to assist us in identifying your account and to process your claim.

YOU MUST ATTACH A COPY OF APPROPRIATE PROOF OF SERVICE AND PAYMENT FOR EACH AMOUNT ABOVE.

## List of Eligible Expenses

**WageWorks®**

RRA Eligible Health Care Expenses

Below is the list of items typically covered by a standard RRA. For a complete list visit [www.wageworks.com](http://www.wageworks.com).

**Prescription Requirement for OTC Drug Purchases**

A doctor's prescription is required in order to be reimbursed for over-the-counter (OTC) drugs. OTC drugs requiring a prescription are indicated in the following list with the abbreviation "(Rx)". Please go to [www.wageworks.com/healthcarereform](http://www.wageworks.com/healthcarereform) for more information.

<p><small>Acne treatments (over-the-counter) (Rx)</small></p> <p><small>Acupuncture</small></p> <p><small>Adoption (medical expenses related to)</small></p> <p><small>Alcoholism treatment</small></p> <p><small>Allergy and sinus medicine and products (over-the-counter) (Rx)</small></p> <p><small>Allergy medication (Rx)</small></p> <p><small>Ambulance and emergency health services</small></p> <p><small>Anesthesia (for non-cosmetic purposes)</small></p> <p><small>Antacid (over-the-counter) (Rx)</small></p> <p><small>Antibiotic ointment (over-the-counter) (Rx)</small></p> <p><small>Aspirin or other pain reliever (over-the-counter) (Rx)</small></p> <p><small>Asthma medicines or treatments (over-the-counter) (Rx)</small></p> <p><small>Athletic treatments / braces</small></p> <p><small>Bandages and related items (over-the-counter)</small></p> <p><small>Birth control (over-the-counter) (Rx)</small></p> <p><small>Birth control (prescription)</small></p> <p><small>Blood pressure monitor</small></p> <p><small>Body scans</small></p> <p><small>Braille books and magazines (difference in cost only)</small></p> <p><small>Breastfeeding classes</small></p> <p><small>Breast pump (for a lactating woman)</small></p> <p><small>Canker and cold sore treatments (over-the-counter) (Rx)</small></p> <p><small>Chest rubs (over-the-counter) (Rx)</small></p> <p><small>Childbirth classes (charges for mother only)</small></p> <p><small>Chiropatic office visit or treatment</small></p> <p><small>Christian Science practitioners</small></p> <p><small>Cholesterol test kits and supplies</small></p> <p><small>Co-insurance (dental, medical, prescription, vision)</small></p> <p><small>Co-payment (dental, medical, vision)</small></p> <p><small>CORBA premiums (dental, medical, prescription, vision; paid with after-tax dollars only)</small></p> <p><small>Immunizations</small></p> <p><small>Cold and flu medicine (over-the-counter) (Rx)</small></p> <p><small>Contraceptive medical fees (billed for actual services received)</small></p> <p><small>Condons</small></p> <p><small>Contact lenses and solutions</small></p> <p><small>Contraceptives (prescription)</small></p> <p><small>Contraceptives (over-the-counter) (Rx)</small></p> <p><small>Corn and callus removal (over-the-counter) (Rx)</small></p> <p><small>Corneal keratotomy</small></p> <p><small>Cough drops and sore throat lozenges (over-the-counter) (Rx)</small></p> <p><small>Cough syrup (over-the-counter) (Rx)</small></p> <p><small>Counseling (for treatment of a medical condition)</small></p>	<p><small>Cutches, canes or like equipment (purchase or rental)</small></p> <p><small>Deductible for dental, medical, prescription and vision plans</small></p> <p><small>Dental care (for non-cosmetic purposes, including sealants)</small></p> <p><small>Dental co-insurance</small></p> <p><small>Dental insurance / plan premiums (paid with after-tax dollars only)</small></p> <p><small>Dental reconstruction (including implants)</small></p> <p><small>Dentures, bridges, etc.</small></p> <p><small>Diabetic monitors, test kits, strips and supplies</small></p> <p><small>Diagnosis</small></p> <p><small>Diaper rash ointments and creams (Rx)</small></p> <p><small>Drug addiction treatment</small></p> <p><small>Drugs (prescription)</small></p> <p><small>Ear drops and wax removal (over-the-counter)</small></p> <p><small>Eye drops and treatments (over-the-counter) (Rx)</small></p> <p><small>Eye examinations</small></p> <p><small>Eye-related equipment/materials</small></p> <p><small>Eye surgery or treatment to correct vision</small></p> <p><small>Eyeglasses (over-the-counter)</small></p> <p><small>Eyeglasses (prescription)</small></p> <p><small>Family monitor (over-the-counter)</small></p> <p><small>Fertility treatment (for employee, spouse or dependent)</small></p> <p><small>First aid kits (over-the-counter)</small></p> <p><small>Flu shots</small></p> <p><small>Gastrointestinal medication (over-the-counter) (Rx)</small></p> <p><small>Guide dog (dog, training, care)</small></p> <p><small>Health insurance / plan premiums (paid with after-tax dollars only)</small></p> <p><small>Hearing aids and batteries</small></p> <p><small>Hospital services and fees</small></p> <p><small>Incidence supplies</small></p> <p><small>Individual insurance / plan premiums (dental, medical, prescription, vision; paid with after-tax dollars only)</small></p> <p><small>Infertility treatment (for employee, spouse or dependent)</small></p> <p><small>Insulin, testing materials and supplies</small></p> <p><small>Insurance or health insurance / plan premiums (paid with after-tax dollars only)</small></p> <p><small>Laboratory fees</small></p> <p><small>Lactose intolerance (over-the-counter) (Rx)</small></p> <p><small>Lamaze classes (charges for mother only)</small></p> <p><small>Cough syrup (over-the-counter) (Rx)</small></p> <p><small>Laser eye surgery</small></p> <p><small>Lask</small></p>	<p><small>Laxatives (over-the-counter) (Rx)</small></p> <p><small>Learning disability treatments</small></p> <p><small>Lice treatment (over-the-counter) (Rx)</small></p> <p><small>Listening therapy</small></p> <p><small>Long-term care premiums (up to IRS tax free limit; see IRS Publication 532)</small></p> <p><small>Long-term care services</small></p> <p><small>Mastectomy-related special bras</small></p> <p><small>Medical abortion</small></p> <p><small>Medical co-insurance</small></p> <p><small>Medical co-payment</small></p> <p><small>Medical equipment (for treatment of medical condition) and repairs</small></p> <p><small>Medical insurance / plan premiums (paid with after-tax dollars only)</small></p> <p><small>Medical monitoring and testing devices</small></p> <p><small>Medical records charges</small></p> <p><small>Medical supplies (for treatment of a medical condition)</small></p> <p><small>Medicare alternative insurance / plan premiums (paid with after-tax dollars only)</small></p> <p><small>Medicare Part B insurance / plan premiums (vs. Part A &amp; Part B; paid with after-tax dollars only)</small></p> <p><small>Medicare alternative plan premiums</small></p> <p><small>Medicines (over-the-counter) (Rx)</small></p> <p><small>Medicines (prescription)</small></p> <p><small>Mileage</small></p> <p><small>Mileage (for travel to/from eligible health care)</small></p> <p><small>Monitors and test kits (over-the-counter)</small></p> <p><small>Motion and nausea (Rx)</small></p> <p><small>Nasal sprays (Rx)</small></p> <p><small>Non-prescription drugs and medicines (for non-cosmetic purposes) (Rx)</small></p> <p><small>Norplant insertion or removal</small></p> <p><small>Nursing services (wages and taxes)</small></p> <p><small>OB/GYN fees</small></p> <p><small>Occlusal guards to prevent teeth grinding</small></p> <p><small>Occupational therapy (related to a medical condition or disability)</small></p> <p><small>Office visits (dnto, dental, medical, vision)</small></p> <p><small>Operations (for non-cosmetic purposes)</small></p> <p><small>Operations (for vision and dental)</small></p> <p><small>Optomestry / ophthalmologist fees</small></p> <p><small>Organ transplants (recipient and donor)</small></p> <p><small>Othotics</small></p> <p><small>Ortho keratotomy</small></p> <p><small>Orthodontia (braces and retainers)</small></p> <p><small>Orthopedic and surgical supports</small></p> <p><small>Laser eye surgery</small></p> <p><small>Over-the-counter health care products (Rx)</small></p>
--	---	--

