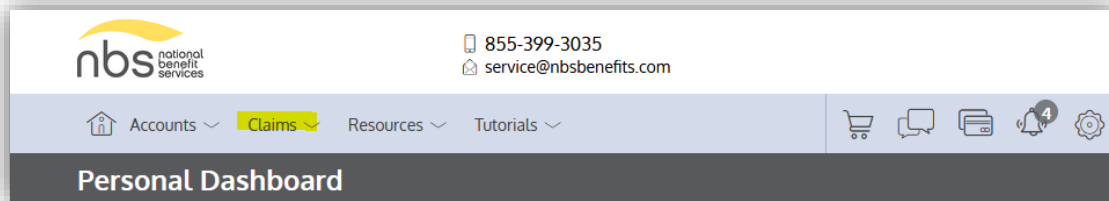


Teton County School District #401

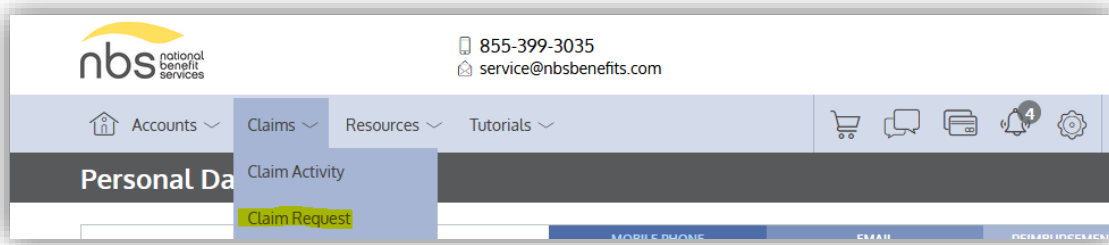
Filing claims online through your Participant Portal:

Login to the National Benefits Participant Portal, <https://mynbsbenefits.com/>. For information on how to login/register for the Participant Portal please see the "Creating your Flexible Benefit Plan Account" document.

From the main page select **Claims**



Then from the dropdown option, select **Claim Request**



You should now see the following screen:

Add claim for immediate reimbursement

CLAIM DETAILS > DOCUMENTATION > CONFIRM SUBMISSION

Claim Form Instructions

Please note the following special instructions:

You must provide documentation to substantiate your claim. Credit card receipts do not contain the sufficient documentation necessary for a reimbursement. Your documentation must provide: the date of service, the amount paid, and a description of the service provided.

If you select a Provider below you are agreeing to pay that provider directly. **Do not select this option unless you want reimbursement sent to your provider.**

If you are submitting to the HRA, be sure to select HRA under the "Service Type" option and attach an Explanation of Benefits (EOB).

If you are submitting to the Dependent Care Assistance Plan (DCAP), the receipt must also include the provider's SSN or Tax ID number and a date range for the service provided.

* - Required Field

Service Type *

Service Start Date *

Now you are ready to start entering claims. It is best to enter individual claims for each section of an EOB. For example:

Teton Valley Health Care Physicians Group									
Patient Account					Insurance Claim				
Service Date	Service Description	Charges	Network Savings	Other Insurance	Non Covered	Deductible	Copayment/Coinsurance	Amount We Paid	Notes
08/17/19	Emergency Care	287.95	0.00		204.99	82.96		0.00	1
CLAIM TOTAL		287.95	0.00		204.99	82.96		0.00	
Notes									
1 The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.									

****Please note that the HRA will only cover amounts listed under the deductible column on an EOB. It will not pay for amounts listed under the Copayment/Coinsurance column, or the Non-Covered column.**

It is also important to note that you enter claims individually by family member and plan year and do not lump dates together for multiple family members or plan year service dates.

When you are ready to submit a claim, you will start here and enter:

1. Service Type

At this point you will need to select the correct Service Type code and this is where you need to make sure you pick the code that is connected to the right plan year because they are different for 2020 vs. 2018 and 2019.

For any claim for 2018 or 2018 services, you will need to select:




- HRA Med Ded Fam for the spouse or dependents of the Teton Employee.
- HRAMED DED EE for the Teton Employee.

For any claim for 2020 services, you will need to select:

- HRA Medical Deductibles (regardless of who the family member is as there is only one code for this plan year).

