

Frequently Asked Questions (FAQs)

Making sense of Explanation of Payment (EOP) notices



PAYFLEX[®]

An **Explanation of Payment (EOP)** provides details on claims that have been paid, denied or adjusted. There may be times during the plan year when you receive an EOP from PayFlex. Sometimes it isn't always clear what you should do next.

This document provides samples of the four most common EOPs, along with helpful Frequently Asked Questions (FAQs) related to each one.

EXAMPLE: Reimbursement Check Explanation of Payment (EOP)

Explanation of Payment

(Reimbursement)

Thank you for submitting your claim(s) to PayFlex. We have processed your claim(s) and our determination is below. If further action is required, please provide the requested documentation or payment to PayFlex via fax or mail as soon as possible but no later than the end of your plan's run out period.

Check #: 000070682

Check Date: 03/15/2016

Total Check Amount: ****\$175.00

Your Account Balance After This Payment

Account Name	Annual Election	Deposits	Total Paid	Election Remaining	Amt This Payment
(2015) Healthcare (FSA)	\$2,500.00	\$500.00	\$195.00	\$2,305.00	\$175.00

This Payment Includes

Account Name	Expense Type	Service Dates		Amt Requested	Amt Paid	Amt Not Paid	Claim #	Amt This Payment
		Begin	End					
(2015) Healthcare (FSA)	Medical	03/15/2016	03/15/2016	\$175.00	\$175.00	\$0.00	002131192	\$175.00
	Dental	03/15/2016	03/15/2016	\$100.00	\$0.00	\$100.00	002131188	\$0.00

Remark: This expense is not eligible for reimbursement and has been denied. The service must have been provided before you submit for reimbursement. You may submit the claim for the expense after the service has been provided.

Total: \$175.00

Access your account information online at www.mypayflex.com

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Toll Free: (866) FSAFLEX Option X | Fax: (402) 231-4310

Statement Message 3 will be displayed here.

Appeals: If this notice contains an adverse determination and is not just a request for additional information, you are entitled to a review (appeal) of the determination if you have questions or do not agree. To obtain a review, you or your authorized representative should submit a request in writing to the address shown on the explanation of payment notice. Your request should include the group name (e.g., your employer), your name, your member identification number and other identifying information shown on this notice, and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also review documents relevant to your claim. Upon request and free of charge, you may receive reasonable access to and copies of all documents, records, and other information including any internal procedures or any specific determination for your Health Reimbursement Account and you will be notified of respect to your appeal. Dependence will be conducted and you confirm the specific appeal you have the right to bring applicability of ERISA to

UMB
OMAHA, NE 68114
56-7/8901

PayFlex Systems USA, Inc.
FLEX DEPARTMENT
P.O. BOX 3039
OMAHA, NE 68103-3039



NO. 000070682

VOID 90 DAYS FROM
DATE OF ISSUE

DATE
03/15/2016

AMOUNT
****\$175.00

PAY *** ONE HUNDRED SEVENTY-FIVE DOLLARS AND NO CENTS ***

TO THE
ORDER
OF
KEN BLOCK
34 W 56TH ST
OMAHA, NE 68164

AUTHORIZED SIGNATURE



FAQ: Reimbursement Check Explanation of Payment (EOP)

Here are some helpful FAQs related to the Reimbursement Check EOP notice

Why am I receiving this notice?

Your claim was filed and approved. The check attached is your reimbursement check.

What should I do next?

Cash the check. If you don't cash the check within 90 days, it'll be considered void. And you'll have to call PayFlex to have a new check issued.

What if this notice lists denied claims?

Read the denial reason(s) and determine if you want to submit additional information to try to get your eligible expense claim(s) paid. The "remark" section will explain why the amount was either denied or requires additional information.

How do I know if further action is required?

Further action is needed if you have denied claims. Review the "remark" section on your EOP notice for further information.

What if I don't take action on my denied claims?

Your claims won't get paid.

If additional documentation is needed, what are my next steps?

The best document to submit is your Explanation of Benefits (EOB) from your insurance carrier. Make sure to include a copy of your Explanation of Payment (EOP) notice. You have 4 options:

1. **PayFlex website:** You can log in to your PayFlex member website. View your alerts and follow the steps to upload your documentation.
2. **PayFlex Mobile® app*:** Log in to the PayFlex Mobile app. To get started, view your alerts.
3. **Fax:** Fax your EOB (and your EOP) to PayFlex. Don't mark up the document with a highlighter. It makes the fax hard to read.
4. **Mail:** Mail a copy of your EOB (and your EOP) to PayFlex.