Turn over for more →

**WageWorks®**



# What are your Reimbursements Options?

## Pay Me Back (by using a paper claim form)



- File a paper claim via mail or fax
- Attach supporting documentation
  - Proof of coverage and proof of payment for premium reimbursement.
- Check or Direct Deposit

## Pay Me Back (by using a computer)

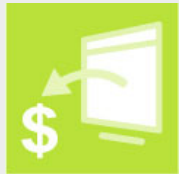


- Go to [www.wageworks.com](http://www.wageworks.com)
- Attach supporting documents by scanning and uploading to your computer.
- File format may be JPG, PDF, TIFF, GIF, PNG or ZIP
- Requires proof of coverage and proof of payment for premium reimbursement.
- Check or Direct Deposit



# What are Your Reimbursements Options?

## Pay By Recurring Reimbursement



- One time annual request, monthly reimbursement
- Medicare premium deducted from Social Security check
- Check or Direct Deposit

## Pay My Provider (Must be submitted with a computer)



- Direct the payment to go to the provider
- Ideal for paying recurring monthly premium to service provider
- Requires proof of coverage for premium reimbursement.
- Service provider must accept payment via check
  - If provider does not accept check, you should submit a Pay Me Black claim

# 3 Steps to Receive Your Premium Reimbursement

1. Complete a Claim Form
2. Provide Proof of Coverage
3. Provide Proof of Payment



# How to File a Pay Me Back Claim

WageWorks®  
www.wageworks.com

NUCLEAR SOLUTIONS

SRR

## Retiree Reimbursement Account (RRA) Pay Me Back Claim Form

**TOLL-FREE FAX: (877) 353-9236**

Or, mail to: Claims Administrator, PO Box 14053,  
Lexington, KY 40512

**DO NOT USE A FAX  
COVER SHEET**  
to ensure speedy processing.



### ACCOUNT HOLDER INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Retiree SSN\* (last 4 digits)

\_\_\_\_\_  
Retiree Birth Date (MM/DD)

S R N S \_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Spouse/Survivor SSN\* (last 4 digits) (if applicable)

\_\_\_\_\_  
Email Address (complete only if new)

Match to SRNS/SRR's Record

### CERTIFICATION AND AUTHORIZATION

Signature of Account Holder X \_\_\_\_\_ Date \_\_\_\_\_  
I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible expenses incurred by myself or an eligible dependent while I was a participant in the plan. (Patient & Relationship is assumed to be Self unless otherwise indicated.) I have already received these products and services and I have not/will not seek reimbursement of this expense from any other plan or party because I: 1) am required to pay for the premiums through withholding, 2) have paid for the premiums, 3) have already received these products and services. If I am covered under more than one health care account, reimbursement will be made according to the payment order determined by those plans and as stated on the WageWorks Web site. Use of this service indicates my acceptance of the WageWorks User Agreement at www.wageworks.com (available upon registration; enter user name and password or click on First Time User).

