

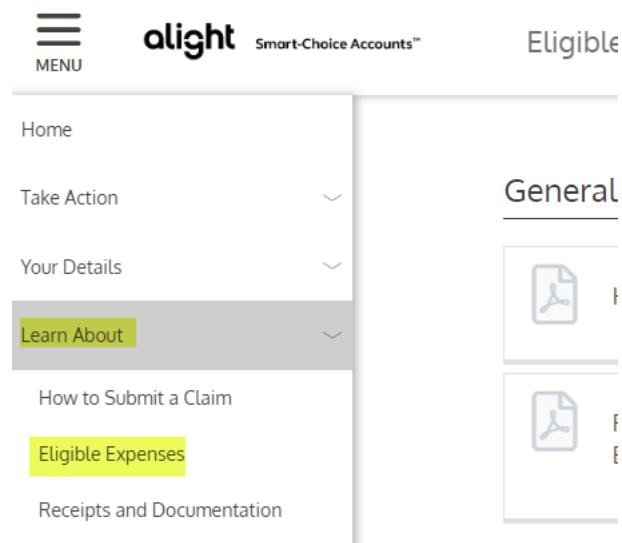
Roche - Healthcare Account

Retirees have 2 ways to submit a claim:

1. Smart-Choice Card, simply swipe your card to pay for eligible items, and the cost is automatically deducted from your Smart-Choice Account. This allows immediate access to the funds in your Smart-Choice Account, allowing you to pay for eligible expenses directly at a qualified service provider instead of paying out-of-pocket and submitting a claim for reimbursement.

Which Expenses Are Eligible for Reimbursement using your Smart-Choice card?

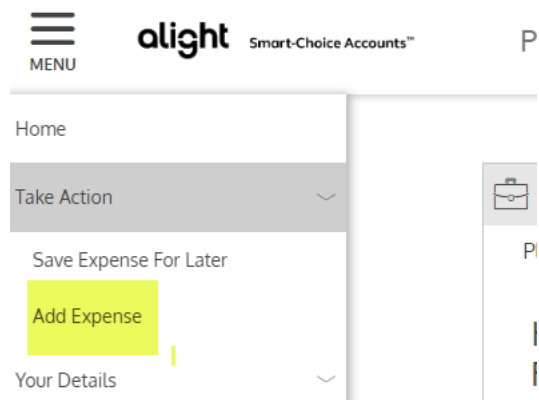
- Only certain expenses can be reimbursed through this plan using the Smart-Choice card:
 - Healthcare Expenses as defined under IRS Section 213, eligible expense list on the portal under:



- **Note: While premiums are an eligible expense, they need to be submitted through online claim submission and are not approvable using your Smart-Choice card.**

2. Online claim submission:

Step 1: Go to Take Action in the menu and Add Expense



Step 2: Select expense in the drop down and hit next:

alight

Smart-Choice Accounts™

Add New Expense

Manage

Notifications

Hi

SUBMIT
EXPENSE
NOW

Select from your available service options:*

* - Required Field

Medicare Part B Premium

To submit your claim, verify the information you entered is correct then accept the terms and choose the **Submit** button. You must provide any required receipts or documentation for your claim to be approved.

Please note that the total size of the upload cannot exceed 28 MB and each file within the upload may not exceed 10 MB. The file type must be one of the following: pdf, jpeg, jpg, gif, png, tiff, tif.

ADDITIONAL INSTRUCTIONS

NEXT

Step 3- Select who the expense is for, for this plan claims will only be approved for retiree and Eligible Dependent expenses:

alight

Smart-Choice Accounts™

Add New Expense

Manage

Notifications

Hi, Jane Doe

Expense Type / Claimant

Add New Expense

Who is this expense for?

Please select the individual who incurred this expense.

* Required Field

Select Claimant

Back

NEXT

Step 4: Select your reimbursement method

Add Expense

Expense Type / Payee

Add New Expense

How would you like to receive your funds?*

DEPOSIT INTO ACCOUNT ENDING IN XX

MAIL ME A CHECK

[EDIT REIMBURSEMENT METHOD DETAILS](#)

Provider Name

Type here...

* Required Field

Back

NEXT

Step 5: Select dates of service

Add Expense

Expense Type / Payee / Service Date

Add New Expense

Select your service dates:

START DATE*

05/01/2022



END DATE*

05/01/2022



Back

NEXT

Step 6: Enter the amount of the eligible expense, here you can indicate if it is recurring:

Expense Type / Claimant / Payee / Service Date / Amount

Add New Expense

Enter the amount of your eligible expense.

CLAIM AMOUNT*

\$ 100.00

Check this box if you would like this expense to be a recurring payment.



