Automated Claim Payments

We make it easy for you to get reimbursed by offering direct deposits to your personal bank account. Automated claim payment goes a step further, letting your health plan automatically send your medical claims from a provider to us for reimbursement. We will reimburse you automatically, with no effort on your part.

Overview

CareFirst offers automated claim payments (Automated Claim Payment) with both medical and dental plans.

How Automated Claim Payment works

Here's an example of how you are reimbursed from your account using the various options we offer.

Scenario:

You cut your hand doing yard work and go to the doctor, who examines the wound and applies a few stitches.

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<th>With Online Reimbursements</th>
<th>With Automated Claim Payment</th>
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<td><strong>Step 1</strong> Your doctor submits the claim to your health plan.</td>
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**Step 3** Your health plan sends you an Explanation of Health Care Benefits (EOB) stating what has been paid by them and any amount that you owe.

Your health plan automatically sends CareFirst your payment responsibility information on this claim.

**Step 4** You receive a bill from the provider and make a payment from your personal bank account to cover the cost that you owe for the visit. This could be done with a paper check, on your bank's website, or on your provider's website, if they offer online bill paying.

**Step 5** You can sit back. CareFirst will reimburse you (to the extent that funds are available in your account) for your payment responsibility on the claim.

**Note:** If you have more than one account (for example, an FSA and an HSA) the order in which your accounts are accessed is determined by your plan.
### With Online Reimbursements

To your personal banking account.

### With Automated Claim Payment

**Step 6** You will either receive a reimbursement check or the funds will be directly deposited to your personal bank account, if you have set up direct deposit.

### When to use Automated Claim Payment

People who use their account to pay for current medical expenses find Automated Claim Payment convenient. It works for a wide range of eligible health and medical expenses. If you incur vision or other claims that are not eligible for crossover, you can simply submit a withdrawal request online at www.carefirst.com/myaccount.

Automated Claim Payment should not be used when:

- If you or any of your covered dependents have more than one health plan (private or Medicare).
- If you have or would prefer having a CareFirst debit card.

### Additional features with medical Automated Claim Payment

#### Pay-the-provider

With pay-the-provider, any medical claims submitted through your health plan will automatically be paid from your account to the provider. This means that you don’t have to pay for those expenses out-of-pocket.
and seek reimbursement. You also don't have to worry about paying the bill from your provider. CareFirst will pay it for you.

The pay-the-provider feature has the following limitations:

- works only with providers in your health plan's network
- does not work with paper claims
- is not an option if you have a debit card

**Prescription drug Automated Claim Payment**

- If eligible, the dollars in your account will also be used to cover the cost of your pharmacy purchases, like prescription drugs.
- That means that, for most plans, you will pay nothing out of pocket when picking up your prescription if you have money available in your account.

**To sign up for automatic claim payments:**

If you currently have a debit card, enabling Automated Claim Payment will cancel the card.

2. In the main navigation menu, click My Profile.
3. Choose Payment & Banking from the menu.
4. Click Switch to Automatic Claim Payment

   **Note:** This button will only appear if you have an active account and your employer allows Automated Claim Payment.

5. Choose from the available options.
6. Click Save Selections.

We also recommend setting up direct deposit of reimbursements to your personal bank account.

**FAQs**

**What if I have another account paired with my HSA?**

When actively contributing to an HSA, the following limitations may apply (please see your Summary Plan Description for details):

**HSA + FSA:** The FSA is limited to vision and dental expenses until you have met your deductible with your insurance.

**HSA + HRA:** The HRA is limited to vision and dental expenses until you have met your deductible with your insurance.
insurance OR the HRA is suspended completely.

Can I use crossover if I am covered under more than one insurance plan?

If you or any of your covered dependents have more than one health plan (private or Medicare) you should not elect the crossover feature since your patient responsibility amount should be submitted to all insurance companies before your reimbursement account.

Why didn't my medical claim automatically process through crossover?

There are multiple reasons a claim may not be submitted to your account by your health plan. Some typical reasons are:

- **Dual insurance** – If you or any of your covered dependents have more than one health plan (private or Medicare) crossover is not an option, since your patient responsibility amount should be submitted to all insurance companies before your reimbursement account.

- **Claim Adjustment** – If your claim is reprocessed by insurance, your adjusted claim will not automatically crossover. You may need to manually submit your claim.

- **Non-covered expense** – If there is a service or charge that is non-covered by insurance, it will not crossover. You will need to manually submit your claim and include an itemized billing statement of the charge.

If you have additional questions contact Customer Service at Toll Free: 866-758-6119.