Sign and Date

### CLAIMS FOR OUT-OF-POCKET EXPENSES

1. One Time Annual Request for Social Security Administration (SSA) Deducted Premiums (Medicare Part B, Medicare Part C – Medicare Advantage, Medicare Part D – Prescriptions)  
Relationship to Account Holder \_\_\_\_\_  
 Self  Spouse  Dependent  
Patient's Name \_\_\_\_\_  
Service Start Date (MM/DD/YY) \_\_\_\_\_ Service End Date (MM/DD/YY) \_\_\_\_\_ Annual Out-of-Pocket Cost \$ \_\_\_\_\_

Medicare premiums paid through Social Security

2. Health Plan Premiums Not Deducted from Your Social Security Check  
Relationship to Account Holder \_\_\_\_\_  
 Self  Spouse  Dependent  
Patient's Name \_\_\_\_\_  
Service Start Date (MM/DD/YY) \_\_\_\_\_ Service End Date (MM/DD/YY) \_\_\_\_\_ Out-of-Pocket Cost \$ \_\_\_\_\_

Medicare premium reimbursement not paid through Social Security

3. Other Expenses  Medical  Dental  Vision  Prescriptions  Over-the-counter  
Relationship to Account Holder \_\_\_\_\_  
 Self  Spouse  Dependent  
Patient's Name \_\_\_\_\_  
Service Date (MM/DD/YY) \_\_\_\_\_ Total Out-of-Pocket Cost \$ \_\_\_\_\_

Reimbursement for other qualified HC expenses

\* The last 4 digits of the Social Security Number (SSN) is needed to assist us in identifying your account and to process your claim.

**YOU MUST ATTACH A COPY OF APPROPRIATE PROOF OF SERVICE AND PAYMENT FOR EACH AMOUNT ABOVE.**

TOTAL THIS FORM \$ \_\_\_\_\_

WW-RRR-RT-PMB-SRN29293 (Nov 2012)


# Proof of Coverage Requirements:

- You can submit a **policy statement, receipt, invoice** or **coupon book** as long as it has the following 5 pieces of information.
  - Participant name – *retiree or spouse*
  - Insurance company name
  - Date of service – *coverage date(s)*
  - Type of service – *‘Medical Premium Payment’*
  - Premium amount
- For Medicare Premiums deducted through Social Security, you can provide the **Social Security ‘Cost of Living Statement’**.



# Proof of Coverage Example for Drug Plan Part D:

## Policy Statement

 First Health Part D  
From Coventry Health Care

First Health Part D Value Plus (PDP)  
P.O. BOX 7763  
London KY 40742

11/15/2012

001946 1 MB 0-401 01946-001946003303 0007 2 ACP20U

JOSEPH [REDACTED] 90691663  
AIKEN SC 29801 CVTYRTL  
61001  
MEDDPRIME

Dear MR. [REDACTED]

Thank you for enrolling in First Health Part D Value Plus (PDP). First Health Part D Value Plus (PDP) is a Prescription Drug Plan that is approved by Medicare. Medicare has approved your enrollment in First Health Part D Value Plus (PDP) beginning 01/01/2013.

**How will my coverage work?**  
As of 01/01/2013, you should begin using First Health Part D Value Plus (PDP) network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy, except in an emergency, First Health Part D Value Plus (PDP) may not pay for your prescriptions. You can find network pharmacies in your area by looking in your pharmacy directory or by calling our customer service department at the number at the end of this letter. You can also visit the First Health Part D Value Plus (PDP) website at <http://www.FirstHealthPartD.com>.

This letter is proof of insurance that you should show to your pharmacy until you get your Member ID card from us.

Because you have enrolled in the First Health Part D Value Plus Plan, you have added cost share benefits, specifically \$0 co-pay for Tier-1 generic medications until your total drug costs reach \$2,930.00 for 2012 and \$2,970.00 for 2013, but only when you fill your prescriptions at one of these pharmacies, Walgreens, Walmart, Target, Kmart, and Kroger family of pharmacies: Kroger, Ralphs, King Soopers, City Market, Dillons, Smith's, Fry's, QFC, Baker's, Owen's, JayC, Gerbes, Pay Less, Scott's, and FredMeyer. If you choose to fill your prescriptions at one of the other network pharmacies, you will pay a \$7 co-pay for Tier-1 generic medications until your total drug costs reach \$2,930.00 for 2012 and \$2,970.00 for 2013.

**How much is my premium?**

The monthly premium for your plan is \$33.90.

Y0022\_PDP\_2012\_2074\_1394 Approved 08/2012

## Coupon Book

Account Number	Date Due	Past Due After	Amount
7546	FEB 1, 2013	FEB 10, 2013	\$33.90

JOSEPH [REDACTED]

Amount Enclosed \$ [REDACTED]

Make check payable to:  
**FIRST HEALTH**

**Questions? Call Member Svcs 1-888-736-0487**

**FIRST HEALTH**  
PO BOX 6555  
CAROL STREAM IL 60197-6555

555 0009567546 0 02102013 0033



# Social Security 'Cost of Living Statement Example:

## Your New Benefit Amount

2922196

BENEFICIARY'S NAME: JOSEPH A [REDACTED]

Your Social Security benefits will increase by 1.7 percent in 2013 because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business.** Saving this letter could save you the inconvenience of making a trip to a local office and waiting in line to obtain a new document.

### How Much Will I Get And When?

- Your monthly amount (before deductions) is
- The amount we deduct for Medicare medical insurance is (If you did not have Medicare as of Nov. 15, 2012 or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare prescription drug plan is (If you did not elect withholding as of Nov. 1, 2012, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is (If you did not elect voluntary tax withholding as of Nov. 15, 2012, we show \$0.00.)
- After we take any other deductions, you will receive on Jan. 3, 2013.