* Required Field

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NEXT

Step 7a: If this is not a recurring claim and a one-time claim submission, a retiree will add documentation and submit claim for processing:



Notifications

Pay Self

\$100.00 (Edit)

Medicare Part B Premium Expense for Jane Doe (Edit)

Mail me a check (Edit)

Service Received: May 01, 2022 to May 01, 2022 (Edit)

One Time Payment (Edit)

Note for records:



ADD DOCUMENTATION

[DOCUMENTATION HELP](#)



I certify the claim is accurate. I understand and agree to the terms and conditions.

The above is a true and accurate statement of all expenses incurred by my eligible dependents or me on the date(s) indicated, and I have not been reimbursed, and will not seek reimbursement, from any other health plan or spending account including a Health Savings Account (HSA). I understand that I cannot claim any reimbursed expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax and any associated penalties on the amounts paid for an expense improperly claimed under the provisions of this plan.

Cancel

SUBMIT

Step **7b**: If a recurring claim, select the payment frequency and either the number of payments remaining, or end date of recurring payment based on documentation being provided:

alight Smart-Choice Accounts™

Add New Expense

 Marketplace

Step 1: How often would you like to send this recurring payment?

WEEKLY

MONTHLY

Step 2: Select Start Date

< June 2022 >

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Step 3: Select # Of Payments or End Date

OF PAYMENTS

END DATE

Step 3: Select # Of Payments or End Date

OF PAYMENTS

END DATE

8

Back

NEXT

Step 8: Add documentation to substantiate remaining payments or end date requested and submit claim for processing:

Pay Self

\$100.00 [\(Edit\)](#)

Medicare Part B Premium Expense for Jane Doe [\(Edit\)](#)

Mail me a check [\(Edit\)](#)

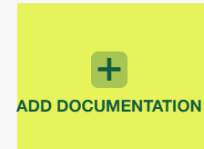
Service Received: May 01, 2022 to May 01, 2022 [\(Edit\)](#)

Recurring Reimbursement Start Date: Jun 01, 2022 [\(Edit\)](#)

Recurring Payment: Monthly [\(Edit\)](#)

Number of Payments: 8 [\(Edit\)](#)

Note for records:



[DOCUMENTATION HELP](#)

☐

I certify the claim is accurate. I understand and agree to the terms and conditions.

The above is a true and accurate statement of all expenses incurred by my eligible dependents or me on the date(s) indicated, and I have not been reimbursed, and will not seek reimbursement, from any other health plan or spending account including a Health Savings Account (HSA). I understand that I cannot claim any reimbursed expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax and any associated penalties on the amounts paid for an expense improperly claimed under the provisions of this plan.

Cancel

SUBMIT

Step 9: Claims processor will adjudicate claim and approve based on documentation provided:

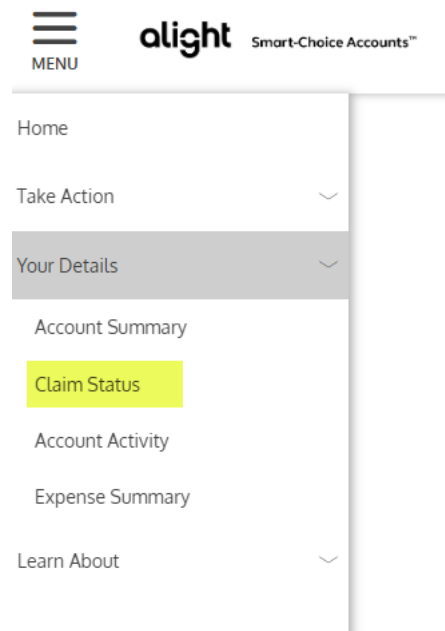
- If a one-time claim and documentation is sufficient, claim will be processed for a one-time payment.
- If a recurring claim and the documentation substantiates the requested recurring time frame, no further retiree input is needed, and a monthly payment will be sent for the duration of the recurrence submitted.

Step 10: Should a claim be denied or partially denied, an email notification will be triggered with the following instructions:

We regret that a portion or all of your claim(s) has been denied for the reason(s) indicated above. Visit the website for additional details on why your claim was denied.

Claims are processed according to the terms of your benefit plan(s). If you would like to submit additional documentation for approval, you will need to create a new claim unless the deadline has passed. If your claim was denied in whole or in part, the specific reason(s) are provided in Claim Details on the website. If after further submission or review you're still not satisfied with the determination, visit the website to review appeals options.

Step 11: To view claim history, status and details about a claim denial, from the Personal Dashboard under the menu bar go to Your Details and Claim Status



Step 12: On the claim status page you can view the details of each claim, filter by action needed, approved, and denied claims. Select Add Expense to resubmit a claim if needed:

