


How Your FSA Benefits are Paid

It's important for you to know how your benefits are paid. Depending on how you receive your funds, you'll be provided either an Advice of Deposit (AOD) for direct deposit or a check with an Explanation of Payment (EOP).

How to read your explanation

1. Patient name and address
2. Customer service information
3. Patient identification
4. Employer/group identification
5. Any additional information
6. Date(s) of service
7. Claim number
8. Service rendered
9. Explanation or detail of claim processing
10. Total amount being submitted
11. Pended amount
12. Denied amount
13. Prior amount paid (if any)
14. Amount paid to provider or covered individual
15. Year-to-date status of all FSA accounts
16. Total payment made
17. Appeal procedures



Meritain Health
P.O. Box 30111
Lansing MI 48909

Forwarding Service Requested

*****SNGLP*****
3 3 SF 0 470
BOB JONES
1234 MAIN STREET
AMHERST NY 14226

2016021701
1004 9171

J101 [1] 1 of 1

**RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL**

Customer Service Information

Please direct questions to Meritain Health
800.566.9305 or Fax 888.837.3725
Visit our Website at <https://account.meritain.com>

Statement No: AA1022151221R0000101
Draft Ref #: 0000012360
Participant: Bob Jones
ID No: XXX-XX-5279
Group Name: Andrea's Apples Test
Group No: AA1022
Prepared On: 12/23/15

Please Note
ADDITIONAL INFORMATION MAY PRINT ON BACK

Claim Information		Benefit	Description	Claim Amount	Pended Amount	Denial Amount	Prior Payments	Paid Amount
14-12/20/15	AA1022151221R0000101	Dependent Care		\$2.75	\$0.00	\$0.00	\$0.00	\$2.75
12/15-12/21/15	AA1022151222R0000101	Flexible Spending Account		\$1.23	\$0.00	\$0.00	\$0.00	\$1.23
12/16-12/23/15	AA1022151223R0000101	Mas Transit		\$5.00	\$0.00	\$0.00	\$0.00	\$5.00

Year-To-Date Status								
Description	Annual Election	Claims Submitted	Pended	Claims Paid	Denial	Contributed To Date	Account Balance	Available Credit
Flexible Spending Account	\$2,500.00	\$11.07	\$7.38	\$3.69	\$0.00	\$0.00	\$2,488.93	\$0.00
Dependent Care	\$5,000.00	\$24.75	\$16.50	\$8.25	\$0.00	\$0.00	\$4,975.25	\$0.00
Mas Transit	\$1,200.00	\$45.00	\$30.00	\$15.00	\$0.00	\$0.00	\$1,155.00	\$0.00

Additional Information

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 guidelines used during the processing of your claim. If you appeal a denial, your request must be in writing within 180 days of receiving explanation of Payment. A review will be conducted and you will be notified by the plan administrator (or designated claims fiduciary) of the decision within 60 days (30 days if your plan has 2 levels of appeal). Please refer to your Summary Plan Description for additional information regarding any second level appeal that may be available to you under the plan (such as your time period for filing an appeal (which may be less than 180 days)) and where to file the appeal. After you have exhausted the plan's required appeal procedures, you have the right to bring civil action if you file a request for review and your request for benefits is denied. Note: Plans such as Dependent Care, Tuition Reimbursement and Transportation are not subject to ERISA or subject to this process. Please mail written documents to: Plan Administrator/Appeals, c/o Meritain Health Company, 2370 Science Parkway, Okemos, MI 48864.

After appeals have been exhausted, you have the right to bring civil action under ERISA 502(a).

If you have any questions about your payment or claims, just call Meritain Health Customer Service at 1.800.566.9305.

Frequently asked questions

Q: Is this a bill?

A: No. This is an informational piece produced to help you better understand how your benefits have been applied.

Q: Will I receive a bill for payment?

A: If you owe money, you'll receive a bill directly from your provider's office. Just make your check payable to your provider.