\$1,413.90		
\$104.90		
\$40.70		
\$0.00		
\$1,268.30		

**PART B**

**PART D**

**Effective Date**

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

# Proof of Payment Requirements:


- For premium reimbursement you will need to provide a proof of payment. You can submit any of the following: (only **one** is required)
  - Bank statement or credit card statement that shows your payment
    - Your name and the banking institution needs to be visible
  - Health Plan statement showing that your payment has been posted
  - Screen print-out from your banking site showing that check has been cleared
  - Front of a cancelled check (payment amount & bank stamp must be visible)





# Proof of Payment Example for Medicare Supplement Plan F:

## Health Plan Statement

	Post Office Box 1017 Montgomeryville, PA 18908 Toll Free # 1-800-523-5800
Joseph [REDACTED] [REDACTED] Aiken, SC 29801	January 21, 2013 Membership# 8942 Insured: Joseph [REDACTED]
Dear Joseph [REDACTED]	
We have received your recent inquiry regarding the status of your account.	
Please be advised that we recently received a payment in the amount of \$144.59. This payment was applied to your account on January 15, 2013.	
As of the date of this letter, your account is paid through 01/31/2013. A payment in the amount of \$144.59 will pay your account through February 2013.	
If you have any questions or concerns, please call the toll-free number 1-800-523-5800. AARP Health Customer Service Representatives are available to help you weekdays from 7 a.m. to 11 p.m. and Saturdays from 9 a.m. to 5 p.m., Eastern Time. You may also visit us on AARP Health's website at <a href="http://www.aarphealthcare.com">www.aarphealthcare.com</a> .	
Member Services Department AARP Health D036249	

# WageWorks Customer Service

- **(877) 924-3967**
  - Monday – Friday, 8am – 8pm ET
  - Call prompts will ask for last 4 digits of Social Security Number & Zip Code
  - Calls Centers are located in Arizona and Texas
- **Claims Administrator address:**
  - P. O. Box 14053, Lexington, KY 40512
  - Fax: 877-353-9236
- **Online:**
  - [www.wageworks.com](http://www.wageworks.com)



# Questions

- **If my claim is denied, can I submit just the missing documentation?**
  - **Mail or Fax** – No. You must resubmit the claim form and supporting documents.
  - **Online** – Yes. You can just submit the required documentation. The claim form will be saved.



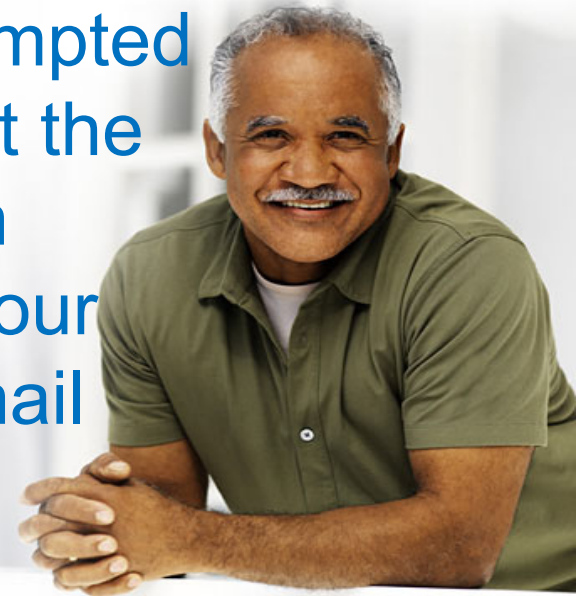
## Questions

- **If I pre-pay my insurance premiums (quarterly or annually), what dates do I enter on the claim form to be reimbursed the lump sum?**
- Please enter service dates of 1/1/13 – 12/31/13 for annual claim. For quarterly claim, service dates should reflect the appropriate quarter. For example: 1/1/13 – 3/31/13 for Q1.



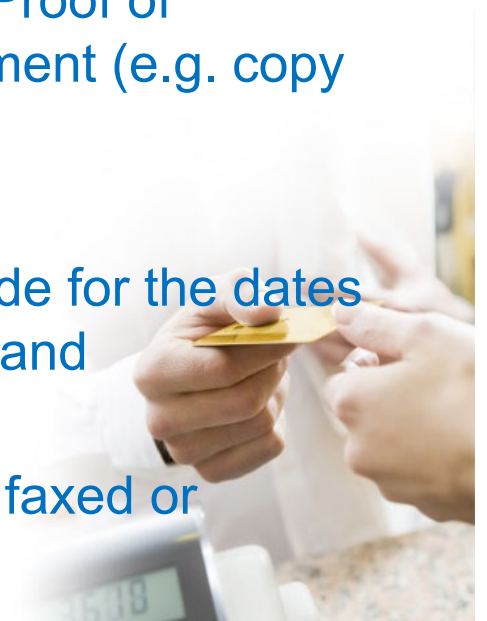
## Questions

- **Can I still set up Pay my Provider if I don't know how to scan documents?**
  - Yes. At the end of the online Pay My Provider process, you will be prompted to upload your documents *or* print the form. You can select “Print Claim Form” and submit the form and your documentation via fax or to the mail address on the form.



# Questions

- **Can I set up a monthly recurring reimbursement for my Medigap premium or PDP (Prescription Drug Plan) premium that is taken out of my bank account via an EFT or paid by credit card? What if I don't know how to scan?**
  - Yes. Submit a Pay Me Back claim form along with Proof of Coverage (e.g. insurance policy) and Proof of Payment (e.g. copy of the credit card/bank statement).
  - Enter 1/1/13 – 12/31/13 for the service dates.
  - Check or direct deposit reimbursements will be made for the dates already incurred. Claims for future dates will pend and automatically pay out monthly.
  - Claim forms and supporting documentation can be faxed or mailed as indicated on the Pay Me Back form.



