

Tribal Health Benefit Program

PRESENTED BY:
FIGR &
FS ADVISORS



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



Welcome



INTRO &
OVERVIEW



FSA TPA
INTRODUCTION



BENEFIT
DETAILS



FAQS

New Tribal Benefit Programs 2021

All available as of March 1, 2021

Tribal Health Benefit Program

Health@gratonrancheria.com

Homebuyer Education & Down Payment Assistance

Housing@gratonrancheria.com

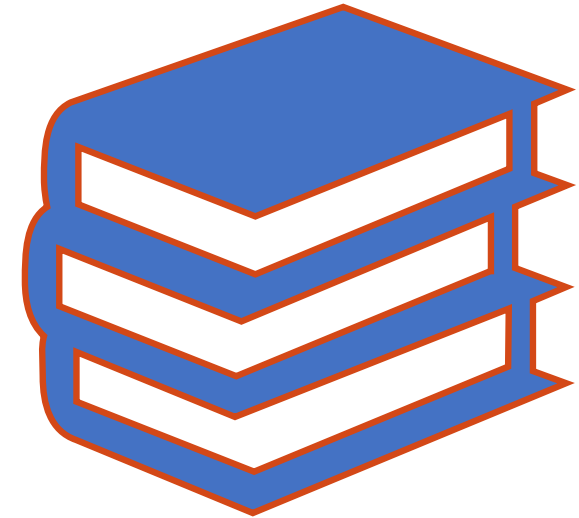
Childcare

Childcare@gratonrancheria.com

Education Programs

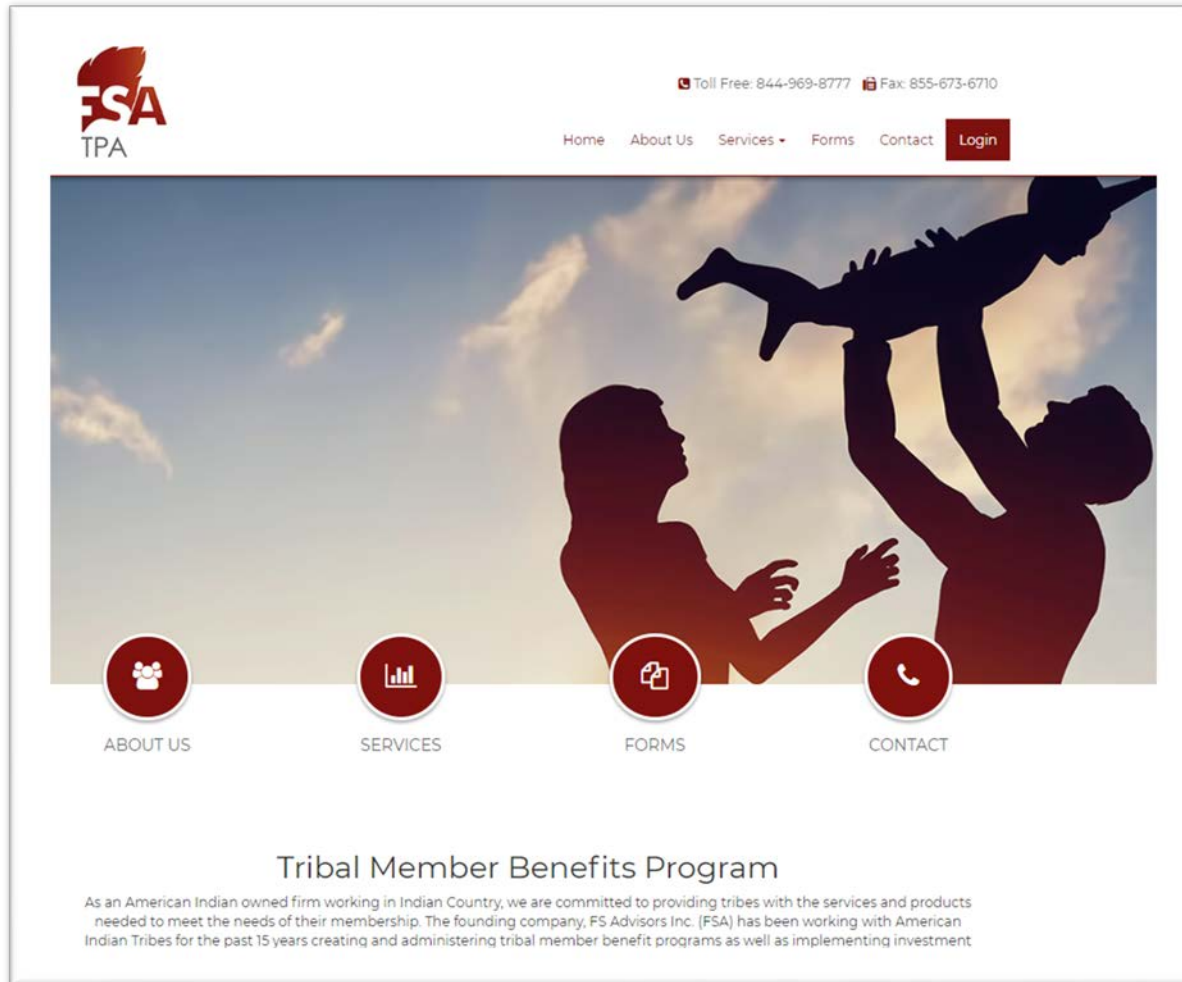
Education@gratonrancheria.com

- Higher Ed
- Afterschool Programs
- Youth Education & Tutoring



Benefit Overview

- No changes to the current plan for Elders
- Health benefit coverage became effective March 1, 2021 for FIGR adults and minors.
- \$5,000/minor & \$10,000/adult per year to purchase eligible medical, dental, vision and healthcare services.
- Submit your completed application to the Tribal offices.
- The provided annual health benefit for 2021 must be expended in 2021.
- Any unused annual health benefit will not carryover to 2022



FSA TPA Introduction

- ❑ FS Advisors, INC.-Founding company established in 2004
- ❑ American Indian-Owned
- ❑ FSA TPA is the entity contracted by the Tribe to administer the Health Benefit Program

Tribal General Welfare Exclusion Act of 2014

- ❑ Enables American Indian Tribes to create tax-exempt programs and benefits to address their own unique **social, cultural, and economic** issues
- ❑ Allows tribes to give significant consideration to the needs of the *entire community*
- ❑ Under the guidance of the Act, the Tribe has established a Health Benefit Program to benefit the needs of its qualifying Tribal Citizens.



FEDERATED INDIANS OF
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Health Benefit Program Guide

Welcome Packet

Once enrolled into Program you will receive a Welcome Packet. Welcome Packet includes:

