



# Medical Reimbursement Plan *Enrollment Kit* with CrossTech®

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*Contact Us Today!*

[www.myflexinfo.com](http://www.myflexinfo.com)

p: 866-472-0882 // f: 847-440-9100

[dcinfo@flexiblebenefit.com](mailto:dcinfo@flexiblebenefit.com)



## Medical Reimbursement Plan

Wouldn't it be great to have a fund to help you pay out-of-pocket medical costs?

You do now! FlexMRP Medical Reimbursement Plan is an account funded by your employer to help you pay your healthcare expenses. There's no cost to you. It can work with your medical and pharmacy plan to reimburse you for eligible medical expenses.



### How Does It Work?

- Your employer sets a specific amount to credit toward your fund each year, per individual covered.
- As you incur expenses applied to your health plan's deductible, the plan will automatically issue tax-free reimbursements to you for qualified expenses.
- The types of medical expenses that qualify vary by employer. See your employer for information specific to your plan.

### Advantages:

- **It's tax-free.** Feel good knowing your fund reimbursements are not taxable.
- **It's cost-effective.** It helps you pay for qualified expenses you would normally need to pay for with your own money.
- **It's around-the-clock.** Log on to [www.myflexinfo.com](http://www.myflexinfo.com). Your account is updated daily. There you can check your fund balance and more – 24 hours a day.
- **No computer? No problem.** Call our toll-free number at 866-472-0882.

### More great news!

If your medical plan offers a choice of in- or out-of-network care, stay in your plan's network to save. Network providers have agreed to offer their services to you at a discounted rate. That means fewer dollars will be taken out of the fund, leaving you a greater balance to use for other eligible health expenses.

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### Here's How the MRP Typically Reimburses:

#### Medical Deductible Reimbursements -

1. You visit a doctor for care.
2. Your doctor submits a bill to your carrier.
3. Your carrier mails you and your doctor your Explanation of Benefits (EOB) summary. It details what the plan will pay. Even if your doctor is out-of-network, you will still get an EOB summary.
4. Once you receive your EOB, you complete a reimbursement form and forward to Flex along with a copy of your EOB. If your employer offers CrossTech, the EOB is forwarded to Flex electronically directly from your health carrier, so you don't need to complete any paperwork.

#### Prescription Reimbursements -

1. You visit a pharmacist to fill a prescription.
2. Your pharmacist electronically processes the claim and readjusts pricing to reflect negotiated rates.
3. You pay a discounted prescription cost to the pharmacy.
4. You complete a reimbursement form and forward to Flex along with a copy of the Pharmacy claim from your Medical carrier's website. If your employer offers crossover technology, the data is forwarded to Flex electronically directly from your health carrier, so you don't need to complete any paperwork.



## myFlexInfo.com

**myFlexInfo.com** is a password-protected online resource for all your Flex account needs.



Information and status can be viewed at the plan administrator level, and individually at the employee level 24 hours a day. Whether your employer has established a FlexHRA® Health Reimbursement

Arrangement, Flex125® Flexible Spending Account (FSA), FlexMRP™ Medical Reimbursement Plan or FlexTRANSIT® Reimbursement Account, myFlexInfo.com serves as a channel of communication through which everyone can be kept informed without the necessity of making phone calls.

Through myFlexInfo.com, for example, employees can learn how their benefit plans work, check account history and current balances, download forms and much more.

### How to Register on myFlexInfo.com:

**Step 1:** Logon to [www.myflexinfo.com](http://www.myflexinfo.com) and click the “Employee Login” button.

**Step 2:** Click the register link.

**Step 3:** You will need to provide certain details, including your Access Code. Please contact your employer for this information.

**Step 4:** You will create a user name and password along with a security question/answer should you happen to forget your password. Then click “Next”

**Step 5:** Your registration is now complete and you can click “confirm” to login to your account.

## Contact Information

### How Can We Help?

- Questions regarding your Flex Plan?
- Looking for status updates on your account balance?
- Need to download forms?
- Need more information on how to file a claim?



