



FEDERATED INDIANS OF
GRATON
R A N C H E R I A

Health Benefit Program Guide

TRIBAL CITIZEN BENEFITS PROGRAM

GENERAL WELFARE EXCLUSION ACT

With the approval of the General Welfare Exclusion (GWE) Act of 2014, federal guidelines were incorporated to allow American Indian Tribes to create tax-exempt programs to address their unique social, cultural, and economic issues. In order to qualify as an "Indian General Welfare Benefit," any payment made or service provided on behalf of a Citizen of an Indian Tribe under a Tribal government program must be administered under specific guidelines, and does not discriminate in favor of members of the governing body of the Tribe.

The benefits provided under the program are available to any Tribal Citizen who meets the guidelines, are for the promotion of general welfare, are not lavish or extravagant, and are not for compensation of services. FSA TPA is the entity contracted by the Tribe to provide the Health Benefit Program.

Under the guidance of the Act, the Tribe has established a Health Benefit Program to fulfill the needs of its qualifying Tribal Citizens.



NEED HELP? CALL US.

Program Coordinator

6400 Redwood Dr
Suite 300
Rohnert Park, CA 94928
Maxine Bandner
ph: 707-566-2288 ext.121
fx: 707-566-2291

Mon-Fri 8:00 am - 5:00 pm PST

FSA TPA - Tribal Benefits

PO Box 1210
Atmore, AL 36504

ph: 844-969-8777
fx: 855-673-6710
e: customerservice@fsatpa.com

Mon-Fri 8:30 am - 4:30 pm CST

BENEFIT ELIGIBILITY

All Federated Indians of Graton Rancheria Citizens in good standing are eligible to participate in the Health Benefit Program.



BENEFIT BASICS

AVAILABLE BENEFITS FOR THE 2021 PLAN YEAR

Benefits provided under the Tribal Health Benefit Program will be subject to established guidelines but will serve as a tax-exempt benefit. **The provided annual health benefit for 2021 must be expended in 2021. Any unused annual health benefit will not carryover to 2022.**

FSA TPA HEALTH CARD

The FSA TPA Health Card will offer you a convenient way to pay for eligible expenses by avoiding out-of-pocket transactions. When you have an eligible expense at a business that accepts MasterCard, select "Credit" and use your card for payment. The amount of eligible purchases will be deducted directly from your Health Benefit Account. It is important to remember to save your receipts as the Tribe may request to validate your debit card purchases at any time. Please **SAVE YOUR RECEIPTS** in the event of a verification request.

For instances when a merchant may not accept the Health Card, you may submit a claim reimbursement for eligible out-of-pocket expenses. Also, please keep in mind that until you receive your FSA TPA Health Card, you can submit a claim for reimbursement from your Health Benefit Account for eligible expenses. An itemized receipt of purchase will be required for processing.

The following page will outline the types of medical expenses that your Health Benefit Program will allow.



HEALTH BENEFITS



Eligible Expenses Include:

- Acupuncture
- Acid controllers
- Alcoholism treatment
- Allergy and sinus medicine
- Ambulance
- Anti-diarrheals
- Anti-gas products
- Anti-itch and insect bite
- Anti-parasitic treatments
- Baby rash ointments/creams
- Birth control
- Body scans
- Braille books and magazines
- Breast pumps and lactation supplies
- Chiropractor
- Co-insurance (medical, dental or vision)
- Co-payments (e.g., health insurance premiums, deductibles, co-payments)
- Cold sore remedies
- Cough, cold and flu medication
- Crutches or canes
- Deductibles
- Diabetic supplies
- Diagnostic services
- Digestive aids
- Drug addiction treatment
- Feminine anti-fungal/anti-itch
- Fertility enhancements
- Flu shots
- Guide dogs or other service animal

Eligible Expenses Include:

- Hearing aids and batteries
- Hemorrhoidal preps
- Hospital services
- Insulin
- Laboratory fees
- Lamaze classes
- Laxatives
- Learning disability treatments
- Menstrual care products
- Mastectomy-related special bras
- Medical monitoring and testing devices
- Medical supplies
- Motion sickness
- Nursing services
- OB/GYN
- Office visits
- Oxygen
- Pain relievers (for example, aspirin)
- Physical exams
- Physical therapy
- Pregnancy tests (over-the-counter)
- Prescription drugs
- Prosthesis
- Psychiatric care
- Respiratory treatments
- Mastectomy