- Welcome Letter
- Benefit Program Guide
- Provider Payment Authorization Form
- Claim Reimbursement Form
- Direct Deposit Authorization Form

Example Eligible Health Benefits:

- Co-pays, coinsurance, deductibles related to Non-cosmetic medical or dental, pharmacy, vision and hearing expenses
- Medical, dental and vision insurance premiums--excluding premiums paid pre-tax through an Employer or Group-sponsored Section 125 health plan
- Prescription drugs
- Behavioral health services
- Physical therapy
- Medical equipment--such as a walker, wheelchair, crutches, canes, etc.
- Chiropractor
- Lab Fees
- Braces or dentures
- Eyeglasses and/or contact lenses
- Lasik eye surgery
- Hearing aids
- Diabetic supplies
- Smoking cessation
- Qualified Over-the Counter items and feminine care products
- Long-term care premiums and services
- Assisted living or Skilled nursing facilities

The Benefit Guide that you will receive in your Welcome Packets contains a more detailed expansive list of eligible items.

Accessing Your Health Benefits

Three Ways to Access Health Benefit Funds:

- FSA TPA Debit Card
- Provider Payments
- Claim Reimbursements



Accessing Your Health Benefits: FSA TPA Debit Card

FSA TPA© Debit Card



- Card can be used with Qualified Health Merchants
- Always select CREDIT at the point of purchase.
- New FSA TPA Debit Cards will mail to the address of record and will be packaged in a plain white envelope.
- The FSA TPA debit card will be activated upon first use.

Accessing Your Health Benefits: Provider Payment

Provider Payments:

- May be used to send a check payment directly to your qualifying service provider(s).
 - Qualified expenses include insurance premium payments where the FSA TPA Debit Card cannot be used.
- Available for a one-time or monthly payment on the 1st or 15th of the month
- All documentation must be submitted 15 days prior to the selected due date.

