Alight Smart-Choice Accounts Health Reimbursement Account (HRA) Receipts and Documentation

See the below examples of different types of expenses and receipts that would need to be provided upon submitting your claim. Use this as a guide to ensure you are submitting the documentation that will be required for quick and easy payment.

MEDICAL EXPENSES

TIP: An Explanation of Benefits (EOB) is the preferred documentation for validating medical claims.

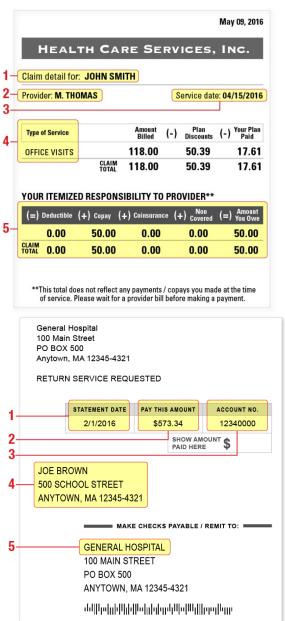
Valid Medical Receipt Sample

A valid receipt contains the following items:

- 1. Patient
- 2. Service provider
- 3. Service date
- 4. Service description
- 5. Amount you're responsible for

Invalid Medical Receipt Sample

- Includes a statement date, but not the service date
- Includes an amount but no indication of how much you're responsible for
- 3. Doesn't include a description of service
- 4. Patient name isn't indicated
- 5. Doesn't include a specific service provider name



DENTAL RECEIPTS

TIP: An Explanation of Benefits (EOB) is the preferred documentation for validating dental claims.

Valid Dental Receipt Sample

A valid receipt contains the following items:

- 1. Patient name
- 2. Service provider
- 3. Date of service
- 4 Description of service
- 5. Amount you're responsible for

Orthodontia Services

Refer to the Receipt of Orthodontic Treatment Form, found on the benefits website under Forms and Documents, for what's required.

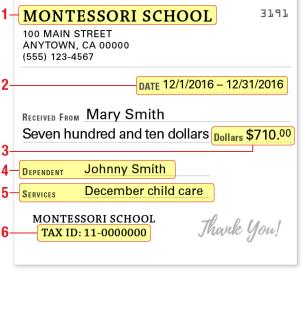
You may be reimbursed:

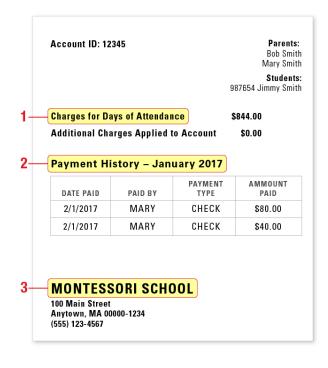
- Monthly

 After each installment • In a onetime payment If you're paying in installments, submit a claim and your receipt or payment coupon each time.

Invalid Dental Receipt Sample:

- 1. Balance forward amount
- Multiple service descriptions 2.
- 3. Insurance payment not itemized
- Multiple plan years 4.
- 5. Ineligible expense
- 6. Total amount doesn't reflect what you're responsible for



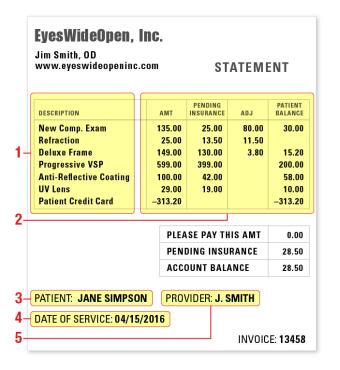


VISION RECEIPTS

Valid Receipt Sample

A valid receipt contains the following items:

- 1. Service description
- 2. Amount you're responsible for
- 3. Patient
- 4. Date of service
- 5. Service provider



Invalid Vision Receipt Sample

- Doesn't include a description of the product
- Amount doesn't indicate how much you're responsible for after insurance or discounts
- 3. Includes the payment date but not the date the service occurred



HEALTHCARE SUPPLIES RECEIPTS

TIP: Examples of eligible health care supplies include bandages, gauze, elastic wraps, braces, and supports. For online purchases, tax and shipping of eligible items are also eligible for reimbursement.

Valid Healthcare Supplies Receipt Sample

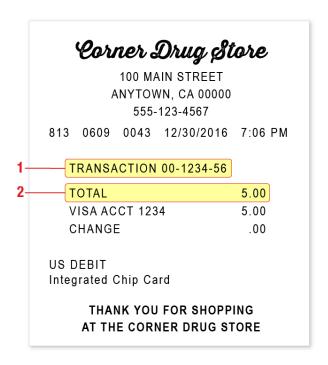
A valid receipt contains the following items:

- 1. Service provider
- 2. Date of purchase
- 3. Description of service or product
- 4. Amount of the product or service
- 5. Who the service or product is for



Invalid Healthcare Supplies Receipt Sample

- Doesn't include a description of the product
- 2. Amount doesn't indicate how much you're responsible for after insurance or discounts