HEALTH BENEFITS



Eligible Expenses Include:

- Sleep aids and sedatives
- Smoking cessation (programs/drugs)
- Speech therapy
- Sterilization
- Stomach remedies
- Surgery
- Vaccinations
- Vasectomy
- Weight loss drugs (if prescribed by a physician to treat a specific medical condition)
- Wheelchair
- X-ray fees
- Dental
 - Braces
 - Dentures
 - Exams
 - Extractions
 - Fillings
 - Teeth cleaning
 - X-rays
- Vision
 - Contact Lenses
 - Examinations and glasses
 - Laser eye surgery
 - Reading glasses (over-the-counter)

Eligible- Require Prescription:

- Weight loss counseling
- Weight loss program
- Fitness program
- Reconstructive surgery
- Dental implants
- Health club dues
- Herbal or homeopathic medicines
- Medical equipment
- Dental equipment/appliances
- Transportation costs (to and from medical appointments)
- Caregiving
- Home improvements (ramps, grab bars, etc.)
- Massage therapy
- Nutritional supplements
- Orthopedic shoes and inserts

Eligible- Require pre-approval from the Program Coordinator to qualify for reimbursement under the Program:

- Exercise equipment
- Mattress
- Traditional/native cultural healing treatments

ADDITIONAL WAYS TO ACCESS YOUR BENEFITS

CLAIM REIMBURSEMENT

Claim reimbursements may be used for eligible out-of-pocket expenses, based on the Citizen's eligibility date into the Program. When submitting a claim, Participants must include a completed **Claim Reimbursement Form** along with the following documents:

- Completed Claim Form
- Copy of Billing Statement
- Proof of Payment
- Prescription or Letter of Medical Necessity if Required

Examples of Billing Statements may include an invoice or itemized receipt. Claims will be reviewed and approved, pended or denied based on the documentation provided. If a claim is pended or denied, a letter or email will be sent to the address of record based on the Participant's notification preferences. The letter will advise the Participant to provide additional information to validate the claim for processing.

Reimbursement distributions will be based on your available annual health benefit. Any claims exceeding your annual health benefit will not be paid. Participants may check the status of a claim any time by logging into www.fsatpa.com.

There are several easy and convenient ways to upload or submit a claim:

1) Online at fsatpa.com

Visit fsatpa.com to log in and submit a claim under your Participant portal.

2) Mobile App

Download the **FSA TPA Benefits** app from your Apple or Google Play store. Upload your claim as instructed.

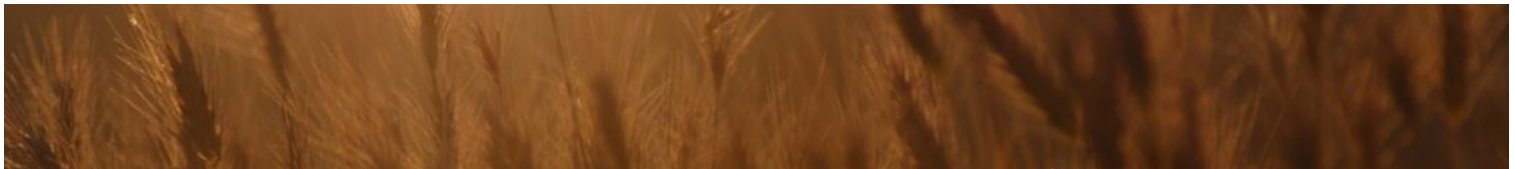
3) Mail or Fax

Mail: P.O. Box 1210
Atmore, AL 36504
Fax: (855) 673-6710

Please allow 5-7 business days to process your claim.

All reimbursements will be issued as a check to the address of record on file.

To *update* your reimbursement method to direct deposit, please complete and return the **Direct Deposit Authorization Form** along with a copy of a voided check or official letter from the financial institution.



PROVIDER PAYMENTS

A provider payment is similar to automatic bill-pay and can be established for any fixed payment amount to an eligible provider. The total of your provider payment(s) are calculated annually and held in a separate reserve account to ensure availability of funds. Payments are generated as a physical check and mailed 10 days prior to the selected due date. Due dates are available for the 1st or 15th of the month and may be made on a recurring monthly or one-time basis.