Next you will select

2. Service Start Date and Service End Date
3. Claimant (person who received services)
4. Select how you would like to be reimbursed (Check or Direct Deposit)

 Claimant	<input type="text"/>
 Reimbursement Method *	Direct Deposit <input type="text"/>
 Claim Amount *	\$ 0.00 <input type="text"/>


Next you will want to enter the deductible amount listed on the EOB section in the amount field of the claim entry form. Do this individually for each section on an EOB listed by Provider and Service date for each family member.

Teton Valley Health Care Physicians Group


Patient Account						Insurance Claim			
Service Date	Service Description	Charges	Network Savings	Other Insurance	Non Covered	Deductible	Copayment/Coinsurance	Amount We Paid	Notes
08/17/19	Emergency Care	287.95	0.00		204.99	82.96		0.00	1
CLAIM TOTAL		287.95	0.00		204.99	82.96		0.00	

Notes

1 The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.



 Claim Amount *	<input type="text" value="\$ 0.00"/>
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At this point, if your provider has not been paid, you can also select to have the payment for the amount listed in the deductible column go directly to the provider by selecting the "Pay Provider" option. **If you would like payment to come directly to you, DO NOT select the "Pay Provider" option.**

 Whom shall we pay?*	
<input type="radio"/> Pay Provider	<input checked="" type="radio"/> Pay Me


If you select the “Pay Provider” option, you will then be prompted to add the Provider name and address, as well as Tax ID Number, if you have it. *(You can still select this option even if you don’t have the provider Tax ID Number)*


If you select the “Pay me” option, you simply enter the provider name in the Provider Name field as well as an account number, if you have it. *(The account number is not a required field)*

 Provider Name	<input type="text"/>
 Account Number	<input type="text"/>

There is a comments section if you feel any special comments regarding the submission are necessary, but they are not required for submission. You can now hit “next” to be taken to the page to attach a digital copy of your EOB. ****An EOB MUST be attached to any web claim submission to your HRA plan.****

CLAIM DETAILS > DOCUMENTATION > CONFIRM SUBMISSION

 Please Choose a Validation Method to Continue



Attach Claim Receipt

Take a photo of your receipt or attach an existing document now.

Once you select this option, you will be taken to the screen below, which will allow you to either “drag & drop” your EOB into the submittal field, or you can select the “browse” option to find the EOB on your computer in its saved location.

Add claim for immediate reimbursement - Add Receipt

Upload Receipt **BROWSE**

DRAG & DROP
your receipts here

After you have added your EOB, you will select the “Next” button. You will then be taken to the final submission and confirmation screen. At the top, you will see your claim details.

CLAIM DETAILS DOCUMENTATION CONFIRM SUBMISSION

Claim Details

Amount:	\$250. ⁰⁰
Type:	Direct Deposit
Claimant:	██████████
Service Type:	HRA Medical Deductibles
Service Start Date:	May 4, 2020
Service End Date:	May 4, 2020
Comments:	
Provider:	Smith MD

Below that you will see the following box. You will need to check the “I understand” box and then select the “Submit” button at the bottom.

I understand and agree to the following:

- 1) The expenses listed above have not been reimbursed nor will I seek reimbursement for these expenses from any other source.
- 2) The expenses must qualify for reimbursement under the Internal Revenue Code. To qualify, documentation must include date of service, amount paid, and a description of the service provided.
- 3) I have retained copies of the documentation submitted with this request as these materials will not be returned to me.
- 4) The expenses listed above were incurred by myself and/or my eligible dependents as defined by the IRS.
- 5) It is the Employee's responsibility to ensure all claims have been uploaded properly and received at NBS.
- 6) For HRA claims, an Explanation of Benefits (EOB) must be submitted as supporting documentation.

Once you hit the "Submit" button, you will receive the following message and options. Please note, you can click the "Submit Another Claim" button for each new deductible expense date and amount on your EOB's for which you are seeking reimbursement.

Please remember to Submit claims individually for each family member and for each provider of services and service date.

Thank you!

Once your claim has been reviewed by one of our claims processors, it will appear under Pending Claims where you can verify the status of your reimbursement

What do you want to do next?

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