



2016
Public Employees Benefits
Board (PEBB)
Medical Flexible Spending
Arrangement (FSA)
Enrollment Guide

How you can use your pre-tax earnings
to pay for health care expenses

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Who is eligible and how can a Medical Flexible Spending Arrangement (FSA) help me?

The Health Care Authority (HCA) contracts with Navia Benefit Solutions (formerly known as Flex-Plan Services, Inc.) to manage the Medical Flexible Spending Arrangement (FSA), to process claims, and provide customer service for Public Employees Benefits Board (PEBB) enrollees. The Medical FSA is available to public employees eligible for PEBB benefits who work at state agencies, higher education institutions, and community and technical colleges as described in Washington Administrative Code (WAC) 182-12-114. A link to WAC is available at www.hca.wa.gov/pebb under PEBB Rules and Policies.

A Medical FSA is an employer-sponsored benefit that allows you to set aside money from your paycheck on a pre-tax basis to pay for out-of-pocket health care costs. Here are some of the ways you can benefit from a Medical FSA:

- Setting aside a portion of your pay with a Medical FSA reduces your annual taxable income and helps you pay for out-of-pocket health expenses large and small.
- You can set aside as little as \$240 or as much as \$2,500 for the calendar year. The full amount you elect to set aside for your Medical FSA is available on your first day of coverage for expenses.
- Your Medical FSA helps you pay for deductibles, copays, coinsurance, dental, vision, and many other expenses. (See summary of eligible expenses on pages 4.)
- You can use your Medical FSA for you, your spouse or qualified dependent's health care expenses, even if they are not enrolled in your PEBB medical or dental plan.

Important: You cannot enroll in a Medical FSA and a PEBB Consumer-Directed Health Plan (CDHP) with a Health Savings Account.

How does the Medical FSA work?

- You estimate your expenses for the plan year and enroll in a Medical FSA for that amount.
- The money deducted from your pay is divided by the number of paychecks you will receive in the plan year.
- Your election will be deducted from your paycheck throughout the plan year pre-tax, so you don't pay FICA (7.65%) or federal income tax (10-35%) on your elected dollars.

When can I enroll and how do I submit my enrollment?

You may enroll in the Medical FSA at the following times:

- No later than 31 days after the date you become eligible for PEBB benefits.
- No later than the last day of the PEBB annual open enrollment period, November 1-November 30, 2015.
- No later than 60 days after you or an eligible family member experiences a qualifying event that creates a special open enrollment during the plan year. (See "When can I make changes?" for details.)

For each new plan year, you must enroll or reenroll to participate. Your participation does not automatically continue from plan year to plan year. To continue participating, your enrollment form must be received before November 30, 2015. You can enroll online or download and print the form at <https://pebb.naviabenefits.com>. Follow the instructions on the form or check with your employer on the preferred method of enrollment.

You cannot cancel participation in the Medical FSA once the plan year starts unless you terminate employment. In addition, you cannot change or revoke your election after the plan year starts unless you experience a “qualifying event.” Common qualifying events include birth, death, adoption, marriage, or divorce. Your election change must be consistent with the qualifying event. (See “When can I make changes?”.)

When does my benefit coverage begin?

If you enroll during the PEBB’s annual open enrollment period, November 1-November 30, your Medical FSA is effective January 1, 2016 through December 31, 2016. If you enroll at any other time, enrollment begins the first of the month following the date the form is received by your personnel, payroll or benefits office. If that day is the first of the month, the enrollment begins that day.

Whose expenses qualify under my Medical FSA?

The Medical Flexible Spending Arrangement (FSA) covers health care expenses for health care that you or your qualified dependents, even if they are not enrolled in your PEBB medical or dental plan, incurred during the coverage period. You may also claim certain expenses for a child for whom you don’t get the tax exemption due to a divorce decree, as long as one parent claims the child as a dependent. The tax exemption may switch from year to year between parents. As long as one parent receives the tax exemption, the medical or dental expenses you pay on behalf of the child for medical or dental care may qualify for the Medical FSA reimbursement.

What health care expenses are eligible?

Below is a list of common expenses that may be eligible for reimbursement, what eligible expenses may require additional documentation, and what expenses are ineligible. Not all eligible or ineligible items are on this list. For a complete list, visit <http://pebb.naviabenefits.com> or call Navia Benefits Solutions at 1-800-669-3539. Items marked with an asterisk (*) are over-the-counter (OTC) medicines or drugs that require a prescription for reimbursement.