# Questions

- **How does my spouse get access to my account?**
  - Authorization must be given by the account holder.
  - HIPAA forms are available by contacting the WageWorks customer service team at 1-877-WageWorks. (924-3967)





# How to Access Your RRA Account Online

- Go to [www.wageworks.com](http://www.wageworks.com) and register as a new participant
- Or call 877-WageWorks (877-924-3967) for customer service

Select Sign Me Up!  
First Time User?

The screenshot displays the WageWorks website interface. At the top, the WageWorks logo is accompanied by three icons: a plus sign, a heart, and a right-pointing arrow. To the right is an "Employer Log In" button. Below the logo is a navigation bar with four tabs: "Participants/Employees", "Clients/Employers", "Brokers/Consultants", and "About WageWorks". The "Participants/Employees" tab is active, showing a "Participant Login" section with a "View Your Account" link, a "Username" input field, a "Password" input field, a "LOGON" button, and a "Username/Password Help" link. Below this is a "COBRA or Direct Bill Participants: Log In Here" link. A green box highlights the "Sign Me Up! First Time User? Register with WageWorks now" link. Below the login section is a "Participant Quicklinks" section with two links: "OTC Fact Sheet" and "Eligible Expenses". To the right of the login section is a large banner with the text "Let us give you a smarter way to save and spend. Welcome" and an image of a smiling man with two children. Below the banner is a "News and Important Information" section with a link to "WageWorks To Present At The 15th Annual Needham Growth Conference". To the right of the news section are two promotional boxes: "EZ Receipts® Mobile Application" and "NEW! Spend It & Claim It Web Guide".

# RRA Account Online Overview

WageWorks - Windows Internet Explorer

https://participant.wageworks.com/Account/FirstTimeUserRegistration/Step1.aspx?SelfIDMode=SignUp

File Edit View Favorites Tools Help

WageWorks

WageWorks®

FIRST-TIME USER November 15, 2012

BACK

1 2 3 4 5

Instructions

NEXT

**Before You Start**  
Have your contact and reimbursement details (i.e. bank account).

**Follow These Steps**

1	2	3	4	5
Identify Yourself	Accept User Agreement	Select Username & Password	Verify Contact Information	Verify Reimbursement Method

Copyright © 2000-2012 WageWorks, Inc. All Rights Reserved. All contents and the design of this web site are copyrighted by WageWorks, Inc. and may be protected by other laws. WageWorks is a

Done

NEXT

# RRA Account Online Registration

FIRST-TIME USER September 14, 2012

1 2 3 4 5

**Identify Yourself**

Enter the information as it appears in your employer or program sponsor's records.

First Name


Last Name

Date of Birth  MM/DD format

Home Zip Code

ID Code

Enter the moving letters seen in the box below



**Your ID Code is the last 4 digits of one of the following:**

- Your social security number.
- Your employee number.
- Code provided by your program sponsor.

NEXT

**Name Match to Medicare Record**

**Last 4 SSN**

# RRA Account Online Registration

**WageWorks** | Savannah River NUCLEAR SOLUTIONS | SRR Savannah River Remediation

ALERTS & MESSAGES | PROFILE | HELP | LOG OUT

DASHBOARD CLAIMS & ACTIVITY CALCULATORS November 13, 2012

**REIMBURSEMENT METHOD**

CONTACT INFORMATION  
CLAIM NOTICES  
TAX SAVINGS  
USERNAME & PASSWORD

**Health Care:**  
You can have your payments deposited into your personal bank account. If you do not elect direct deposit, payments will be made by check to the address in your Profile.

Reimburse Payments by  Direct Deposit  
 Check

Bank Name

Bank Account Number

Bank Routing Number

Type of Account  Checking

# RRA Account Online Registration

WageWorks® Savannah River NUCLEAR SOLUTIONS™ Savannah River Remediation

ALERTS & MESSAGES PROFILE HELP LOG OUT

DASHBOARD CLAIMS & ACTIVITY CALCULATORS November 13, 2012

CONTACT INFORMATION

REIMBURSEMENT METHOD

**CLAIM NOTICES**

TAX SAVINGS

USERNAME & PASSWORD

**Minimize your environmental impact.**  
We recommend you receive your updates via email. They're quicker and easier to save.

Please Notify Me by

**Email**  
Receive claim updates via email.  
Email updates may not be available for all products.

**Paper**  
Receive claim updates in the mail.  
Paper updates may not be available for all products.

**Save Changes**

**Discard Changes**

Copyright© 2000-2012 WageWorks, Inc. All Rights Reserved. All contents and the design of this web site are copyrighted by WageWorks, Inc. and may be protected by other laws. WageWorks is a registered trademark of WageWorks, Inc. No part of this site is intended to provide tax or legal advice. Savings examples are provided for illustrative purposes only. You should consult a professional advisor regarding your personal situation.

# RRA Account Online

## Submitting A Claim for Premium Reimbursement

The screenshot displays the WageWorks online portal interface. At the top, there are logos for WageWorks, Savannah River Nuclear Solutions, and Savannah River Remediation (SRR). Navigation links include 'ALERTS & MESSAGES', 'PROFILE', 'HELP', and 'LOG OUT'. The main dashboard area features tabs for 'DASHBOARD', 'CLAIMS & ACTIVITY', and 'CALCULATORS', with the date 'November 29, 2012' shown. A prominent button labeled 'SUBMIT RECEIPT or CLAIM' is circled in yellow. Below it, the 'CURRENT PROGRAMS' section shows one active program: 'SRNS Retirement Reimbursement Account'. This program details include 'Use from: 1/1/13 to ...' and 'Claim by: ...'. A large orange oval highlights the 'Available Balance' of '\$2,900'.