FAQ: Reimbursement Check Explanation of Payment (EOP)

Helpful FAQs continued....

What if I don't have an EOB?

You may be able to download it from your insurance company's website. If not, you have the following three options:

1. Send us a detailed receipt that shows the following:
 - Name of the provider or facility that treated you
 - Your name or the name of the patient
 - Date of service
 - Type of service
 - "Final" amount you owe
2. Send us an EOB or detailed receipt for a different eligible expense to replace the expense(s) in question.
 - The eligible expense has to be from the same plan year
 - We must receive the EOB or detailed receipt by the claim filing deadline of that plan year
 - You can't have already been reimbursed for this expense
 - You can't seek reimbursement for this expense elsewhere
 - You, your spouse or eligible dependent must have incurred the eligible expense
3. Pay back your account
 - Mail us a check or money order for the exact amount in question. Make payable to: PayFlex.
 - Include a copy of the EOP.

What does the **"Your Account Balance After This Payment"** section mean?

This confirms your current account balance now that your reimbursement is issued. The check amount is already deducted from this balance.

What does the **"This Payment Includes"** section mean?

The claims that were submitted and processed are listed in this section. This also shows how much of each claim was approved and why any portions of it were denied (if any).

EXAMPLE: Reimbursement Explanation of Payment (EOP)

Explanation of Payment

(Reimbursement)

Thank you for submitting your claim(s) to PayFlex. We have processed your claim(s) and our determination is below. If further action is required, please provide the requested documentation or payment to PayFlex via fax or mail as soon as possible but no later than the end of your plan's run out period. You are responsible for verifying receipt of funds with your bank before executing any transactions.

Draft #: 000947350

Date: 07/13/2016

Total Amount: *****\$13.00

Your Account Balance After This Payment

Account Name	Annual Election	Deposits	Total Paid	Election Remaining	Amt This Payment
(2016) Healthcare (FSA)	\$1,500.00	\$0.00	\$141.00	\$1,359.00	\$13.00

This Payment Includes

Account Name	Expense Type	Service Dates	Amt Requested	Amt Paid	Amt Not Paid	Claim #	Amt This Payment	
		Begin	End					
(2016) Healthcare (FSA)	Medical	07/01/2016	07/01/2016	\$13.00	\$13.00	\$0.00	002154082	\$13.00
Total:							\$13.00	

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 Toll Free: (866) FSAFLEX Option X | Fax: (402) 231-4310

Do you get your claim notices by mail? You can get them faster by e-mail. Log in to your account and click on My Settings. Then click on the notifications link. Be sure to enter your e-mail address and select the e-mail option for Explanation of Payment. Do you get your claim reimbursements by check? You can get your money faster with direct deposit. Log in to your account and click on the Financial Center tab. Then click on Enroll in Direct Deposit to get started.

Appeals: If this notice contains an adverse determination and is not just a request for additional information, you are entitled to a review (appeal) of the determination if you have questions or do not agree. To obtain a review, you or your authorized representative should submit a request in writing to the address shown on the explanation of payment notice. Your request should include the group name (e.g., your employer), your name, your member identification number and other identifying information shown on this notice, and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also review documents relevant to your claim. Upon request and free of charge, you may receive reasonable access to and copies of all documents, records, and other information including any internal procedures or any specific rules, guide

determination for your Health Care Flex Reimbursement Account, then your work and you will be notified of the decision respect to your Dependent Care Account will be conducted and you will be notified confirm the specific appeals process. you have the right to bring a civil action applicability of ERISA to your plan.



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 OMAHA, NE 68103-3039

* THIS IS NOT A CHECK *

NO. 000947350

PAY *** THIRTEEN DOLLARS AND NO CENTS ***

TO THE ORDER OF
 ADVICE EOP
 23STREET
 OMAHA, NE 68154

DATE 07/13/2016
 AMOUNT *****\$13.00

** Deposit Advisement **
 The above amount has been deposited into your account.

NON-NEGOTIABLE

FAQ: Reimbursement Explanation of Payment (EOP)

Here are some helpful FAQs related to the Reimbursement EOP

Why am I receiving this notice?