OVER-THE-COUNTER MEDICINE RECEIPTS

Valid OTC Receipt Sample

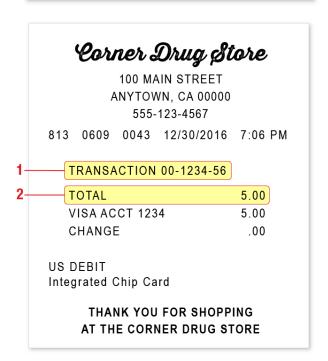
A valid receipt contains the following items:

- 1. Retailer name
- 2. Date of purchase
- 3. Product description
- 4. Amount you're responsible for

1-	Corner Drug St	ore				
	100 MAIN STREET ANYTOWN, CA 00000 555-123-4567					
2-	813 0609 0043 12/30/2016	7:06 PM				
3-	BENADRYL	5.00				
4-	TOTAL	5.00				
	VISA ACCT 1234	5.00				
	CHANGE	.00				
	US DEBIT Integrated Chip Card					
	THANK YOU FOR SHOPPI AT THE CORNER DRUG ST					

Invalid OTC Receipt Sample

- Doesn't include a description of the product
- 2. Amount doesn't indicate how much you're responsible for after insurance or discounts



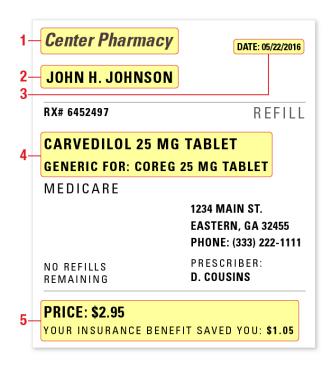
PRESCRIPTION DRUG RECEIPTS

TIP: Provide the receipt that the pharmacist attached to the prescription rather than the cash register receipt.

Valid Prescription Receipt Sample

A valid receipt contains the following items:

- 1. Service provider
- 2. Patient
- 3. Service date
- 4. Description of service or product
- 5. Amount you're responsible for



Invalid Prescription Receipt Sample

- Doesn't include a description of the product
- Amount doesn't indicate how much you're responsible for after insurance or discounts



HEALTHCARE PREMIUM RECEIPTS

TIP: Your documentation may look different from the sample below. However, the information highlighted is what your documentation needs to include.

Valid Healthcare Premium Receipt Sample A valid receipt contains the following items:

- 1. Insurance company name
- 2. Insured person
- 3. Coverage period (start and end dates)
- 4. Premium description **and** premium type (i.e. medical, prescription drug, dental, vision)
- 5. Premium amount

Health premiums require **one** of the following:

- Payment coupon indicating the monthly amount
- Bank statement indicating the name of the insurance company and amount
- Pay or retirement stub indicating deductions for health premiums

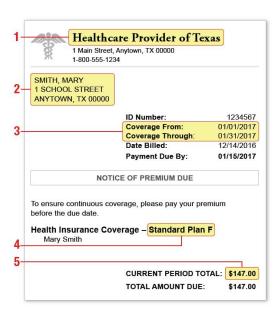
Medicare premiums require **one** of the following:

- A Medicare statement indicating your monthly amount
- A Social Security Administration letter indicating the new Medicare rates and the effective date

Invalid Healthcare Premium Receipt Sample: Common problems with receipts:

- Doesn't include a description of the product
- 2. Amount doesn't indicate how much you're responsible for after insurance or discounts

Unlike other documents that must accompany each claim, you typically only need to provide the type of premium once a year. With your first claim each year, or if there is a change during the year, you need to request or submit additional documentation that shows which type of premium you're paying—whether medical, prescription drug, dental, vision, etc.



ACCOUNT HISTORY					
	Date	Description	Amount	Availabl Balance	
	03/17/2017	CHECK DEPOSIT	\$100.00	\$405.00	
	03/15/2017	WEB PAYMENT - CABLE	-\$50.00	\$305.00	
	03/14/2017	CHECKCARD PURCHASE	-\$5.00	\$355.00	
	03/12/2017	BANKING TRANSFER	\$25.00	\$360.00	
	03/07/2017	ELECTRONIC WITHDRAWAL - HEALTH PLAN INC.	-\$150.00	\$335.00	
	03/06/2017	CHECKCARD PURCHASE	-\$15.00	\$485.00	
	03/05/2017	CHECK DEPOSIT	\$30.00	\$500.00	

Expenses Incurred Outside of United States

To submit a claim for services received or products purchased outside of the United States, provide:

- Receipts and other documentation in English
- Expenses in U.S. dollars

If receipts and documentation are in another language besides English:

- They must be translated. You, the service provider, or someone else can do the translation.
- The translation can appear on the receipts and documentation, or in a separate document.

If you're unable to convert the expenses to U.S. dollars from another currency, submit them. Your Smart-Choice Account will convert the amounts to dollars.