Acne treatment*	Cold sore treatment*	Hemorrhoid medication*	Prenatal vitamins
Acupuncture	Cold/cough medication*	Immunizations	Prescription drugs
Allergy & sinus medication*	Contacts & solutions	Individual counseling	Prescription glasses
Antacids*	Contraceptives	Insect bite treatment*	Reading glasses
Antibiotic ointment*	Copays	Lab work	Respiratory treatments*
Anti-diarrheal*	CPAP machine	Lactation consultant	Saline nasal spray
Antifungal foot cream*	Crutches	Lactose intolerance pills*	Sleep aids & sedatives*
Anti-gas medication*	Deductibles	Laser eye surgery	Sleep deprivation treatment
Anti-itch cream/gel*	Dental services	Laxative*	Smoking cessation products*
Antiseptic*	Diabetic supplies	Lice treatment products*	Smoking cessation programs
Asthma treatment*	Diaper rash ointment*	Medical records	Speech therapy
Bandages/gauze	Digestive aids*	Motion sickness relief*	Sterilization procedures
Birth classes or Lamaze	Drug addiction treatment	Naturopathic visits	Stool softener*
Blood pressure monitor	Feminine anti-fungal/anti-itch*	Orthodontia	Thermometer
Braces (knee, ankle, wrist)	Fertility monitor	Oxygen and equipment	Throat lozenges*
Breast pump	Fertility treatment	Pain relievers*	Vision care
Burn cream*	Flu shots	Parasitic treatment*	Walker
Chiropractic services	Hearing aids & supplies	Physical exams	Wart treatment*
Coinsurance		Physical therapy	Wheelchair & repair
Cold / hot pack		Pregnancy test	

Do all prescription medicines qualify for the Medical FSA reimbursement?

Generally, yes, as long as they are prescribed by a physician and are legal under federal and state laws. However, prescriptions that are purchased solely for cosmetic purposes and that don't treat an existing medical condition do not qualify.

Can I be reimbursed for Over-The-Counter (OTC) medicines and drugs?

As of January 1, 2011, many OTC medicines or drugs require a prescription for reimbursement. If the OTC medicine or drug contains an active ingredient, then you must have a doctor's prescription in order to be reimbursed for the expense. You can ask the doctor to complete the Letter of Medical Necessity. See below.

When is additional documentation required?

Certain expenses are not reimbursable under a Medical FSA unless a licensed health care practitioner states in writing to Navia Benefit Solutions that the service or product is medically necessary. Navia Benefit Solutions will need a Letter of Medical Necessity (LMN) for the items below before they can be reimbursed. **Not all items requiring an LMN are on this list.** For a complete list and to download a printable copy of the LMN, go to <http://pebb.naviabenefits.com> or call Navia Benefit Solutions at 1-800-669-3539.

Orthodontia expenses

Unlike other Medical FSA expenses, which are deemed incurred when the services are rendered, orthodontia expenses are deemed incurred when paid. Therefore, only payments made during your eligibility period or plan year (whichever ends first) may be reimbursed. Proof of payment to an orthodontia provider or a completed Orthodontia Contract is required for reimbursement.

Stockpiling

IRS regulations prohibit you from receiving a reimbursement from your Medical FSA for a large quantity of any item in any one transaction. Buying more than three items in any one transaction would be considered stockpiling and will not be reimbursed.

Ineligible health care expenses

The following expenses are not eligible under a Medical FSA. Under no circumstances will the following items be reimbursed. Do not submit claims for these items. For a complete list, visit <http://pebb.naviabenefits.com> or call Navia Benefits Solutions at 1-800-669-3539.

An expense is also not eligible for reimbursement under a Medical FSA if the expense has already been reimbursed under this plan or by any other source. When submitting an expense for reimbursement you will also be required to certify that you will not seek or be reimbursed for the expense by any other source or insurance.

Airborne	Face lift	Illegal operations/substances	Massage chair
Books	Finance charges	Imported OTC items	Mattress
Boutique practice fees	Funeral expenses	Imported prescriptions	Missed appointment fee
COBRA premiums	Gym membership	Insurance premiums	Hair growth products
College insurance	Hair transplant	Late fees	Electric toothbrush/picks
CPR classes	Household help	Liposuction	Teeth whitening
Electrolysis/laser hair removal	Hygiene products	Marijuana	Toiletries
		Marriage counseling	Veneers
			Warranties

How do I get reimbursed?

