What is Automatic Claims Rollover?
In some cases, Anthem Blue Cross and Blue Shield (Anthem) FSA will receive electronic files from your Anthem health plan or other providers that contain information about your out-of-pocket health care expenses. Examples of out-of-pocket expenses include deductibles, co-pays, co-insurance, and non-covered services that may be eligible for reimbursement under a health FSA. In most cases, you will be automatically reimbursed for these expenses without the need to submit a Request for Reimbursement Form and supporting documentation. However, there may be situations where you are required to submit additional documentation prior to receiving reimbursement (one example is orthodontia expenses).

What if my health plan or another provider denies my claim?
If your claim is denied, the claim information will be sent to Anthem FSA for evaluation as an eligible expense under your health FSA. If eligible, your expense will be reimbursed without the need to submit a Request for Reimbursement Form and supporting documentation. However, in some instances additional information may be required. If necessary, you will receive a formal request for the additional information.

Automatic Claims Rollover FAQs

What if my claim is adjusted after my reimbursement has been issued?
If your claim is adjusted after you have received reimbursement under your health FSA for that expense, you must provide the updated claim information to Anthem. If the adjustment to your claim results in a balance due to you, you may submit a Request for Reimbursement Form and the supporting documentation, and you will be reimbursed for the balance due. If the adjustment to your claim results in a balance due to your health FSA plan (i.e. after adjustment, your share of the expense is less than the amount you were reimbursed), you must reimburse the plan for the difference using post-tax dollars. Failure to repay the plan could result in adverse tax consequences.

What if I have secondary coverage under another group health plan?
Expenses reimbursed under your health FSA may not be reimbursed under any other plan or program. Your health FSA should be the payor of last resort, therefore, you should opt out of automatic claims rollover if you have secondary health coverage. You may opt out of automatic claims rollover by logging in and updating your account at www.anthem.com.*

After insurance payments have been determined by both your primary and secondary plans, you may request reimbursement for any out-of-pocket expenses by submitting a Request for Reimbursement Form.

When should I opt out of automatic claims rollover?
You should opt out of automatic claims rollover if you have secondary health insurance coverage as described above or if you carry an individual on your health plan that is ineligible for health FSA purposes (e.g., same sex domestic partner). You may opt out of automatic claims rollover by logging in and updating your online account.

What expenses are eligible under a health FSA?
Qualified expenses must be for out-of-pocket medical care provided to you, your spouse, or eligible dependent. Code § 213(d)(1)(A) and (B) define medical care as amounts paid for:

- The diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body; and
- Transportation primarily for and essential to medical care as defined above.

Typically, out-of-pocket eligible expenses include (but are not limited to): co-pays and deductibles under your major medical plan; prescription drugs; dental expenses, including exams and cleanings; vision expenses, including exams, contact lenses, and supplies; and laser eye surgery. A complete list of eligible and ineligible health FSA expenses is available online.

*If you are not enrolled in an Anthem medical plan, you will need to log on to your Reimbursement Benefit Account at www.benefitadmin solutions.com/anthem. You will need your Anthem Reimbursement Account Number or Social Security Number and Date of Birth to log-in to the website for the first time.
Please note: Per IRS rules:

- Expenses reimbursed under your health FSA may not be reimbursed under any other plan or program. Only your out-of-pocket expenses are eligible.
- Expenses must be incurred during the period of coverage. As outlined in Prop. Treas. Reg. § 1.125-6(a)(2), "expenses are incurred when the employee (or the employee’s spouse or dependents) is provided with the medical care that gives rise to the medical expenses, and not when the employee is formally billed, charged for, or pays for the medical care.” Therefore, the date of service must be within the current plan year.
- Expenses reimbursed under a health FSA may not be used to claim any federal income tax deduction or credit.

What expenses are ineligible under a health FSA?
Ineligible expenses include, but are not limited to, the following:

- Cosmetic surgery and procedures
- Expenses for services rendered outside the coverage period
- Expenses reimbursed by an insurance provider or another health plan
- Herbs, vitamins, and supplements that are used for general health
- Non-prescribed over-the-counter (OTC) medicines and drugs
- Insurance premiums
- Family or marriage counseling
- Personal use items (e.g., toothpaste, shaving cream, cosmetics)
- Dental whitening
- Prescription drugs imported from another country

A complete list of FSA eligible and ineligible expenses is available online.

What expense information is automatically sent via claims rollover files?
Claim rollover files include information regarding your out-of-pocket expenses incurred for services received under your health plan(s). These expenses may include deductibles, co-pays, co-insurance, and non-covered services. Because the information is limited to expenses associated with your health plan(s), information for expenses incurred outside of your health plan, such as OTC medicines and drugs, OTC health care items, and transportation expenses will not be included in the claim rollover files.

Can I submit a reimbursement request if I have automatic claims rollover?
Yes, you may submit a reimbursement form for eligible expenses that are not provided to Anthem via a claims rollover file (e.g., qualified over-the-counter health care items, vision expenses if your vision carrier does not provide claims rollover files, etc.). You should not submit a manual claim for services processed via automatic claims rollover.

Where can I get a reimbursement form?
Reimbursement request forms are available from the participant section of the Anthem Web site. You must first log in to your account to access these forms.

How often are reimbursements issued?
Claims are reimbursed on a schedule established by your employer. You may contact Anthem to confirm the reimbursement schedule.

How do I keep track of my account activity?
Your account information is available anytime day or night. Simply log in to your Anthem account at www.anthem.com, for real-time account information including account balance, claims status, and payment history.
Automatic Claims Rollover FAQs

Frequently Asked Questions

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Delaware: Anthem Insurance Companies, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Wisconsin: Blue Cross Blue Shield of Wisconsin (“BCBSWI”), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (“CompCare”), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.