Your claim was filed and approved. The check attached lets you know what amount was deposited into your bank account (it's not a live check). This is because you're enrolled in direct deposit.

What should I do next?

No further action is needed, unless you have denied claims listed.

What if this notice lists denied claims?

Read the denial reason(s) and determine if you want to submit additional information to try to get your eligible expense claim(s) paid. The "remark" section will explain why the amount was either denied or requires additional information.

How do I know if further action is required?

Further action is needed if you have denied claims. Review the "remark" section on your EOP notice for further information.

What if I don't take action on my denied claims?

Your claims won't get paid.

If additional documentation is needed, what are my next steps?

The best document to submit is your Explanation of Benefits (EOB) from your insurance carrier. Make sure to include a copy of your Explanation of Payment (EOP) notice. You have 4 options:

1. **PayFlex website:** You can log in to your PayFlex member website. View your alerts and follow the steps to upload your documentation.
2. **PayFlex Mobile® app*:** Log in to the PayFlex Mobile app. To get started, view your alerts.
3. **Fax:** Fax your EOB (and your EOP) to PayFlex. Don't mark up the document with a highlighter. It makes the fax hard to read.
4. **Mail:** Mail a copy of your EOB (and your EOP) to PayFlex.

FAQ: Reimbursement Explanation of Payment (EOP)

Helpful FAQs continued...

What if I don't have an EOB?

You may be able to download it from your insurance company's website. If not, you have the following three options:

1. Send us a detailed receipt that shows the following:
 - Name of the provider or facility that treated you
 - Your name or the name of the patient
 - Date of service
 - Type of service
 - "Final" amount you owe
2. Send us an EOB or detailed receipt for a different eligible expense to replace the expense(s) in question.
 - The eligible expense has to be from the same plan year
 - We must receive the EOB or detailed receipt by the claim filing deadline of that plan year
 - You can't have already been reimbursed for this expense
 - You can't seek reimbursement for this expense elsewhere
 - You, your spouse or eligible dependent must have incurred the eligible expense
3. Pay back your account
 - Mail us a check or money order for the exact amount in question. Make payable to: PayFlex.
 - Include a copy of the EOP.

What does the "Your Account Balance After This Payment" section mean?

This confirms your current account balance now that your reimbursement is issued. The direct deposit amount is already deducted from this balance.

What does the "This Payment Includes" section mean?

The claims that were submitted and processed are listed in this section. This also shows how much of each claim was approved and why any portions of it were denied (if any).

EXAMPLE: Overpayment Due Explanation of Payment (EOP)

Explanation of Payment

(Overpayment Due)

Your account is in Overpayment status, which means you have been reimbursed for a claim that has been denied. The denied amount shown in this Explanation of Payment (EOP) was the overpaid amount. In order to keep your account in compliance, you must do one of the following: 1) Fax or mail in a legible copy of the detailed receipt or Explanation of Benefits (from your insurance provider) for the denied expense; OR 2) Fax or mail in a detailed receipt or EOB for another eligible expense incurred in the same plan year and having an amount greater than or equal to the original denied expense; OR 3) Mail a check to PayFlex for the amount of the original denied expense to repay the plan.

Please provide acceptable documentation by 07/21/2016.

NO. #: 000944096

Date: 06/23/2016

Total Amount: *****\$0.00

This Payment Includes

Account Name	Expense Type	Service Dates		Amt Requested	Amt Paid	Amt Not Paid	Claim #	Amt This
		Begin	End					Payment
	Medical	04/01/2016	04/01/2016	\$941.51	\$941.51	\$941.51	002148160	\$0.00
Remark: This expense is not eligible for reimbursement and has been denied. The cost of overnight camp is not an eligible dependent care expense.								
								Total: \$0.00

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 Toll Free: (866) FSAFLEX Option X | Fax: (402) 231-4310

Do you get your claim notices by mail? You can get them faster by e-mail. Log in to your account and click on My Settings. Then click on the notifications link. Be sure to enter your e-mail address and select the e-mail option for Explanation of Payment. Do you get your claim reimbursements by check? You can get your money faster with direct deposit. Log in to your account and click on the Financial Center tab. Then click on Enroll in Direct Deposit to get started.