Navia Benefit Solutions will send you claim forms when you enroll in the Medical FSA. Complete and submit a claim form to Navia Benefit Solutions for reimbursement of incurred expenses. For each claimed expense, documentation must show the:

- Provider's name
- Name of the person receiving the service or expense
- Date(s) of service
- Cost
- Type of expense or description of the service(s)

You can use bills from your providers or statements from your insurance company as documentation. Do not submit copies of canceled checks or credit or debit card receipts. Your documentation will not be returned. Remember that:

- Expenses must be incurred during the plan year while you are an active participant in the plan.
- Navia Benefit Solutions will not reimburse any expenses that were incurred before your effective date of enrollment.
- An expense is "incurred" when the health care is provided or the eligible item is purchased – not when you are billed, charged, or when you pay for the medical care.

Navia Benefit Solutions offers several convenient ways to submit your claim and documentation. Choose one of the following:

- **Online** <http://pebb.naviabenefits.com> (you will need to create a log in and password)
- **Fax** 425-451-7002 or toll-free 1-866-535-9227
- **Email** claims@naviabenefits.com
- **Mail** forms and documentation to: Navia Benefit Solutions, PO Box 53250 Bellevue, WA 98015-3250
- **Mobile App:** You can submit a claim through MyNavia, available on both Google Play and the App Store. You can find the app by searching MyNavia or Navia Benefit Solutions.

Navia Benefit Solutions will process your claim within a few days and either make an electronic funds transfer into your bank account if you enrolled in direct deposit, or mail you a reimbursement check. If your claim requires additional substantiation, processing could be delayed.

Navia Benefit Solutions will provide you with a quarterly statement that shows your account balance. It is important to read these statements carefully so you understand the balance remaining to pay for eligible expenses. Remember, all services should be incurred either by the end of the plan year or before the end of the grace period.

"Use it or lose it" and Claim Submission Deadline

If you have not spent all the funds in your Medical FSA by December 31, 2016, you may continue to incur eligible health care expenses through the grace period. The Medical FSA grace period ends March 15, 2017. **Note:** *The Dependent Care Assistance Program (DCAP) does not include a grace period. All eligible DCAP expenses must be incurred by December 31, 2016.*

You must submit all claims for your Medical FSA to Navia Benefit Solutions for reimbursement by March 31, 2017. Money left in your account after that date **cannot be refunded and will be forfeited to the plan administrator, the Health Care Authority**. This is referred to as the "use-it or lose-it" rule.

Note: If you reenroll in a Medical FSA for the following plan year, any claims incurred during the grace period (January 1, 2017 - March 15, 2017) will be applied first to unused funds from the 2016 plan year whether you use your debit card (see below) or submit a claim.

How do I receive information from Navia Benefit Solutions?

You can choose your method of communication. For example, if you provide an email address, statements and other communications will be sent automatically to your email. You may change your method of communications or opt-out of electronic correspondence either online or by contacting Navia Benefit Solutions directly.

The Navia Benefits Card

The Navia Benefits Debit Card is a convenient way to pay for eligible out-of-pocket medical expenses for you, your spouse, and your qualified dependents. The card works at any health care merchant that accepts both MasterCard® and is an IIAS* participating merchant.

Rather than filing a claim and waiting for reimbursement for your out-of-pocket eligible expenses, you can use the debit card at participating merchants to pay your provider directly. The expense is deducted from your Medical FSA balance.

This system allows Navia Benefit Solutions to electronically substantiate the eligibility of your expense. However, the IRS has stringent regulations about where the debit card can be used and when follow-up documentation is required for transactions that can't be substantiated electronically.

Using the debit card does not eliminate the need to submit follow-up documentation when requested by Navia Benefit Solutions. If any of your debit card charges do require substantiation, you will receive a summary of your card activity for those charges from Navia Benefit Solutions at the beginning of each month. We recommend you always save all your receipts and documentation.

The debit card feature is only available for the Medical FSA benefit. You must provide a valid email address in order to receive the debit card when you enroll.

Additional cards

You may request a debit card when you enroll or through the Navia Benefit Solutions website. You may request a second card at no cost. After that, **each additional card** ordered will incur a \$5 fee. Fees are deducted from your Medical FSA balance.

IIAS and Participating Merchants

You can use the Navia Benefits Card at any health care merchant who accepts MasterCard® and is an IIAS participating merchant. The IIAS system recognizes most eligible Medical FSA expenses. Purchasing health services and items through these merchants can decrease additional substantiation requests. Remember to keep your receipts in case additional proof is requested.

