

HOW TO FILE YOUR CLAIM

COMPLETE AND SIGN YOUR CLAIM FORM AND REMIT ALONG WITH RECEIPTS TO PBS IN ONE OF THE FOLLOWING WAYS:

FAX: 303-221-2785

MAIL: PLANNED BENEFIT SYSTEMS, INC.
P.O. BOX 4594
GREENWOOD VILLAGE, CO 80155-4594

EMAIL: pbsclaims@cci-pbs.com

PLEASE KEEP A COPY OF THIS FORM AND YOUR ORIGINAL RECEIPTS FOR YOUR RECORDS.

TIPS FOR FILING YOUR HEALTH CARE CLAIMS

Submit your provider receipt(s) or an Explanation of Benefits (EOB) from your insurance company that includes the following information:

- ✓ Name of Service Provider
- ✓ Who incurred the expense
- ✓ Date of Service(s)
- ✓ Cost of Service
- ✓ Description of Service

Cancelled checks, credit card receipts or statements that only show a "Balance Due" are not acceptable forms of substantiation. The best way to ensure a claim will be reimbursed is to submit your expenses to your insurance provider (if applicable), receive an Explanation of Benefits detailing what was not covered by insurance, then submit a claim form and the EOB.

THINGS TO REMEMBER ABOUT HEALTH CARE REIMBURSEMENTS

- Services must be rendered during the plan year while you're an active participant.
- If you have entered the plan mid-year or terminated participation, only expenses incurred while you were an active participant are eligible for reimbursement.
- You may be eligible to continue in the plan after termination, ONLY if you had a positive account balance at termination and elect COBRA.
- Your claim will be processed within 7 to 10 business days. You will receive notification by mail, thereafter, if any portion cannot be paid for any reason.
- **Orthodontic** work is reimbursed as paid to the provider. **Submit your claims as you pay for the services** (i.e. submit claim for 25% down payment when paid and submit receipts for monthly installments as paid). We must have a receipt from the provider showing payment was made in the current plan year. Please do not send a copy of a payment schedule or a copy of a cancelled check, as they are not enough to substantiate the claim.
- **Cosmetic surgery/procedures ARE NOT** eligible expenses unless deemed medically necessary by a licensed physician. Planned Benefit Systems will require a Certification of Medical Necessity from your physician. **Teeth whitening/bleaching** is considered cosmetic and **IS NOT** eligible for medical reimbursement.
- For a more comprehensive list of "Eligible Medical Expenses", please visit our website at www.cci-pbs.com.

¹ **Email:** By providing your email address you agree to receive Employee Benefit Plan correspondence electronically. Planned Benefit Systems, Inc. does not share, sell or divulge individual private information to any third party. All individual private information, including your email address, is used solely to administer your benefit account(s). Please add our email address, help@cci-pbs.com, to your approved senders list to ensure delivery of all correspondence and notifications. You can change/delete your e-mail address by contacting the PBS, Inc. Customer Service Department or by visiting our website at www.cci-pbs.com. Select *Planned Benefit Systems*, then *Account Information* under the Participants section and then log in under Employee and Cardholder Login. PBS, Inc. reserves the right to utilize an email address that may be provided to us by your employer.

² **Reimbursement Information:** The initial direct deposit may take up to 10 days to process. Subsequent direct deposits normally take 2 business days from date of initiation. Bank holidays/weekends may affect when the deposit is credited to your account. Please contact your bank to verify all deposits are received. There will be a \$25 fee to reissue lost/stolen checks.

Planned Benefit Systems, Inc. • www.cci-pbs.com
P.O. Box 4594, Greenwood Village, CO 80155-4594
Customer Service 800-800-0133
Fax 303-221-2785