

SIMON CDHP CLAIM FILING GUIDE

WELCOME TO SIMON CDHP!

You now have 24/7 access to view and manage your Flexible Spending Account (FSA), Dependent Care Account (DCA), Health Reimbursement Arrangement (HRA) and/or Health Savings Account (HSA).

Your secure online account will allow you to:

- File a claim online
- Upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims history and reimbursement history
- Report a lost/stolen Benefit Card
- Update your personal profile information
- Download important forms and links provided by your administrator

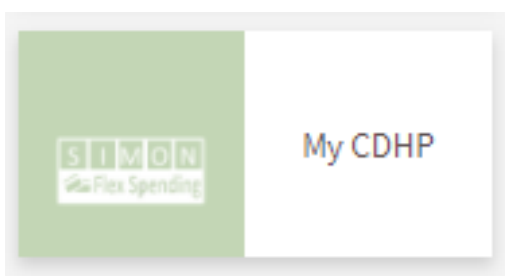
FIRST TIME SIMON ACCESS

To access your SIMON CDHP Home Page for the first time please use the link provided in your SIMON Invitation Email. If you have not received your SIMON Invitation Email please check your spam box before reaching out to flexspending@vimly.com to request a new one. **Do not use a Hotmail email address.** Hotmail will not accept your SIMON Invitation Email's secure format.

Once you have received your SIMON Invitation email and followed the prompts to successfully setup your SIMON Username and Password, please continue to the steps below:

ESTABLISHED SIMON ACCOUNT ACCESS

1. Visit **www.simon365.com**
2. Enter your Username and Password
3. From your SIMON Homepage, select the **"My CDHP"** Tile:



GET TO KNOW YOUR SIMON CDHP HOME PAGE

- The **I Want To** section contains the most frequently used features for the Consumer Portal.

- The **Accounts** section links directly to your Flexible Spending, Dependent Care, Health Reimbursement, and Health Savings Accounts.

- The **Tasks** section displays alerts and relevant links that enable you to keep current on your accounts.

- The **Recent Transaction** section displays the last 3 transactions on your account(s).

- The **Quick View** section graphically displays some of your key account information.

You can also hover over the tabs at the top of the page for additional information and resources.

The screenshot shows the Simon CDHP Home Page with the following sections and data:

Navigation: Contact Us, Uma Ballard (User), (0) (Shopping Cart), Logout

Home / Accounts / Tools & Support / Message Center (2)

Welcome: We're Making It Easy to Manage Your Healthcare Expenses. [View More](#)

I Want To:

- [File A Claim](#)
- [Make HSA Transaction](#)
- [Manage Investments](#)
- [Manage My Expenses](#)

Accounts:

HEALTH SAVINGS ACCOUNT

	AVAILABLE
Cash Account	\$4,050.00
Investment Account	\$1,103.00

01/01/2019 - 12/31/2019

	AVAILABLE
Limited Health Care Flex...	\$2,683.50
Dependent Care Flexible...	\$0.00
Transit Pass Reimburse...	\$0.00
Parking Reimbursement...	\$0.00

Tasks (2):

- 1 receipt(s) needed to approve your claims. [View More](#)
- Next Projected Payment: \$46.00 on 3/27/2019. [View More](#)

Limited Health Care Flexible Spending Account	\$10.00
Limited Health Care Flexible Spending Account	\$15.00
Dependent Care Flexible Spending Account	\$21.00

Healthcare Savings Goal: 74% (\$5,153 of \$7,000). [EDIT GOAL](#)

Recent Transactions:

DATE	EXPENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	SUBMITTED AMOUNT	STATUS
3/2/2019	Dental	Uma Ballard	University Clinic	\$6.50	\$
2/4/2019	Vision	Jonathan Ballard	LenCrafters	\$25.00	\$ Pay
2/1/2019	Dependent Care	Uma Ballard	Rocking Horse Childcare	\$7.00	\$

[View full table](#)

Quick View:

HSA Contributions & Distributions:

Year	Contributions	Distributions
2018	\$1,000.00	\$0.00
2019	\$4,000.00	\$0.00

HSA Contributions by Tax Year:

Tax Year	Current Contributions	Maximum Contribution
2019	\$7,000.00	\$7,000.00
2018	\$6,900.00	\$6,900.00

HOW DO I FILE A CLAIM?