Participating merchants generally include:

- Provider offices
- Dental and vision clinics
- Hospitals
- Mail order Rx programs
- IIAS participating retailers

You can find a list of IAS participating merchants at <http://pebb.naviabenefits.com>.

Using your Navia Benefits Card for Over the Counter (OTC) medicines and drugs

The debit card will not work for purchases of OTC medicines and drugs. To be reimbursed for OTC medicines and drugs, choose one of the following methods:

Manually

Submit a prescription along with your claim to Navia Benefit Solutions in order to be reimbursed for any OTC medications. The receipt or documentation from the store must include the name of the drug printed on the receipt. This information must be provided by the store, not just listed by the participant on the receipt or on the claim form.

Navia Benefits Card

If you have your prescription on hand, then you can use your debit card at the pharmacy. Show the prescription to the pharmacist and he or she will process your OTC transaction as a prescription drug instead of an OTC medicine or drug. This will not affect the cost of the OTC item, but treat it as a prescription for eligibility purposes. If these steps are taken, the item will be considered fully substantiated at the point of sale and no further documentation will be required.

When can I make changes?

Similar to other benefits, you can only change your election during PEBB's annual open enrollment (November 1 – 30) or if you experience a special open enrollment event (qualifying event) such as:

- Employee acquires a new dependent due to:
 - Marriage;
 - Registering a domestic partnership, if the domestic partner qualifies as a dependent;
 - Birth, adoption, or when the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption;
 - A child becoming eligible as an extended dependent through legal custody or legal guardianship; or,
 - A child becoming eligible as a dependent with a disability.
- Employee's dependent no longer meets PEBB eligibility criteria due to:
 - Employee's change in marital status;
 - Dissolution of a domestic partnership, only when the registered domestic partner qualified as a dependent;
 - A dependent losing eligibility as an extended dependent or as a dependent with a disability;
 - A dependent child turning age 26; or otherwise no longer meeting dependent child eligibility; or,
 - A dependent dies.
- Employee or the employee's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by the Health Insurance Portability and Accountability Act (HIPAA).
- Employee or an employee's dependent has a change in employment status that affects the employee's or a dependent's eligibility for the Medical FSA.
- A court order or a National Medical Support Notice requires the employee or any other person to provide insurance coverage for an eligible dependent of the employee.

- Employee or an employee's dependent becomes entitled to or loses eligibility for coverage under Medicaid or a state Children's Health Insurance Program (CHIP).
- Employee or an employee's dependent becomes entitled to or loses eligibility for coverage under Medicare.

If you experience a qualifying event as described above, and need to change or revoke your enrollment in your Medical FSA, contact your personnel, payroll or benefits office to request the *Navia Benefit Solutions Change in Status Form*, or go to <http://pebb.naviabenefits.com> to download and print the form.

Return your completed form to your agency personnel, payroll or benefits office for approval. Unless stated otherwise, your employer must receive the *Change in Status Form* **no later than 60 days** after the qualifying event. Your agency will submit an approved form to Navia Benefit Solutions for processing.

Note: Under IRC sections 125 and 129, it may be necessary for Navia Benefit Solutions to decrease the election amount of certain participants to ensure that the program does not discriminate in favor of highly compensated employees.

Approved Leave of Absence (also called Leave without Pay)

You may elect to continue your Medical FSA participation while you are on an approved leave of absence because of one of the following events:

- You are on authorized leave without pay from your agency.
- Your employment ends due to a layoff.
- You are an employee who reverted to a position that is not eligible for the employer contribution toward insurance coverage.
- You are an employee appealing a dismissal action.
- You are receiving time-loss benefits under workers' compensation.
- You are applying for disability retirement.
- You are called to active duty in the uniformed services, as defined under the Uniformed Services Employment and Reemployment Rights Act (USERRA).
- You are on approved educational leave.
- You are faculty between periods of eligibility.
- You are a seasonal employee during an off season.

If your employer has approved your leave of absence and you will have at least eight hours of pay status as an employee in a given month (or at least 5 percent of full-time for faculty), you may continue your Medical FSA by making contributions to your employer.

- Pay your contributions during the leave to your payroll office; or,
- Pre-pay your contributions before you go on leave through your employer.