To Create a Provider Payment:

- Complete the Provider Payment Authorization Form AND submit with a copy of your billing statement

Accessing Your Health Benefits: Reimbursement

Claim Reimbursement

- May be used to receive re-payment on eligible expenses paid out-of-pocket
- Claims processed within 5-7 business days
- Reimbursement distributions will be based on your available benefits
- Reimbursements distributed via check or direct deposit (if elected)

To Submit a claim:

- Complete the Claim Reimbursement Form
- Submit with a copy of a billing statement or contract and proof of payment
- Proof of payment may include a receipt, paid invoice, cleared check, or copy of bank or credit card statement
- Documentation must include:
 - Completed Claim Form
 - Copy of Billing Statement
 - Proof of Payment
 - Prescription or Letter of Medical Necessity if Required

Accessing Your Health Benefits: Reimbursement

To Elect Direct Deposit Reimbursement:

- ❑ Complete & submit the Direct Deposit Authorization Form
- ❑ Submit a copy of your voided check or letter from bank with account information

 PO Box 1210 • Atmore, AL • 36504
Phone: (644) 969-8777 Fax: (855) 673-6710
www.fsatpa.com

DIRECT DEPOSIT AUTHORIZATION

NAME: _____

TRIBE: _____

Tribal Roll Number: _____ Email Address: _____ Daytime Phone: _____

Mailing Address: _____

NOTE: THIS INFORMATION CARRIES FORWARD FROM YEAR TO YEAR. IF A FORM IS ON FILE WITH FSA TPA, IT IS NOT NECESSARY TO SEND IN A NEW FORM EACH PLAN YEAR.

START: I hereby authorize and request the payment of all future Tribal Benefit Program claims be by direct deposit to my account below. I understand it may take up to 10 days for the change to be effective.

STOP: I hereby authorize and request the payment of all future Tribal Benefit Program claims be by check and mailed to my address of record on file with FSA TPA.

CHANGE ACCOUNTS: I hereby authorize and request the payment of all Tribal Benefit Program claims be by direct deposit to the new account below. I understand it may take up to 10 days for the change to be effective.

Financial Institution: _____

Account Type: Checking Savings

Account Number: _____

Routing Number: _____

ATTACH COPY OF VOIDED CHECK

OR

LETTER FROM BANK WITH ACCOUNT INFORMATION

(Please No Deposit Slip)

Policies of Direct Deposit:

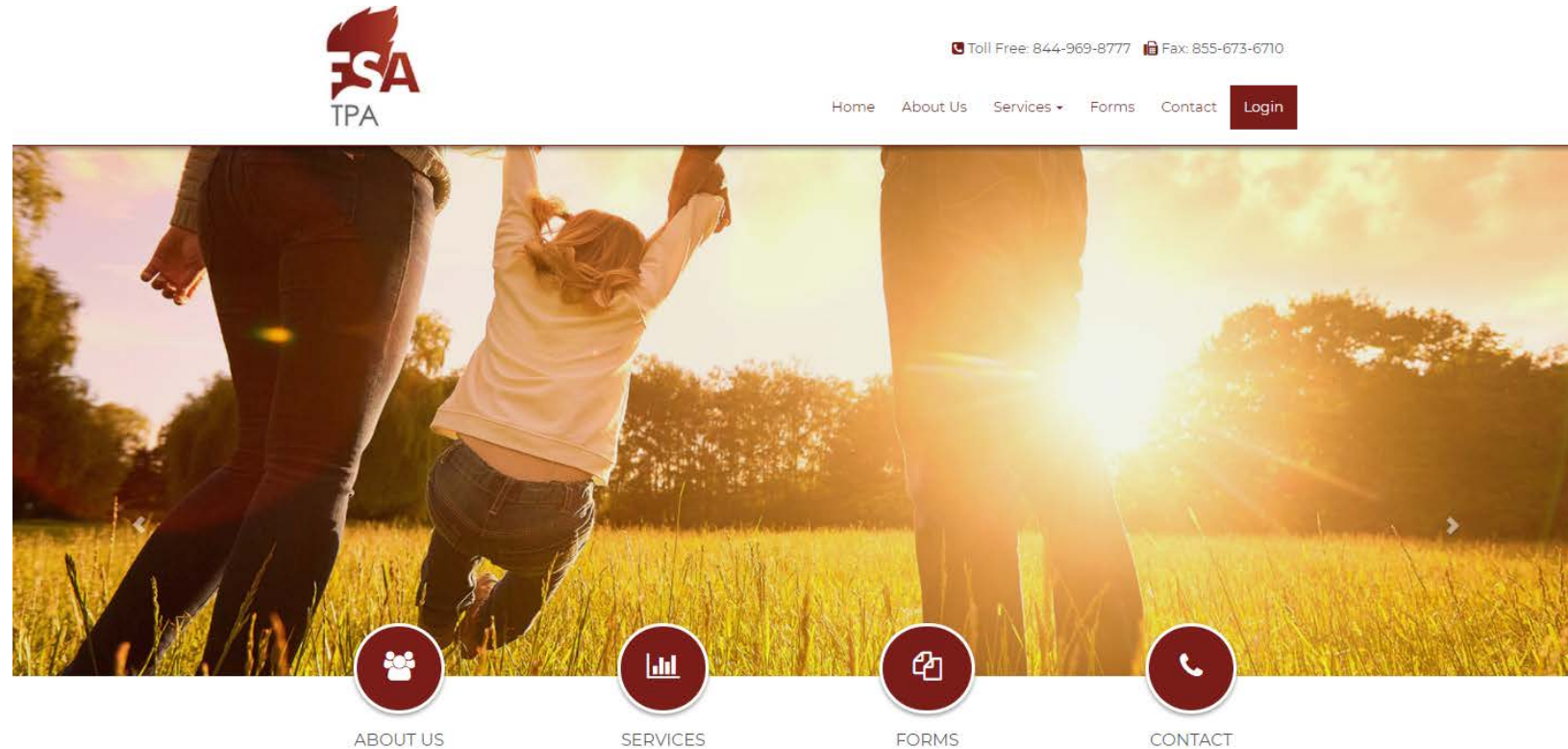
- Participants have the opportunity to receive their claim reimbursement by direct deposit into their checking or savings account or by check via USPS mail. If no election is made by a Participant, a check will be mailed directly to the address of record on file with FSA TPA.
- If a direct deposit is requested, notification of payment will be sent to the email on file. Participants may view their account activity on our website (fsatpa.com).
- Participants requesting direct deposit must provide, or have previously provided, an election for direct deposit and a voided check.
- I hereby authorize FSA TPA to deposit any amounts submitted by eligible receipts for reimbursement from my Benefit Account directly into the account designated on this form. Furthermore, I authorize my bank to accept and to credit any credit entries indicated by FSA TPA to my account. In the event that FSA TPA deposits funds erroneously into my account, I authorize FSA TPA to debit my account for an amount not to exceed the original amount of the erroneous credit.
- This authorization is to remain in full force and effect until FSA TPA and the bank have received written notice from me of its termination in such time and in such manner as to afford FSA TPA and the bank reasonable opportunity to act on such notice.

Participant Signature _____ Date _____

Participant Portal: FSATPA.com

Provides Participants Access To:

- Account Balances
- Transaction History
- Upload Claims or Authorization Forms
- Claim Status
- Important Messages
- Choose Notification Settings
- Program Documents
- Customer Service Support



Personal Dashboard

Your Accounts

Plan years to show: Previous Current Future

Health Benefit Program (01/01/2021-12/31/2021)

\$10,000.00

● Available **\$7,921.16** ● Spent **\$2,078.84**

Participant Portal: Account Dashboard



Which claims do you want to see? Select here

- Action Needed
- Approved/Paid/Submitted
- Denied

ADD EXPENSE

SUBMIT CLAIM

EXPORT TO EXCEL

[SEARCH FOR CLAIMS](#)

Approved/Paid/Submitted

(\$289. ⁴²)	<p>Paid EyeglassesEYE GLASSES</p>	<p>Claim Date of Service: Mar 1, 2021 Date of Transaction: Mar 8, 2021</p>
(\$1,500. ⁰⁰)	<p>Paid BracesBRACES</p>	<p>Claim Date of Service: Mar 5, 2021 Date of Transaction: Mar 8, 2021</p>

Participant Portal: Account Claim Activity



Personal Dashboard

Alerts



Right now you're only receiving email alerts. Click below to maximize the value of your account. Link your mobile phone and get real-time balance updates!

SIGN UP

SEE ALL

Communication Settings

Assigned Notifications



You are opted-in to one or more email and/or mobile communications, but do not have an email address or mobile number on file. You will not receive these communications unless you provide an email address and/or register a mobile number.