WageWorks<sup>®</sup> Savannah River NUCLEAR SOLUTIONS<sup>®</sup> SRR Savannah River Remediation

ALERTS & MESSAGES 0 PROFILE HELP LOG OUT

DASHBOARD CLAIMS & ACTIVITY CALCULATORS November 29, 2012

**SUBMIT RECEIPT or CLAIM**

CURRENT PROGRAMS 1

**+** SRNS Retirement Reimbursement Account

Use from: 1/1/13 to ...  
Claim by: ...

Available Balance **\$2,900**

9

# RRA Account Online

## Submitting A Claim for Premium Reimbursement

The screenshot displays the WageWorks RRA Account Online interface. At the top, there are logos for WageWorks, Savannah River Nuclear Solutions, and Savannah River Remediation (SRR). Navigation links include ALERTS & MESSAGES, PROFILE, HELP, and LOG OUT. The main navigation bar shows DASHBOARD, CLAIMS & ACTIVITY (selected), and CALCULATORS, with the date November 29, 2012. On the left, there are buttons for SUBMIT RECEIPT or CLAIM and ELIGIBLE EXPENSES. The central content area features two options for Health Care Claims: 'Pay Me Back' (highlighted with a yellow oval) and 'Pay My Provider'. 'Pay Me Back' is described as a request for payment to reimburse out-of-pocket expenses, while 'Pay My Provider' is a request for payment to be mailed directly to the provider. A close button (X) is visible in the top right corner of the content area.

10



# RRA Account Online

## Submitting A Claim for Premium Reimbursement

WageWorks® Savannah River NUCLEAR SOLUTIONS® SRR Savannah River Remediation

FRUITICK ADJUDICATOR LOG OUT

HEALTH CARE PAY ME BACK CLAIM November 29, 2012

BACK 1 2 3 4 NEXT

Instructions

Submit this claim to get reimbursed for your out-of-pocket expenses for

**Health Care**

**Before You Start**  
Have your receipt in front of you. Enter one receipt at a time.

**Follow These Steps**

- 1 Enter Provider Name and Service Dates
- 2 Enter Item Details
- 3 Review and Submit Claim
- 4 Upload Receipt OR Print Form

11

# RRA Account Online

## Submitting A Claim for Premium Reimbursement

WageWorks® Savannah River NUCLEAR SOLUTIONS™ SRR Savannah River Remediation LOG OUT

HEALTH CARE PAY ME BACK CLAIM December 2, 2012

1 2 3 4

BACK Enter Provider and Dates NEXT

Enter the following as displayed on the receipt you will submit to verify this claim.

Provider Name  Maximum 40 characters.

Service Start Date  Day(s) you received care, not day you paid.

Service End Date  Optional. If for more than one day.

12

# RRA Account Online

## Submitting A Claim for Premium Reimbursement

WageWorks® | Savannah River NUCLEAR SOLUTIONS® | SRR Savannah River Remediation | LOG OUT

HEALTH CARE PAY ME BACK CLAIM | December 2, 2012

1 2 3 4

BACK | Enter Item 1 | NEXT

Enter the following as displayed on the receipt you will submit to verify this claim. We will verify and correct all information when we process your claim.

Description: Health insurance /

Amount: \$ 200.00 | Your out-of-pocket cost.

Patient Name: Select Name | + ADD NEW PATIENT

13

# RRA Account Online

## Submitting A Claim for Premium Reimbursement

The screenshot displays the WageWorks online portal interface. At the top left, there are logos for WageWorks, Savannah River Nuclear Solutions, and Savannah River Remediation. A 'LOG OUT' link is visible in the top right corner. The main content area shows a claim titled 'HEALTH CARE PAY ME BACK CLAIM' dated December 2, 2012. Below the title, there are navigation buttons: 'BACK' on the left and 'NEXT' on the right, which is circled in yellow. In the center, there are four numbered steps (1, 2, 3, 4), with step 2 highlighted. The title 'Item Summary' is centered below the steps. Below this, it states '1 Item(s) = \$200.00 Total'. A table-like structure shows a single item: 'Health insurance / plan premiums (paid with after-tax dollars only)' with a 'Delete' checkbox and a '\$200.00' value.

WageWorks<sup>®</sup> Savannah River NUCLEAR SOLUTIONS<sup>™</sup> Savannah River Remediation

LOG OUT

HEALTH CARE PAY ME BACK CLAIM December 2, 2012

BACK 1 2 3 4 NEXT

Item Summary

1 Item(s) = \$200.00 Total

Delete	Health insurance / plan premiums (paid with after-tax dollars only)	\$200.00
--------	---	----------

14

# RRA Account Online

## Submitting A Claim for Premium Reimbursement

1 2 3 4

BACK

Submit Receipt

NEXT

Choose One of These Options

**a**

Submit an electronic version of your receipt online NOW.  
Recommended! This is the fastest way to get your claim processed.

**b**

Submit an electronic version of your receipt online LATER.

**c**

Print a claim form and send via fax or mail.

Submit Receipt Online NOW

Submit Receipt Online LATER

Print Claim Form

Done

# RRA Account Online

## Submitting A Claim for Premium Reimbursement

HEALTH CARE PAY ME BACK CLAIM - SUBMIT RECEIPT ONLINE February 8, 2013

BACK Instructions NEXT

**Submit Your Receipt Online**  
Your claim will be processed within a few days.  
Return to this site to view the status of your claim and payment.