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Fax: 847-440-9100

Email: [dcinfo@flexiblebenefit.com](mailto:dcinfo@flexiblebenefit.com)



## Submit Your Flex Claims Automatically with CrossTech!

Tired of looking for receipts, claim forms and stamps? What if you could eliminate the manual effort and streamline the process of submitting medical claims for reimbursement?



Don't ponder that question any longer. Flexible Benefit Service Corporation (Flex) has CrossTech®, which is the automatic, paperless submission of FSA, HRA and MRP medical, prescription, and dental claims through Blue Cross® and Blue Shield® of Illinois (BCBSIL)-PPO plans only.

In order to take advantage of this claim submission process, you must have a PPO Plan through BCBSIL, and complete the Single Claim Submission Authorization Form that follows this page.

If you elect to participate in this technology and confirm your eligibility based on the criteria listed above, you must complete the Single Claim Submission Authorization Form.

Once you elect CrossTech, you will remain on CrossTech for each new plan year that you have a qualifying PPO plan. If you decide to cancel your CrossTech, there is a cancellation form which will need to be submitted.

Attached is the CrossTech election form and if you have questions, please feel free to call your Flex representative at (866) 472-0882.

Note: Paperless claim submission is only available to PPO participants. Adjusted claims are not processed through CrossTech and need to be submitted manually.

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### Sign up today and take advantage of the following benefits:

- Claims are submitted automatically; no need to wait for the EOB from the carrier
- Margin of error in processing a claim is decreased because the claims come directly from the carrier and are submitted to our system electronically
- Information is transferred over a secure line; not viewable by others
- The hassle of submitting claim forms has been eliminated
- Available to BCBSIL PPO Plan members (HMO Plan members, secondary coverage and domestic partner coverage are not eligible to participate in CrossTech)



### CrossTech is not available under the conditions listed below:

- You are on a HMO Plan or any other plan which is not a BCBSIL PPO plan.
- You or your dependents have coverage under another health plan with coordination of benefits. For example, Medicare or secondary coverage with your spouse's plan.
- You are covering a domestic partner under your medical plan that is not your dependent for federal income tax purposes. The medical expenses of the domestic partner who is not your tax-qualified dependent are not eligible for reimbursement under a FSA, HRA or MRP plan.

**PLEASE NOTE: This a Blue Cross® and Blue Shield® of Illinois (BCBSIL) requirement. Please complete form in full.**

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# CrossTech® Single Claim Submission Authorization Form

## Please Sign and Return this Form Immediately for FSA/HRA/MRP Single Claim Submission Authorization Form

For BCBSIL Medical and Dental Participants Only (NON-HMO)

Employer Name: \_\_\_\_\_

### NOTE: ALL INFORMATION MUST BE COMPLETED FOR PROCESSING

Please print information.

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

If you have **BCBSIL Medical and Dental**, you can elect to have *expenses that may or may not be covered by Blue Cross and Blue Shield automatically submitted to your FSA, MRP and/or HRA for reimbursement*. This is called Single Claim Submission. In order to activate Single Claim Submission, please sign this Single Claim Submission Authorization Form confirming you are eligible per the qualifications listed below and return it to Flexible Benefit Service Corporation (Flex).

If you do not have coverage under **BCBSIL Medical and Dental**, you have a HMO or other non PPO plan, secondary coverage (for example – Medicare) or have coverage for a domestic partner, you are not eligible for automatic Single Claim Submission for your health care flexible spending account.

### AUTHORIZATION

In electing to have claims for reimbursement from my health care spending account automatically submitted, I authorize Blue Cross and Blue Shield of Illinois to disclose information about the medical care, diagnosis, treatment or advice provided to me and/or my dependents including, without limitation, information about AIDS or HIV, mental illness, and/or the use of drugs or alcohol. I understand that this authorization is valid for the plan year to which this waiver applies and may be revoked at any time. I also understand that any information disclosed under this authorization will be made available to me upon request. I further understand that without this authorization my claims and claims for my dependents cannot be automatically submitted by Blue Cross and Blue Shield of Illinois for reimbursement from my health care spending account.

### SIGNATURE REQUIRED FOR PROCESSING

I certify that I am claiming reimbursement only for eligible expenses that have not previously been reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for choosing the Single Claim Submission option.

**Please send completed form to Flex.**