The notifications below are available to you. Please define the delivery method for each notification you wish to receive. Please ensure you have an email address and/or registered mobile in order to receive these notifications.

mobile email both none

Account Balance Alert <small>This communication is sent when your account balance falls below \$100.00.</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Account Balance Statement <small>This communication is sent on a Yearly basis.</small>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing Address Change <small>This communication is sent when your billing address has been updated.</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Card Lost/Stolen <small>This communication is sent when your card has been marked as "Lost/Stolen".</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Card Mailed <small>This communication is sent when your card has been mailed.</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Direct Deposit Account Change <small>This communication is sent when your direct deposit account has been updated.</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Email Address

ADD EMAIL

Phone Registration Status

ADD NUMBER

Participant Portal: Account Alerts & Communication Settings

Mobile App: FSA TPA Benefits

Provides Participants Quick Access to:

- Alerts
- Account Balances
- Transaction History
- Upload Claim
- Create an Account – the Benefit Guide will outline how to create your account

Download the FSA TPA Benefits app from:

- Apple App Store
- Google Play
- Remember to Search FSA TPA Benefits



FSA TPA Communication Materials

Participants will receive mailed, emailed or web portal communications concerning the status of claims, provider payments, and/or debit card transactions.

Examples may include:

- Denial Notification: Information as to the status of a denied or pended claim.
- Reimbursement Letter: Confirmation as to the processing of a provider payment.

Program FAQs



Pooling Benefits



Letter of Medical Necessity



Employer Sponsored Plans

Pooled benefit vs. Individual

- ❖ With the pooled family benefit account, one account will be established on behalf of the entire eligible household; in this process funding for the eligible adult (s) and minor (s) are combined.
- ❖ Pooling of benefits provides flexibility if you or your family members have annual health care costs higher than the individual allotted benefit amount.
- ❖ Allows families to allocate funds to the greatest health need each year.

Note: Adults are unable to pool their benefit with an Elder.

Prescriptions and Letters of Medical Necessity

What is a letter of medical necessity?

A letter of medical necessity provides a way for a health care provider to certify that an item that would otherwise be an ineligible expense is recommended to treat a specific medical condition, and therefore is eligible for reimbursement.

- Weight loss program
- Fitness program
- Reconstructive surgery
- Dental implants
- Health club dues
- Herbal or homeopathic medicines
- Medical equipment
- Dental equipment/appliances

Items requiring a Rx/ Letter of Medical Necessity must include the following:

- Official letterhead (including medical license number)
- Date of prescription
- The Participant's name and date of birth
- A detailed description of the Eligible Expense to be purchased
- A general statement of the medical necessity of the Eligible Expense
- A signature from the prescribing medical professional
- Please submit your prescription to the Health Benefits Coordinator for approval prior to purchasing the Eligible Expense.

Employer Sponsored Plans

Can I be reimbursed for employer sponsored health ins premiums?

Yes, if you are not participating in a Section 125 Plan, and health insurance premiums are not deducted from a Tribal Citizens wages on a **pre-tax basis** you can be reimbursed for your employer sponsored health insurance premiums.

If you wish to seek reimbursement from the FIGR Health Benefit Program, and are currently in a Section 125 Plan, you will need to find out from your employer if you have the option to opt out of the pre-tax treatment.

- Not all employers will allow you to opt out. If you cannot opt out of the pre-tax deduction you cannot be reimbursed for the payroll deduction.

If you qualify and are able to seek reimbursement from the FIGR Health Benefit Program, please submit the following documentation:

- Complete a section 125 waiver certifying that the health insurance deduction is taken out of your payroll post-tax
- Complete a claim form
- Provide your paycheck stub(s) as proof of payment
- Include the premium cost breakdown from your health insurance company or employer

* The portion of premium costs associated with non-program participants will not be eligible for reimbursement.

Questions and Contact Information

Have Health Benefit questions?

Contact a FSA TPA Tribal Benefits
Team Member

ph: 844-969-8777

fax: 855-673-6710

customerservice@fsatpa.com

Mon-Fri 9:00 am - 4:30 pm CST

Or

Health@gratonrancheria.com

Additional Benefit Program Contacts

**Homebuyer Education & Down Payment
Assistance**

Housing@gratonrancheria.com

**Education Programs: Higher Ed., Youth Ed.
& Tutoring, After School Activities**

Education@gratonrancheria.com

Childcare

Childcare@gratonrancheria.com