**Follow These Steps**

<p><b>a</b></p> <p>Save a PDF of an Explanation of Benefits (EOB) from your health plan's website.</p>	<p><b>b</b></p> <p>Save a digital receipt or scan a paper copy as one of these file types:</p> <ul style="list-style-type: none"> <li>• JPG</li> <li>• PDF</li> <li>• TIFF</li> <li>• GIF</li> <li>• PNG</li> <li>• ZIP</li> </ul>	<p><b>c</b></p> <p>Each file can be no larger than 5 MB. You may need to compress them.</p>	<p><b>d</b></p> <p>Click the <b>Upload Receipt</b> button, select the file(s) then confirm.</p>
--	--	---	---

Copyright © 2000-2013 WageWorks, Inc. All Rights Reserved. All contents and the design of this web site are copyrighted by WageWorks, Inc. and may be protected by other laws. WageWorks is a registered trademark of WageWorks, Inc. No part of this site is intended to provide tax or legal advice. Savings examples are provided for illustrative purposes only. You should consult a professional advisor regarding your personal situation.



NEXT

# RRA Account Online

## *Submitting A Claim for Premium Reimbursement*

HEALTH CARE PAY ME BACK CLAIM - SUBMIT RECEIPT ONLINE February 8, 2013

BACK Select Receipt File(s) NEXT

Test   \$1.00

**Add Receipt for This Claim**

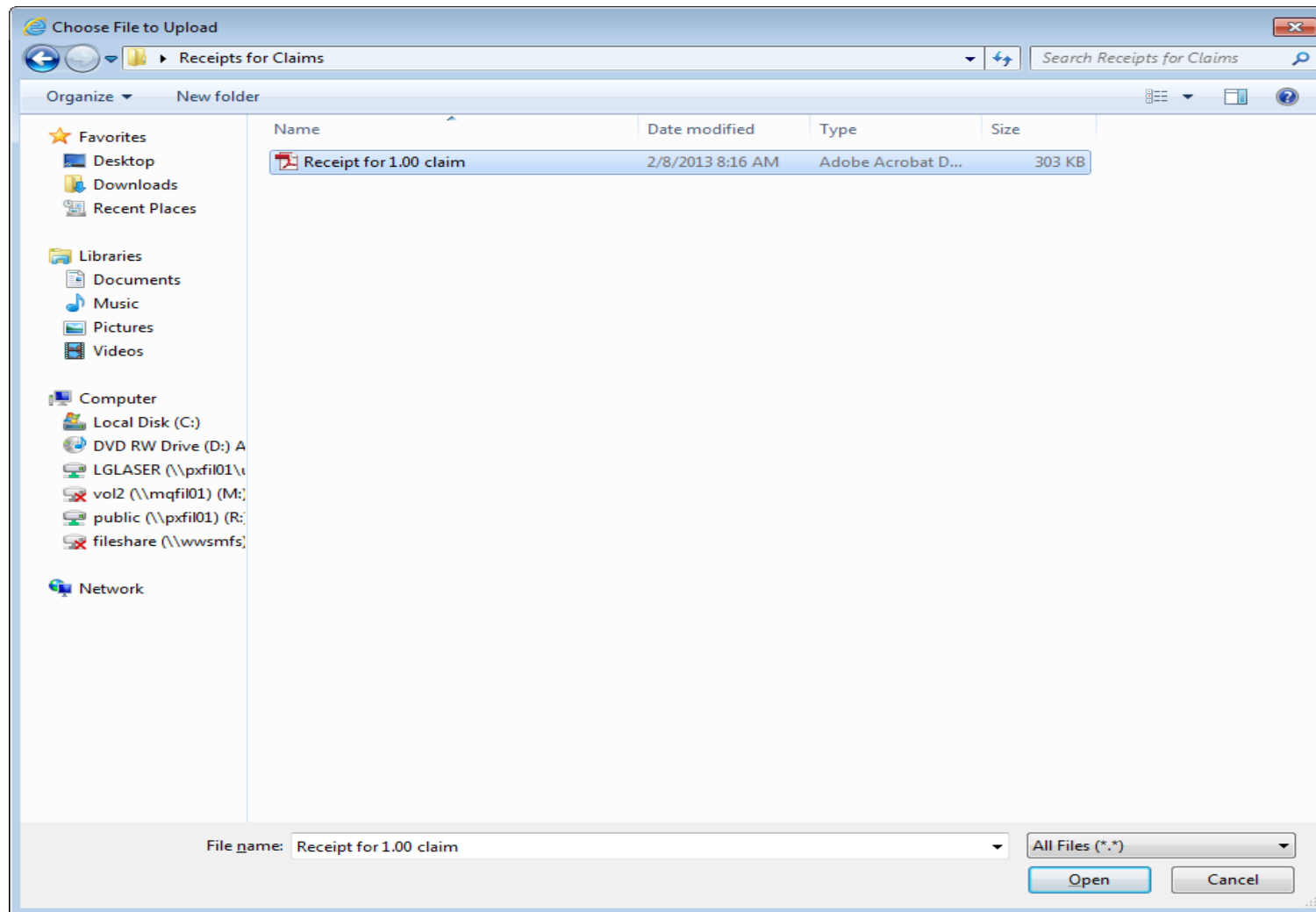
Copyright © 2000-2013 WageWorks, Inc. All Rights Reserved. All contents and the design of this web site are copyrighted by WageWorks, Inc. and may be protected by other laws. WageWorks is a registered trademark of WageWorks, Inc. No part of this site is intended to provide tax or legal advice. Savings examples are provided for illustrative purposes only. You should consult a professional advisor regarding your personal situation.

NEXT



# RRA Account Online

## Submitting A Claim for Premium Reimbursement





# RRA Account Online

## Submitting A Claim for Premium Reimbursement

HEALTH CARE PAY ME BACK CLAIM - SUBMIT RECEIPT ONLINE February 8, 2013

BACK Select Receipt File(s) NEXT

Test	 	\$1.00
Delete	<input type="checkbox"/> Receipt for 1.00 claim.pdf	302.0 KB

[Add Another Receipt for This Claim](#)

[No More Receipts for This Claim](#)

Copyright © 2000-2013 WageWorks, Inc. All Rights Reserved. All contents and the design of this web site are copyrighted by WageWorks, Inc. and may be protected by other laws. WageWorks is a registered trademark of WageWorks, Inc. No part of this site is intended to provide tax or legal advice. Savings examples are provided for illustrative purposes only. You should consult a professional advisor regarding your personal situation.