Appeals: If this notice contains an adverse determination and is not just a request for additional information, you are entitled to a review (appeal) of the determination if you have questions or do not agree. To obtain a review, you or your authorized representative should submit a request in writing to the address shown on the explanation of payment. You will be notified of the appeal procedures and any specific requirements. If you have any questions, please call the toll-free number. Your request and fee of charge, your request will be considered, and your request will be processed and you will be notified of the appeal procedures and any specific requirements. If you have any questions, please call the toll-free number.



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 OMAHA, NE 68103-3039

*** THIS IS NOT A CHECK ***

NO. 000944096
 DATE: 06/23/2016

At least one of your accounts is in an overpaid status. Please remit the amount below.

GEORGEANNA BACON-DP
 387 E BECK ST
 COLUMBUS, OH 43206

Total Amount Due: \$941.51
 Total Amount Paid: _____

NON-NEGOTIABLE

FAQ: Overpayment Due Explanation of Payment (EOP)

Here are some helpful FAQs related to the Overpayment Due EOP

Why am I receiving this notice?

Here are some common reasons why you may receive this notice:

- You didn't provide documentation for a card purchase/s in question.
- You submitted incorrect documentation for a card purchase/s in question.
- You submitted a Flexible Spending Account (FSA) claim that was denied while there was an overpayment on the account.
- You submitted documentation to clear the overpayment that wasn't exactly enough to clear it.

What should I do next?

You need to take action. Send PayFlex an Explanation of Benefits (EOB), another claim to replace the one in question or send PayFlex a check for the amount in question. If you were submitting a claim for reimbursement, submit the claim again with the additional supporting documentation needed.

What if this notice shows \$0.00 are remaining in overpayment?

No further action is required.

What does the check mean?

The check shows the total amount due back to the account (this isn't a live check).

What if this notice lists denied claims?

Read the denial reason(s) and determine if you want to submit additional information to try to get your eligible expense claim(s) paid. The "remark" section will explain why the amount was either denied or requires additional information.

What if I don't take action on my denied claims?

Your claims won't get paid. And your account will remain in "overpayment" status.

FAQ: Overpayment Due Explanation of Payment (EOP)

Helpful FAQs continued...

If additional documentation is needed, what are my next steps?

The best document to submit is your Explanation of Benefits (EOB) from your insurance carrier. Make sure to include a copy of your Explanation of Payment (EOP) notice. You have 4 options:

1. **PayFlex website:** You can log in to your PayFlex member website. View your alerts and follow the steps to upload your documentation.
2. **PayFlex Mobile® app*:** Log in to the PayFlex Mobile app. To get started, view your alerts.
3. **Fax:** Fax your EOB (and your EOP) to PayFlex. Don't mark up the document with a highlighter. It makes the fax hard to read.
4. **Mail:** Mail a copy of your EOB (and your EOP) to PayFlex.

What if I don't have an EOB?

You may be able to download it from your insurance company's website. If not, you have the following three options:

1. Send us a detailed receipt that shows the following:
 - Name of the provider or facility that treated you
 - Your name or the name of the patient
 - Date of service
 - Type of service
 - "Final" amount you owe
2. Send us an EOB or detailed receipt for a different eligible expense to replace the expense(s) in question.
 - The eligible expense has to be from the same plan year
 - We must receive the EOB or detailed receipt by the claim filing deadline of that plan year
 - You can't have already been reimbursed for this expense
 - You can't seek reimbursement for this expense elsewhere
 - You, your spouse or eligible dependent must have incurred the eligible expense
3. Pay back your account
 - Mail us a check or money order for the exact amount in question. Make payable to: PayFlex.
 - Include a copy of the EOP.

What does the "This Payment Includes" section mean?

The claims or card charges that were submitted are listed in this section. This also shows how much of each claim was approved and why any portions of it were denied (if any). It will total any approved amounts and then show them being applied toward the overpayment.

EXAMPLE: Denial Explanation of Payment (EOP)

Explanation of Payment

(Denial)

Thank you for submitting your claim(s) to PayFlex. PayFlex is unable to provide reimbursement due to the reason(s) provided below. Please note that reimbursement may be available for the denied claim(s) which may require additional information. Please provide the requested documentation to PayFlex via fax or mail.

Date: 07/11/2016

Total Amount: *****\$0.00

Account Name	Expense Type	Service Dates		Amt Requested	Amt Paid	Amt Not Paid	Claim #
		Begin	End				
	Medical	07/01/2016	07/01/2016	\$20.00	\$0.00	\$20.00	002153894

Remark: This expense is not eligible for reimbursement and has been denied. Expenses must be incurred during your period of coverage. Incurred is based on the date of service.

