


### Benefits: Filing HRA Claims (iSolved)

*Note: These instructions can be provided to HRA-participating employees. Claims are due within 60 days of the end of the plan year.*

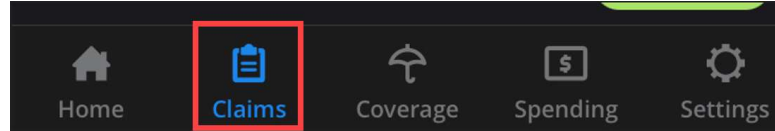
These procedures explain one way to document and submit HRA claims; other methods and forms of documentation are also acceptable. Please refer to your plan information from iSolved, contact Human Resources, or contact iSolved customer service for additional options and assistance.

#### Before you begin:

- Direct Deposit must be setup via the website portal, or any payments due will be mailed as paper checks.
- You must meet your specific BCBS plan’s “You Pay First” threshold before you are eligible for reimbursement, according to your HRA plan.
- **You need to submit claims for ALL IN-NETWORK DEDUCTIBLE EXPENSES incurred during the plan year.** Otherwise, iSolved won’t know when you meet the “You Pay First” threshold.
- Screenshots provided are specific to iOs mobile app. Android and website portal steps may vary slightly.
- These instructions assume that you have downloaded and setup your account access for:
  - BCBSIL mobile app
  - iFlex by iSolved app → 

#### Obtain the EOB (Explanation of Benefits) for the claim from BCBSIL mobile app:

- From the main menu at the bottom, select **Claims**.




- Scroll to find the claim you want to submit, based on date of service.
- Click the claim to open the expanded view.
- Click the **Full Claim Detail (EOB)** link to open the actual EOB document.
- Scroll to the page(s) showing a breakdown of services.
- Review the **Your Responsibility** section to confirm the total dollar amount included in the **Deductible Amount** column.
- Save the EOB document.
  - Alternatively, take a screenshot of the page showing the service and cost breakdown. Ensure that all header and table information is visible.

*(“Filing HRA Claims (iSolved)” continued on next page)*

("Filing HRA Claims (iSolved)", continued)

- The EOB pictured below is a SAMPLE of a screenshot, with sample data.



**BlueCross BlueShield of Illinois**

**SUBSCRIBER INFORMATION**  
**LOCKMANN KRANE INTERNATIONAL, INC.**  
 Member ID#: XXXXXXXX      Group #: 000

**CLAIM DETAIL (1 of 1)**  
**PATIENT:** PATIENT NAME  
**PROVIDER:** DUPAGE MEDICAL GROUP  
**CLAIM #:** 123456789X

**DATE PROCESSED:** 12/09/2021

YOUR BENEFITS APPLIED						YOUR RESPONSIBILITY				
Service Description	Service Dates	Amount Billed	Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	Your Total Costs
Surgery	12/07/2021	186.00	(1) 76.79	109.21		109.21				109.21
Medical Visits	12/07/2021	229.00	(1) 62.44	166.56	126.56		40.00			40.00
CLAIM TOTALS		\$415.00	\$139.23	\$275.77	\$126.56	\$109.21	\$40.00	\$0.00	\$0.00	\$149.21

Total covered benefits approved for this claim: \$126.56 to DUPAGE MEDICAL GROUP on 12-09-21.

**Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"**

(1) Your health care plan covers eligible services up to an allowed amount for services ordered or provided by a participating provider. Since this amount has been paid, no further payment can be made. You are not responsible for the charges over the allowed amount.

For your up-to-date Medical Spending summary, visit Blue Access for Members<sup>SM</sup> on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card.

PATIENT NAME - Benefit Period: 01-01-21 Through 12-31-21 To date this patient has met \$ XXX of her/his \$ XXXX Health Care Plan Deductible.

**File HRA claim via iFlex by iSolved mobile app:**

- From the main screen, click **File a Claim**.