- On the **Home Page**, you can simply select **"File a Claim"** under the **"I Want To"** section.

- The claim filing wizard will walk you through entering the details of creating your reimbursement request, including entry of claim details and uploading a receipt. **Please complete all required and attach all corresponding substantiation**

- For submitting more than one claim, click **Add Another** from the **Transaction Summary** page.

- When all claims are entered, **Agree** to the Terms and Conditions and click **Submit**.

Choose File A Claim

I Want To:

[File A Claim](#) [Manage My Expenses](#)

Create Reimbursement

Online claims filing is a fast and easy way to file claims. Just click the "File A Claim" button and start filing!

Pay From *

Pay To *

Based on your selection, you will be requesting a Claim Reimbursement.

[Cancel](#) [Next](#)

Receipt / Documentation

Receipt(s) * [Upload Valid Documentation](#)

Summary

Pay From: Medical
Pay To: Me

[Cancel](#) [Previous](#) [Next](#)

Claim Details

Start Date of Service *

End Date of Service

Amount * \$

Provider *

Category *

Type *

Description

If the category is "Other" or "Over-the-Counter Drugs", you must provide a description.

Recipient * Self Other Dependent

[Add Dependent](#)

Did You Drive To Receive This Product/Service? * Yes No

Complete All *Required* Fields

Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	AMOUNT	
+ 2021 HRA	Me	Medical Coinsurance	\$50.00	\$50.00	Remove
Total Amount			\$50.00	\$50.00	

[Cancel](#) [Save for Later](#) [Add Another](#) [Submit](#)

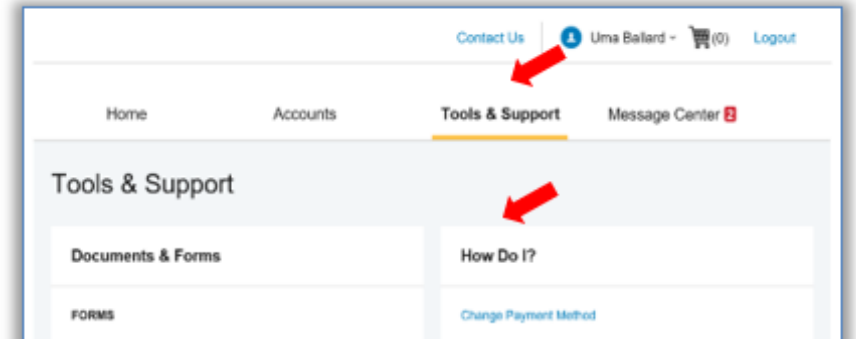
Select "Add Another" Or "Submit"

Select The Plan You Want To Use (HRA, FSA, DCA, HSA)

Choose "Upload Valid Documentation" EOB Required for HRA Claims

HOW DO I GET MY REIMBURSEMENT FASTER?

- From the **Home Page**, under the **Tools & Support** tab, click **Change Payment Method** under the “**How Do I?**” section.
- Enter your bank account information and click **Submit**.



HOW DO I VIEW MY CLAIMS HISTORY?

- From the **Home Page**, click on the **Accounts Tab**, and then click on the **Claims** link to see your claims history. You can apply filters from the top of the list, including plan year, account type, claim status or receipt status.
- By clicking on the line of the claim, you can expand the data to display additional claim details.

A screenshot of a web application interface showing a table of claims. At the top right, there is a 'Contact Us' link and a user profile for 'Uma Ballard' with a shopping cart icon showing '(0)' and a 'Logout' link. Below this is a navigation bar with tabs for 'Home', 'Accounts' (which is highlighted with a yellow underline), 'Tools & Support', and 'Message Center' with a notification icon. The main content area is titled 'Accounts / Claims' and contains a 'Filter By' dropdown and a 'Reset Filters' link. Below this is a table with the following columns: 'DATE', 'SERVICE', 'ACCOUNT', 'MERCHANT/PROVIDER', 'CLAIM STATUS', and 'AMOUNT'. A red arrow points to the 'DATE' column header. The table contains 12 rows of claim data.

