

FILING CLAIMS

I. HOW TO FILE MEDICAL CLAIMS

- A. **Medical Claims Incurred from July 1, 2005 – June 30, 2006:** Please send your PPO claims to: CCN Managed Care, Inc., P. O. Box 5319, Tampa, FL 33675-5319. Mail all non-PPO claims to: PRINCIPAL LIFE INSURANCE, P. O. Box 39710, Colorado Springs, CO 80949-3910, Electronic payer ID # is 33005.

Claim forms are not required. However, you must include an itemized statement, list the **group #P89191** and provide the employee's social security number (or Principal ID#) on all correspondence. The Plan is contracted with Principal to process old claims through **June 30, 2007**. Claims received after the deadline will be rejected.

- B. **Medical Claims Incurred from July 1, 2006 – present:** Please note that United Healthcare **requires** a Claim Form for medical expense reimbursement. When submitting claims, you must include an itemized statement, the employee's social security number and medical **group #708611** on all correspondence.

Submit both PPO and Non-PPO claims to: UNITED HEALTHCARE, P. O. Box 30555, Salt Lake City, UT 84130-0555. Electronic payer ID # is 87726. Customer Care Phone: (800) 510-4846.

For international claims transmittal, please submit the medical claims to: UnitedHealth Group, International Claims, P. O. Box 740817, Atlanta, GA 30374, or via fax: 801-567-5498.

II. HOW TO FILE PRESCRIPTION DRUG CLAIMS

- A. **Prescription Drug Claims Incurred from July 1, 2005 – June 30, 2006:** Requests for prescription drug expenses (retail claims only) incurred prior to **July 1, 2006** can be submitted to: CAREMARK, P. O. Box 52116, Phoenix, AZ 85072-2116. Please note your **group number #0188** and the employee's social security number (or Principal ID#) on Caremark Retail Claim Form when seeking reimbursement.

- B. **Prescription Drug Claims Incurred from July 1, 2006 – present:** Please note that MEDCO **requires** a Claim Form for prescription expense reimbursement. When submitting claims, you must include an itemized statement, including employee's social security number and **group #708611** on all correspondence. (Note both medical and prescription drug share the same group number with UnitedHealthcare plan). Submit claims to: Medco Health Solutions, Inc., P. O. Box 14711, Lexington, KY 40512.

III. HOW TO FILE FLEXIBLE SPENDING ACCOUNTS (FSA) CLAIMS

- A. **FSA Claims Incurred from July 1, 2006 – June 30, 2007:** All eligible expenses must incur by **June 30, 2007** and claims must be **received** by United Healthcare no later than **September 30, 2007**.
- B. **FSA Claims Incurred from July 1, 2007 – June 30, 2008:** All eligible expenses must incur by **June 30, 2008** and claims must be **received** by United Healthcare no later than **September 30, 2008**.

All claims must be submitted to: United Healthcare, P. O. Box 981178, El Paso, TX 79998-1178, Fax (915) 781-1085, Group #709593, Customer Care Phone: (800) 510-4846

NOTE: Terminated employees can only submit FSA expenses incurred as of the last day of coverage and **MUST** request reimbursement within 90 days after termination of coverage.

For claim forms, you can access our web site: <http://hr.fhda.edu/benefits> for a download.