**iSolved** Benefit Services

My Accounts

**HRA**

09/01/2021 - 12/31/2021

I Want To

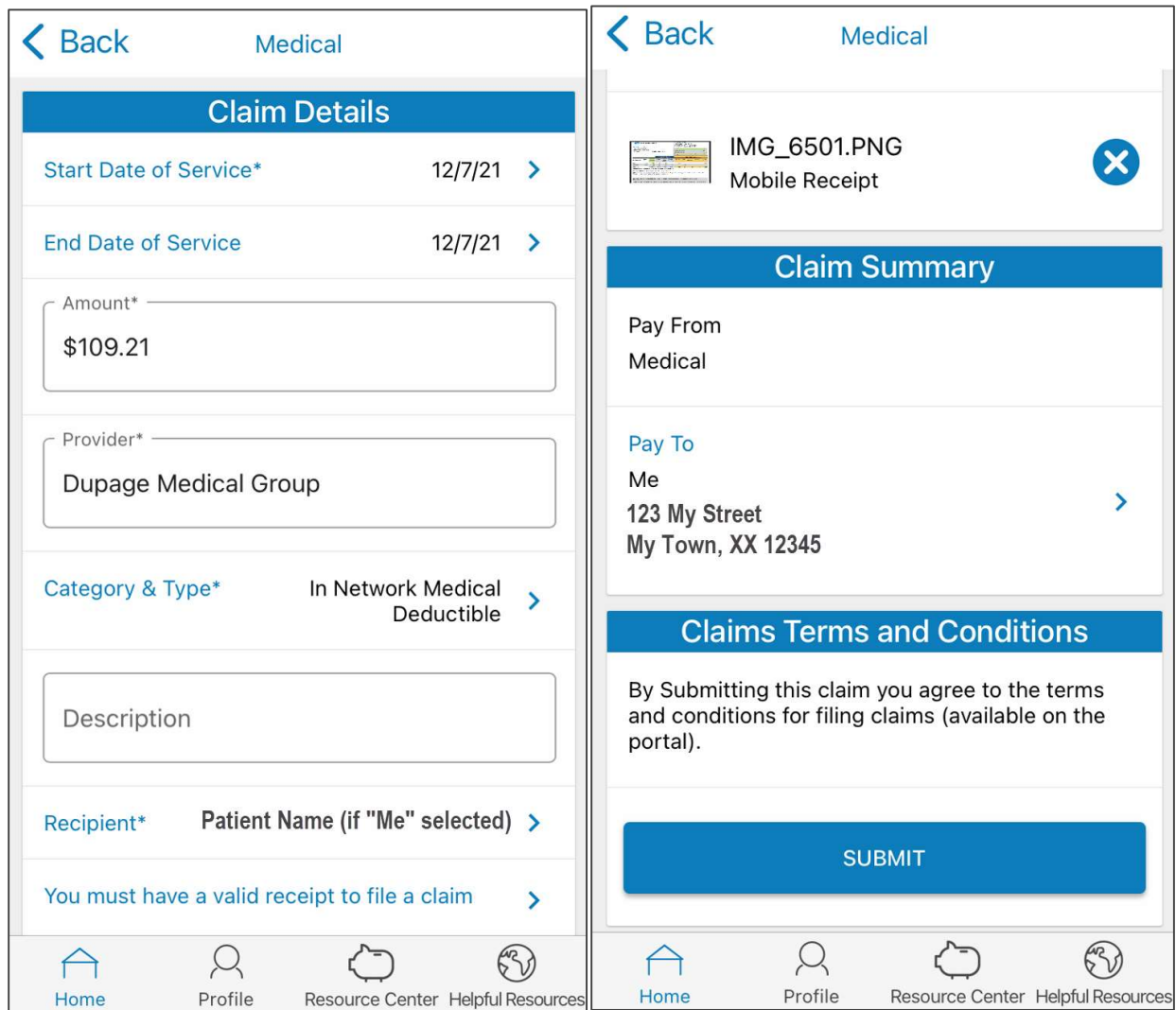
File A Claim

- Click **Me** for any applicable payment to be issued directly to you.
  - To have iSolved pay your medical provider directly, you must add the medical provider's payee information here.
- Enter the **Start Date of Service** and **End Date of Service**, as they appear on your EOB.
- Enter the **Amount** (associated with those dates of service) that was applied to your in-network deductible, according to your EOB.

("Filing HRA Claims (iSolved)" continued on next page)

("Filing HRA Claims (iSolved)", continued)

- Enter the **Provider**, as it appears on your EOB.
- Click **Category & Type**, and then click **Medical Expenses > In-Network Medical Deductible**.
  - These will be the only options that populate.
- You can leave the **Description** field BLANK.
- Click **Upload Receipt**, and upload your EOB.
- Even if your mailing address appears in the **Pay To** field, you will receive any eligible payments via Direct Deposit *if you set it up previously via the website portal*.



The image displays two screenshots of a mobile application interface for filing a claim. Both screens are titled "Medical" and have a "Back" button in the top left corner.

The left screenshot shows the "Claim Details" form. It includes the following fields and values:

- Start Date of Service\***: 12/7/21
- End Date of Service**: 12/7/21
- Amount\***: \$109.21
- Provider\***: Dupage Medical Group
- Category & Type\***: In Network Medical Deductible
- Description**: (Empty field)
- Recipient\***: Patient Name (if "Me" selected)
- You must have a valid receipt to file a claim**: (Link)

The right screenshot shows the "Claim Summary" and "Claims Terms and Conditions" sections. It includes:

- Claim Summary**:
  - Pay From**: Medical
  - Pay To**: Me, 123 My Street, My Town, XX 12345
- Claims Terms and Conditions**: By Submitting this claim you agree to the terms and conditions for filing claims (available on the portal).
- SUBMIT**: A large blue button at the bottom of the form.

Both screenshots feature a bottom navigation bar with icons for Home, Profile, Resource Center, and Helpful Resources.

- Click **Submit**.
  - From the home screen, you can monitor the status of any submitted claims by clicking your plan under **My Accounts** and then scrolling down to **Account Activity**.