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 Toll Free: (866) FSAFLEX Option X | Fax: (402) 231-4310

Do you get your claim notices by mail? You can get them faster by e-mail. Log in to your account and click on My Settings. Then click on the notifications link. Be sure to enter your e-mail address and select the e-mail option for Explanation of Payment. Do you get your claim reimbursements by check? You can get your money faster with direct deposit. Log in to your account and click on the Financial Center tab. Then click on Enroll in Direct Deposit to get started.

Appeals: If this notice contains an adverse determination and is not just a request for additional information, you are entitled to a review (appeal) of the determination if you have questions or do not agree. To obtain a review, you or your authorized representative should submit a request in writing to the address shown on the explanation of payment notice. Your request should include the group name (e.g., your employer), your name, your member identification number and other identifying information shown on this notice, and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also review documents relevant to your claim. Upon request and free of charge, you may receive reasonable access to and copies of all documents, records, and other information including any internal procedures or any specific rules, guidelines or protocols relied upon or used during the processing of your claim. If you are appealing an adverse determination for your Health Care Flexible Spending Account, Health Reimbursement Account, Limited Flexible Spending Account or Retiree Reimbursement Account, then your written request for review must be filed within 180 days following receipt of this notice. A review will be conducted and you will be notified of the decision within 60 days (or 30 days if your plan has 2 levels of appeal). If you are appealing an adverse determination with respect to your Dependent Care Account, then your request will be conducted and you will be notified of the decision within 60 days. If you are appealing an adverse determination with respect to your Health Care Flexible Spending Account, Health Reimbursement Account, Limited Flexible Spending Account or Retiree Reimbursement Account, then you will be notified of the decision within 180 days. You have the right to bring a civil action under Section 502 of the Employee Retirement Income Security Act of 1974 (ERISA) if you disagree with the decision.

* THIS IS NOT A CHECK *



PayFlex Systems USA, Inc.
 FLEX DEPARTMENT
 P.O. BOX 3039
 OMAHA, NE 68103-3039

DATE 07/11/2016 AMOUNT *****\$0.00

PAY *** NO DOLLARS AND NO CENTS ***
 TO THE ORDER OF ROY OVERTON
 409 SW 34TH ST
 OMAHA, NE 68164

NON-NEGOTIABLE

FAQ: Denial Explanation of Payment (EOP)

Here are some helpful FAQs related to the Denial EOP

Why am I receiving this notice?

You submitted a claim that was denied.

What should I do next?

Read the denial reason(s) and determine if you want to submit additional information to try to have your eligible expense claim(s) paid. The “remark” section will explain why the amount was either denied or requires additional information.

What does the check mean?

It has no purpose and will always reflect \$0.00 (this isn't a live check).

What if I don't take action on my denied claims?

Your claims won't get paid.

If additional documentation is needed, what are my next steps?

The best document to submit is your Explanation of Benefits (EOB) from your insurance carrier. Make sure to include a copy of your Explanation of Payment (EOP) notice. You have 4 options:

1. **PayFlex website:** You can log in to your PayFlex member website. View your alerts and follow the steps to upload your documentation.
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3. **Fax:** Fax your EOB (and your EOP) to PayFlex. Don't mark up the document with a highlighter. It makes the fax hard to read.
4. **Mail:** Mail a copy of your EOB (and your EOP) to PayFlex.

FAQ: Denial Explanation of Payment (EOP)

Helpful FAQs continued...

What if I don't have an EOB?

You may be able to download it from your insurance company's website. If not, you have the following three options:

1. Send us a detailed receipt that shows the following:
 - Name of the provider or facility that treated you
 - Your name or the name of the patient
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2. Send us an EOB or detailed receipt for a different eligible expense to replace the expense(s) in question.
 - The eligible expense has to be from the same plan year
 - We must receive the EOB or detailed receipt by the claim filing deadline of that plan year
 - You can't have already been reimbursed for this expense
 - You can't seek reimbursement for this expense elsewhere
 - You, your spouse or eligible dependent must have incurred the eligible expense
3. Pay back your account
 - Mail us a check or money order for the exact amount in question. Make payable to: PayFlex.
 - Include a copy of the EOP.

We're here to help.

Visit payflex.com or call us at 1-844-PAYFLEX.



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