If you are not using at least eight hours of pay status (or at least 5 percent of full-time for faculty) to maintain your benefits, PEBB will mail you the *PEBB Continuation of Coverage Election Notice* and you may elect to continue your PEBB health insurance coverage by self-paying the full premium (LWOP coverage). You may also continue your Medical FSA contributions on a post-tax basis by making Medical FSA contributions to Navia Benefit Solutions as follows:

- Pay your contributions during the leave **directly** to Navia Benefit Solutions; or,
- Pre-pay your contributions to Navia Benefit Solutions **before you go on leave**. If you select this option, you must arrange this before going on leave by completing the *Navia Benefit Solutions*

Change in Status Form, available at <http://pebb.naviabenefits.com> or by calling Navia Benefit Solutions at 1-800-669-3539.

If you are taking a leave of absence that qualifies as an approved Family Medical Leave Act (FMLA) or Uniformed Services Employment and Reemployment Rights Act (USERRA, or military) leave, you may cease all or a portion of required contributions consistent with the requirements of the FMLA or USERRA. This choice will not affect your ability to continue enrollment in PEBB's other benefits (as provided by PEBB rules).

If you choose to discontinue contributions during the approved FMLA or USERRA leave, upon your return you may:

- Resume participation at the same annual amount elected at the start of the plan year, with a corresponding increase in contributions for the balance of the plan year; or,
- Participate at a reduced annual amount for the plan year, and resume the per-pay period contribution in effect before the FMLA or USERRA leave.

Important: If you are unable to pay your contributions in full while on approved FMLA or any other benefits-eligible leave, you can continue to submit claims for reimbursement for that period.

For example, if you are on benefits-eligible leave in September and do not submit your Medical FSA contributions, claims incurred during that month can be submitted for reimbursement. Future contributions should be recalculated to ensure they meet your annual election total by the end of the plan year.

If you are ineligible for benefits, while on leave, you will not be able to claim services incurred during your leave of absence.

To resume your Medical FSA, you must fill out and send the *Navia Benefit Solutions Change in Status Form* to Navia Benefit Solutions **no later than 60 days** after returning to work. If you submit your form more than 60 days after returning to work, Navia Benefit Solutions will deny your request.

Transfers between State Agencies and Higher-Education Institutions

If you enroll in a Medical FSA and later change jobs and move to another Washington state agency, higher education institution, or community or technical college that offers PEBB benefits, your enrollment will continue if:

- Your new position is benefits-eligible for participation in the PEBB Medical FSA; and
- There is no more than 30 days' lapse in employment; and
- You notify your new personnel, payroll, or benefits office and Navia Benefit Solutions of your transfer to avoid unnecessary interruptions before the end of the current plan year.

Your per-paycheck deductions will increase, if necessary, to meet the annual contribution amount by the end of the plan year. An agency transfer is not a qualifying event to change your Medical FSA and/or DCAP election(s).

If your transfer situation satisfies the above guidelines, please submit the *Agency Transfer Form* to your personnel, payroll or benefits office for approval and signature within the 30-day period. Your employing agency must submit your form to Navia Benefit Solutions for processing.

Note: An agency transfer is not a qualifying event to change your health plan. You may not participate in a Medical FSA **and** enroll in a PEBB Consumer-Directed Health Plan (CDHP) with an HSA

Continuation Coverage (including COBRA and Leave without Pay)

A participant, his or her spouse, or qualified dependent may choose to continue the Medical FSA if one or more of the following qualifying events occur:

- Death of the participant.
- Termination of the participant's employment (other than for gross misconduct) or a reduction in hours.
- Divorce of the participant; or dissolution or termination of a state-registered domestic partnership with a domestic partner who qualified as a dependent.
- A dependent child loses eligibility for PEBB coverage.

When any of these occur, you or a family member must notify Navia Benefit Solutions. If, on the date of the qualifying event, your remaining benefits for the current year are greater than your remaining contribution payments, Navia Benefit Solutions will give each eligible family member the right to choose Medical FSA continuation coverage.

Navia Benefit Solutions will mail a COBRA election notice to eligible employees. Each person who elects Medical FSA continuation coverage through Navia Benefit Solutions must do so **no later than 60 days** from the date the notice of continuation rights were provided.

You may continue participating in the Medical FSA by making post-tax contributions directly to Navia Benefit Solutions for the remainder of the plan year. Participation in the Medical FSA would continue through December 31, 2016 or until you stop making the monthly contribution on the predetermined payment date. If you do not make a timely payment you may submit claims only for expenses incurred through your last active month of paid participation.