DATE	SERVICE	ACCOUNT	MERCHANT/PROVIDER	CLAIM STATUS	AMOUNT
+ 03/02/2019	Limited Health Care Fl...	University Clinic	PTP Pending Receipt	\$6.50	
+ 02/01/2019	Dependent Care Flexi...	Rocking Horse Childcare	Pending Reimbursement	\$7.00	
+ 02/01/2019	Limited Health Care Fl...	ABC Eyewear	Scheduled Reimbursement	\$5.00	
+ 01/01/2019	Limited Health Care Fl...	20/20 Vision	Denied	\$10.00	
+ 01/01/2019	Dependent Care Flexi...	Rocking Horse Childcare	Pending Reimbursement	\$7.00	
+ 01/01/2019	Limited Health Care Fl...	ABC Eyewear	Scheduled Reimbursement	\$5.00	
+ 12/01/2018	Dependent Care Flexi...	Rocking Horse Childcare	Scheduled Reimbursement	\$7.00	
+ 12/01/2018	Limited Health Care Fl...	ABC Eyewear	Scheduled Reimbursement	\$5.00	
+ 11/01/2018	Dependent Care Flexi...	Rocking Horse Childcare	Scheduled Reimbursement	\$7.00	
+ 11/01/2018	Limited Health Care Fl...	ABC Eyewear	Scheduled Reimbursement	\$5.00	
+ 10/01/2018	Dependent Care Flexi...	Rocking Horse Childcare	Scheduled Reimbursement	\$7.00	
+ 10/01/2018	Limited Health Care Fl...	ABC Eyewear	Scheduled Reimbursement	\$5.00	

HOW DO I VIEW MY HEALTH CARE ACTIVITY BY EXPENSE TYPE?

- Under the **Accounts** menu is the **Dashboard**. The **Dashboard** provides you with an easy-to-use consolidated view of healthcare expenses for ongoing management of medical claims and card transactions.
- Easily filter expenses by clicking on the **filter options** on the navigation pane on the left side of the screen or, by clicking on the **field headers** within the **Dashboard**. Filter options include expense type, status, date, recipient or merchant/provider.
- Expenses can be exported into an Excel spreadsheet by clicking on the **Export Expenses** button on the top of the page.

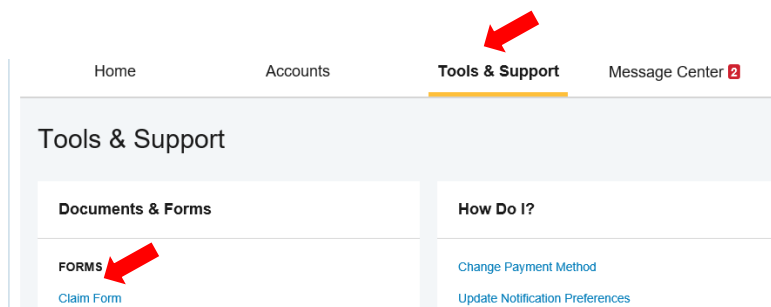
The screenshot displays the 'Accounts' dashboard for 'Uma Ballard'. It features a navigation bar with 'Home', 'Accounts', 'Tools & Support', and 'Message Center'. The main content area includes an 'Add Expense' and 'Export Expenses' button, a 'View by: All' dropdown, and a donut chart titled 'Expenses by Category'. The chart shows a large green segment for 'Medical Other', a blue segment for 'Dental', and a yellow segment for 'Vision'. Below the chart is an 'Expense Summary' table with columns for 'Total Expenses', 'Total Paid Expenses', and 'Total Unpaid Expenses'. A 'Total Eligible to Submit' section is also present. At the bottom, there is a 'Filter By' dropdown and a table of transactions with columns for 'DATE', 'EXPENSE', 'RECIPIENT/PATIENT', 'MERCHANT/PROVIDER', 'SUBMITTED AMOUNT', and 'STATUS'.