# RRA Account Online

## Submitting A Claim for Premium Reimbursement

HEALTH CARE PAY ME BACK CLAIM - SUBMIT RECEIPT ONLINE February 8, 2013

[BACK](#) 1 2 [SUBMIT RECEIPTS](#)

### Review and Submit Receipt(s)

Test	 	\$1.00
Receipt for 1.00 claim.pdf	302.0 KB	

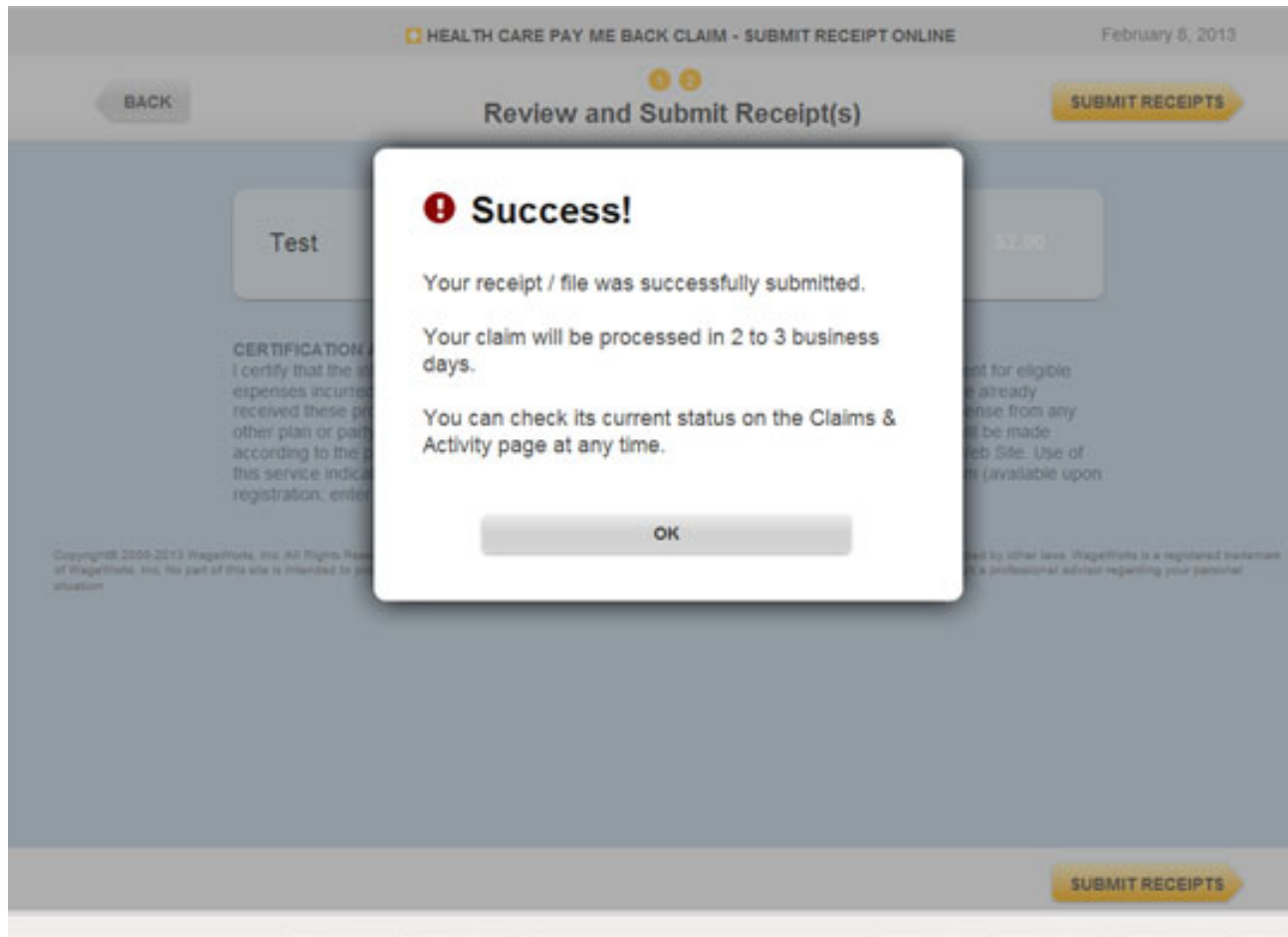
**CERTIFICATION AND AUTHORIZATION**  
I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible expenses incurred by myself or an eligible dependent while I was a participant in the plan. I have already received these products and services and have not and will not seek reimbursement of this expense from any other plan or party. If I am covered under more than one health care account, reimbursement will be made according to the payment order determined by those plans and as stated on the WageWorks Web Site. Use of this service indicates my acceptance of the WageWorks User Agreement at [www.wageworks.com](http://www.wageworks.com) (available upon registration; enter username and password or click on First Time User? link).

Copyright © 2000-2013 WageWorks, Inc. All Rights Reserved. All contents and the design of this web site are copyrighted by WageWorks, Inc. and may be protected by other laws. WageWorks is a registered trademark of WageWorks, Inc. No part of this site is intended to provide tax or legal advice. Savings examples are provided for illustrative purposes only. You should consult a professional advisor regarding your personal situation.

[SUBMIT RECEIPTS](#)

# RRA Account Online

## *Submitting A Claim for Premium Reimbursement*



Thank You!