You also cannot receive reimbursement from your Medical FSA if the date of service for the expense is during an unpaid work period when eligibility is lost. For example, John makes an annual election of \$1,200.00 (\$100.00 per month) for his 2016 Medical FSA. If John goes on leave without pay and is no longer benefits-eligible from July 1, 2016 to September 30, 2016, John can receive reimbursements during his leave without pay only if he (a) continues making contributions during July, August and September *and* (b) the dates of service for the expense occur during the months he continues to contribute. If John returns to paid work status on October 1, 2016, he can then continue deductions from his paycheck and also seek reimbursement for expenses with dates of service on or after October 1, 2016.

Finally, if you maintain your Medical FSA contribution during continuation coverage through December 31, 2016, you will also have access to the grace period (January 1, 2017 to March 15, 2017) to incur expenses and until the March 31, 2017 deadline to submit claims to Navia Benefit Solutions for your 2016 Medical FSA balance.

What happens if my employment ends?

A Medical FSA is an employee benefit, so except as noted in the section *When Can I Make Changes*, when your employment ends, or you go on unpaid leave that is not approved FMLA or military leave, you can no longer contribute to your Medical FSA.

This means that your participation ends on the last day of the month in which Navia Benefit Solutions received your last contribution. You will only be able to claim expenses, up to your available funds, incurred while employed unless you are eligible to continue coverage (WAC 182-12-133).

Except as stated in the section *Continuation Coverage (including COBRA and Leave without Pay)*, Navia Benefit Solutions will not reimburse any expenses incurred while you were not actively enrolled in a Medical FSA.

If you cease employment during the plan year, contact your personnel, payroll, or benefits office to find out if you can request some of these options:

- **Stop:** Your deduction and participation will cease at the end of the month in which you are benefit eligible. You may be reimbursed only for services incurred on or before the termination date.
- **Accelerate:** You can authorize your employer to take future deductions from your final paycheck only. This final deduction will be pre-tax and you can participate in the plan to the extent contributions are made.
- **COBRA:** Under certain circumstances, you may be eligible to continue participation through Navia Benefit Solutions on an after-tax basis through COBRA. (See Continuation Coverage – including COBRA and Leave without Pay above.)

How do I appeal a denied claim?

You will receive written notice of any denied claims within seven days of receipt of the claim. The notification will include the reasons for the denial, a description of any additional information needed to process the claim, and an explanation of the claims review procedure.

You may resubmit your claim to Navia Benefit Solutions with additional information no later than March 31, 2017. If you wish to file an appeal, Navia Benefit Solutions must receive your appeal no later than 30 calendar days from the date the denial was issued.

Your appeal must include:

- A statement outlining why you think your request should not have been denied
- Your employer's name
- The date(s) of the services denied
- A copy of your original claim
- A copy of the denial letter you received
- Any additional documents or information that supports your appeal

Navia Benefit Solutions will send you a written notice of the resolution of your appeal within 30 calendar days. Appeals are approved only if the extenuating circumstances and supporting documentation are within IRS regulations and the document that governs the PEBB Medical FSAs.

To file a first-level appeal with Navia Benefit Solutions, use one of the methods below:

- **Email:** claims@naviabenefits.com
- **Fax:** 1-425-451-7002 or 1-866-535-9227
- **Mail:** Navia Benefit Solutions, P.O. Box 53250, Bellevue, WA 98015

If you receive a denial of your appeal from Navia Benefit Solutions and you disagree with that decision, you may submit a second-level appeal to the PEBB Appeals Committee as described in

Washington Administrative Code (WAC) 182-16-036. A link to WAC is available at www.hca.wa.gov/pebb under PEBB Rules and Policies.

You must file both first-level and second-level appeals by submitting a written request by email, fax, or mail. Indicate in the appeal whether it is a first-level or second-level appeal.

To file a second-level appeal with the PEBB Program, the PEBB appeals manager must receive your appeal no later than 30 calendar days after the date of the Navia Benefit Solutions decision on your appeal. Include a copy of the denial notice you received from Navia Benefit Solutions with your appeal along with any supporting documentation.

You may complete and submit the *Request for Review/Notice of Appeal* form with your appeal, which is available at www.hca.wa.gov/pebb. You may send the appeal to:

PEBB Appeals
Attn: Appeals Manager
Health Care Authority
P.O. Box 42699
Olympia WA 98504-2699

You also may submit the appeal by fax to 360-725-0771.

If the PEBB Appeals Committee affirms Navia Benefit Solutions' denial and you disagree with that decision, you may request a review by Administrative Hearing as described in WAC 182-16-050. The PEBB appeals manager must receive your written request for an administrative hearing no later than 30 calendar days after the date of the PEBB Appeals Committee's decision on your appeal. To request an administrative hearing, submit a letter to the address listed above.

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