DATE	EXPENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	SUBMITTED AMOUNT	STATUS
3/2/2019	Dental	Uma Ballard	University Clinic	\$6.50	\$
2/1/2019	Medical	Uma Ballard	ABC Eyewear	\$5.00	\$
1/1/2019	Medical	Uma Ballard	20/20 Vision	\$10.00	\$
1/1/2019	Medical	Uma Ballard	ABC Eyewear	\$5.00	\$
12/1/2018	Medical	Uma Ballard	ABC Eyewear	\$5.00	\$
11/1/2018	Medical	Uma Ballard	ABC Eyewear	\$5.00	\$
10/1/2018	Medical	Uma Ballard	ABC Eyewear	\$5.00	\$
9/1/2018	Medical	Uma Ballard	ABC Eyewear	\$5.00	\$
8/1/2018	Medical	Uma Ballard	ABC Eyewear	\$5.00	\$
7/24/2018	Medical	Jonathan Ballard	Vision 20 Twenty	\$35.00	\$

HOW DO I SUBMIT A MANUAL CLAIM?

- From the **Home Page**, under the **Tools & Support** tab, you will find **Documents & Forms**. Follow the instructions on the **Claim Form** to complete and submit your reimbursement request. Make sure to include the corresponding substantiation documentation.

- You can also **email flexspending@vimly.com** to request a Claim Reimbursement Form be sent to you via secure email.



Reimbursement Claim Form

INSTRUCTIONS: FOR EXPENSES PAID WITH FSA/HRA DEBIT CARDS DO NOT COMPLETE THIS FORM!

- Complete the entire claim form.**
FSA/HRA Debit Card charges only require you to submit your documentation. **DO NOT** fill out this form for Debit Card claims.
- Attach Medical Expense Valid Receipts:**
You must have one of the following valid receipts to substantiate your claim:
 - Store/Pharmacy receipt, including name of product and date of service
 - Co-pay receipt from medical provider, including date of service
 - Itemized bill from medical provider, including date of service
 - Insurance company's "Explanation of Benefits", including date(s) of service – if allowed by insurance
 - Canceled checks and credit card statements are not valid receipts.**
 - Effective 1/1/2011, over-the-counter drugs and medicines require a prescription in addition to a valid receipt, to be reimbursed. Over-the-counter supplies and equipment remain eligible for reimbursement with a valid receipt. Your receipts must contain the name of the product to be reimbursed.
 - Documentation from a physician must accompany receipts if they are for medical expenses that seem as if they would not be accepted for reimbursement. For example, massage therapy or weight loss programs are not typically reimbursable, but could be if prescribed by a physician.
- Note the claim line number at the top of each attachment.** For example, note "L1" on your documentation for the health care expense listed first on the claim form. If one document is provided to support more than one claim line, note all applicable claim lines on the attachment.
- Read the Certification Statement then sign and date the claim form.**
- Keep a copy of this form and all supporting documentation for your records.

Employer Name: _____

Employee Name: _____

Line #	Service Date(s) m/d/yy to m/d/yy	Service Provider	Type of Service (Medical, Dental/Ortho, Vision, RX, Child Care)	Patient Name	Amount Requested
L1	// to //				
L2	// to //				
L3	// to //				
L4	// to //				
L5	// to //				
L6	// to //				
L7	// to //				
L8	// to //				
L9	// to //				
L10	// to //				
Total Expenses Claimed					\$

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my reimbursement plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual (joint) income tax return. Any person who knowingly and with intent to injure, defraud or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law. Where indicated, parking amounts claimed are without an available receipt and this certification includes such expenses.

Employee Signature: _____ Date: _____

Return Completed Claim form with Supporting Documentation to Vimly Benefit Solutions via:

Mail: Vimly Benefit Solutions, Inc. Attn: FLEX, PO Box 6, Mukilteo, WA 98275

Fax: 1-866-727-2106 **E-Mail:** flexspending@vimly.com

Customer Service Telephone Number: 206-859-2694

QUESTIONS?

Vimly Benefit Solutions - CDHP/FLEX Department

P.O Box 6 - Mukilteo WA - 98275

Phone: 206.859.2694 - Fax: 866.727.2106

Email: flexspending@vimly.com