To set up a provider payment to your service provider(s), complete the **Provider Payment Authorization Form** and attach all billing information as directed. Please note all documentation must be submitted to your Program Coordinator 15 days prior to the selected due date. Neither FSA TPA nor the Tribe is responsible for late, lost or misapplied payments.

HOW TO REGISTER ONLINE

FSATPA.com is available for you to access your account information at any time. Here you may view your current balance, claims history, upload claims and more!

• VISIT WWW.FSATPA.COM TO REGISTER ONLINE •

VISIT WWW.FSATPA.COM

Once enrolled in the Health Benefit Program, you can create an account. To login to your account portal, visit fsatpa.com. Click on the login button on the home screen.

DON'T HAVE AN ACCOUNT?

If this is your first time accessing the FSA TPA website, simply follow the instructions above and select *Register* to enter your credentials.

- Username
- Password
- First Name
- Last Name
- Email
- Employee ID (Tribal Roll Number)
- Registration ID (Employer ID--TMB20190101 or Card Number)

Once your credentials have been validated, you will be asked to complete a series of four security questions to be used to authenticate your account. If you need assistance at any point in the registration process, please contact your Program Coordinator at 707-566-2288 ext. 121.

To provide the most secure protection of your account information, **account passwords will expire every 90 days.**

VIEW YOUR ACCOUNT PORTAL

Once you have successfully logged into your Tribal Benefits Portal, you will have access to important messages, balance information, transaction history, and claim status. You may elect your notification preferences, upload claims for reimbursement, as well as report a lost, stolen or destroyed debit card. Maximize your TMBP experience and log in online!

ACCESS AT YOUR FINGERTIPS

Download the FSA TPA Benefits mobile app for quick access to alerts, balance information, claim uploads and more.

Did you know that if you have not created an account online, you can create one by registering on the app?

Usernames and Passwords are the *same* for both online and mobile accounts.

Visit the App Store or Google Play to download today.



DISCLAIMERS



CLAIMS PROCESSING

Received items are subject to interpretation by the TPA Claims Processing Department. Any item considered questionable under the Tribe's Program guidelines will be considered ineligible for reimbursement.

If you believe your claim was incorrectly denied, you may file an appeal with the Tribe's Plan Administrator. If the administrator deems your expense(s) as eligible, he/she will re-submit your claim for processing.

MISUSE OF PROGRAM BENEFITS

Any Participant suspected of abuse of the Program will be temporarily suspended until transactions have been verified as eligible. Noncompliance may result in indefinite suspension or termination from the Program. Any monies that are paid by the Tribe as a result of fraud or misrepresentation by a Participant for an ineligible expense will be considered a Tribal Obligation Default by the Participant who accepted the benefit under the Program. The Tribe is authorized to, in accordance with the Title and Guide, take any necessary actions to recover the amount erroneously paid.

The information contained in this program guide is confidential, privileged and only for the information of the intended recipient and may not be used, published, or redistributed without the prior written consent of The Federated Indians of Graton Rancheria.

This program guide provides highlights of the Federated Indians of Graton Rancheria Tribal Citizen Health Benefit Program.

ADDITIONAL INFORMATION

FORMS

All program documents including provider payment, direct deposit, and reimbursement forms are available for electronic download at www.fsatpa.com. In addition, you may request hard copies of these forms through your Program Coordinator.

FEES

To report a lost or stolen card, call 844-969-8777 or log on to the online portal or mobile app. A replacement card will be mailed to the address of record, and a fee of \$5.00 will be charged back to you, the Participant.

In the event a stop payment must be applied to a previously issued check, a new check will be issued. It is important to keep all of your information up-to-date so as to avoid this issue.

USING THE TRIBAL HEALTH BENEFIT PROGRAM TO PAY YOUR BILLS

The TMBP offers a convenient provider payment feature to pay any health care service provider that your benefit card may not be used for. However, you are responsible for the relationship with the service provider. FSA TPA nor the Tribe will be responsible for any late, lost or misapplied payments, including late fees or termination of services. Please remember it is your responsibility to communicate any changes in service or payment information to FSA TPA or your Program Coordinator.