

Claim Choice

Enhancing the Member Experience



»»» What is Claim Choice?

Delivering more ways for members to manage their money

Claim Choice is a way for members to manage their consumer account(s) (Health Savings Account, Healthcare Flexible Spending Account, and/or Health Reimbursement Arrangement). Using carrier claims integration (i.e., claim info coming into MyChoice® Accounts), members will be alerted when they have pending claims to act on.

It's like a receipt vault for members to use or to keep for later.

Integration for carrier files happens at the client level and members can decide whether they want to use their account for claims.





Member Benefits

- 1. Guaranteed eligible expenditures**:** Members sometimes have trouble remembering or identifying how to spend their tax-advantaged accounts or their medical HRAs. Claim Choice provides them with guaranteed eligible expenditures. This is especially helpful if they have an account type that is “use it or lose it” and they will forfeit funds if they aren’t spent down by their deadline.
- 2. Paperless payment:** claims that come through on their feed are likely available before the provider sends a bill for the member portion. Claim Choice helps members pay these bills in advance, without worrying about mailing in a check, submitting a reimbursement (with documentation, if required), or phoning in their debit card.
- 3. Plan usage:** Members are able to see their carrier usage even if they don’t choose to pay claims with their associated account. This information can be helpful to them as they make future MyChoice Accounts elections and coverage/plan elections. If they can see that last year they spent \$2,400 on eligible care, they can plan accordingly for next year’s FSA election, for instance.
- 4. Documentation made easy:** For FSAs and HRAs, documentation can sometimes be a pain to track down and submit. With Claim Choice, members will not have to submit anything to pay these pending, eligible claims or they can use the claims to satisfy outstanding, or ineligible, claims (substitute documentation). These are essentially “pre-approved” ways to use their funds and members get the option to use their funds for them or to save their funds and spend them on other items or services.
- 5. Reduce forfeiture amounts:** Many members with deadline plans lose their funds if they don’t spend them down. The average amount a member forfeited in [2023 was \\$422](#). That’s a lot of money to lose! Claim Choice provides an easy mechanism for employees to spend down their funds instead of forfeiting them if they have used their health, dental, or vision plan.

***While the claims are automatically eligible to be paid, they are still subject to plan rules and available balance.*



Claim Choice: Maximum Claims Flexibility

Most members are used to one of two experiences: Debit card/reimbursement **or** auto-pay...



Standard Configuration

- VISA Debit Card
- Pay a Provider
- Carrier claim matching for substantiation

OR



Auto Pay

Automatically pays carrier claims from the notional account



With Claim Choice, we let the member decide whether to use their funds on eligible claims.



Claim Choice

- VISA Debit Card
- Pay a Provider
- Carrier claim matching for substantiation
- Member capability to select which carrier claims to pay



Member View

1

DashboardAccountsInvestmentsClaimsManage

Claim Summary

Submit Claim

In ProcessRecurring ScheduleClaim ChoiceDeferredHistory

Q Type to search

Date	Transaction	Status	Amount
07/05/2024	General Medical - Member HasClaims Claim Number : 107	Pending Review Claim	\$1.00
07/05/2024	General Medical - Member HasClaims Claim Number : 108	Pending Review Claim	\$1.00
07/05/2024	General Medical - Member HasClaims Claim Number : 109	Pending Review Claim	\$1.00
07/05/2024	General Medical - Member HasClaims Claim Number : 110	Pending Review Claim	\$1.00
07/05/2024	General Medical - Member HasClaims Claim Number : 111	Pending Review Claim	\$5.00
07/05/2024	General Medical - Member HasClaims	Pending	

Member sees that there are claims available to take action on. The red indicator by Claim Choice show there are claims that need a decision.

2

Match Duplicate Claims

The following is a potential match to your carrier submitted claim. Please select one of the previously paid claims to confirm and click Submit Duplicate. If this is not duplicate of a previously paid claim, then click Continue for additional options.

Carrier Submitted Claim

Date	Transaction	Amount
07/05/2024	General Medical - Member HasClaims Claim Number : 107	\$1.00

Previously Submitted Claims

The following are potential duplicate claims of your carrier submitted claim. If these are not duplicate of your carrier claim, then click continue for additional options.

Select	Date	Transaction	Amount
<input type="radio"/>	07/05/2024	Test Provider 1 General Medical - Member HasClaims Transaction ID : 2075543	\$1.00
<input type="radio"/>	07/05/2024	General Medical - Member HasClaims Transaction ID : 2075542	\$1.00
<input type="radio"/>	07/05/2024	Test Provider 1 General Medical - Member HasClaims Transaction ID : 2075543	\$1.00
<input type="radio"/>	07/05/2024	General Medical - Member HasClaims Transaction ID : 2075544	\$1.00
<input type="radio"/>	07/05/2024	Test Provider 1 General Medical - Member HasClaims Transaction ID : 2075543	\$1.00
<input type="radio"/>	07/05/2024	General Medical - Member HasClaims Transaction ID : 2075544	\$1.00
<input type="radio"/>	07/05/2024	General Medical - Member HasClaims Transaction ID : 2074983	\$1.00

Member can ensure there are no duplicate claims.



Member View

3



Review Carrier Submitted Claim

The following claim was submitted electronically on your behalf and may have been by your insurance company. Please click Submit to Reimburse Yourself or Cancel to return to the prior page.

Claim Details

Service or Purchase	Service
Provider	
Expense for	Member HasClaims
Expense Type	General Medical
Service Start Date	01/01/2024
Service End Date	01/01/2024
Amount	\$1.00

Claim Payment Options

Please decide how you would like to handle this claim.

- ☐ Reimburse Yourself
Pay yourself back (if you paid out of pocket).
- ☒ Pay Provider
Pay the service provider directly from your account
- ☐ Defer Reimbursement
Don't reimburse yourself now. Claims will automatically expire after your claim it by period.

Submit

Cancel

Member sees claims details and can select from three options for this claim:

- Reimburse yourself
- Pay provider
- Defer reimbursement

If member opts to pay a provider, they can choose from a provider they've set up before or set up a new one right here.

Provider	
Expense for	Member HasClaims
Expense Type	General Medical
Service Start Date	01/01/2024
Service End Date	01/01/2024
Amount	\$1.00

Claim Payment Options

Please decide how you would like to handle this claim.

- ☐ Reimburse Yourself
Pay yourself back (if you paid out of pocket).
- ☒ Pay Provider
Pay the service provider directly from your account

Expense Information

- ☒ Existing Provider ☐ New Provider

Select Provider *

Select...

Select Provider is a required field

- ☐ Defer Reimbursement
Don't reimburse yourself now. Claims will automatically expire after your claim it by period.


Submit

Cancel



Member View

4



Request Successfully Submitted

Your reference number is #2075981

Your payment request has been successfully processed and will pay within 1-2 business days.

close

5

DashboardAccountsInvestmentsClaimsManage

Claim Summary

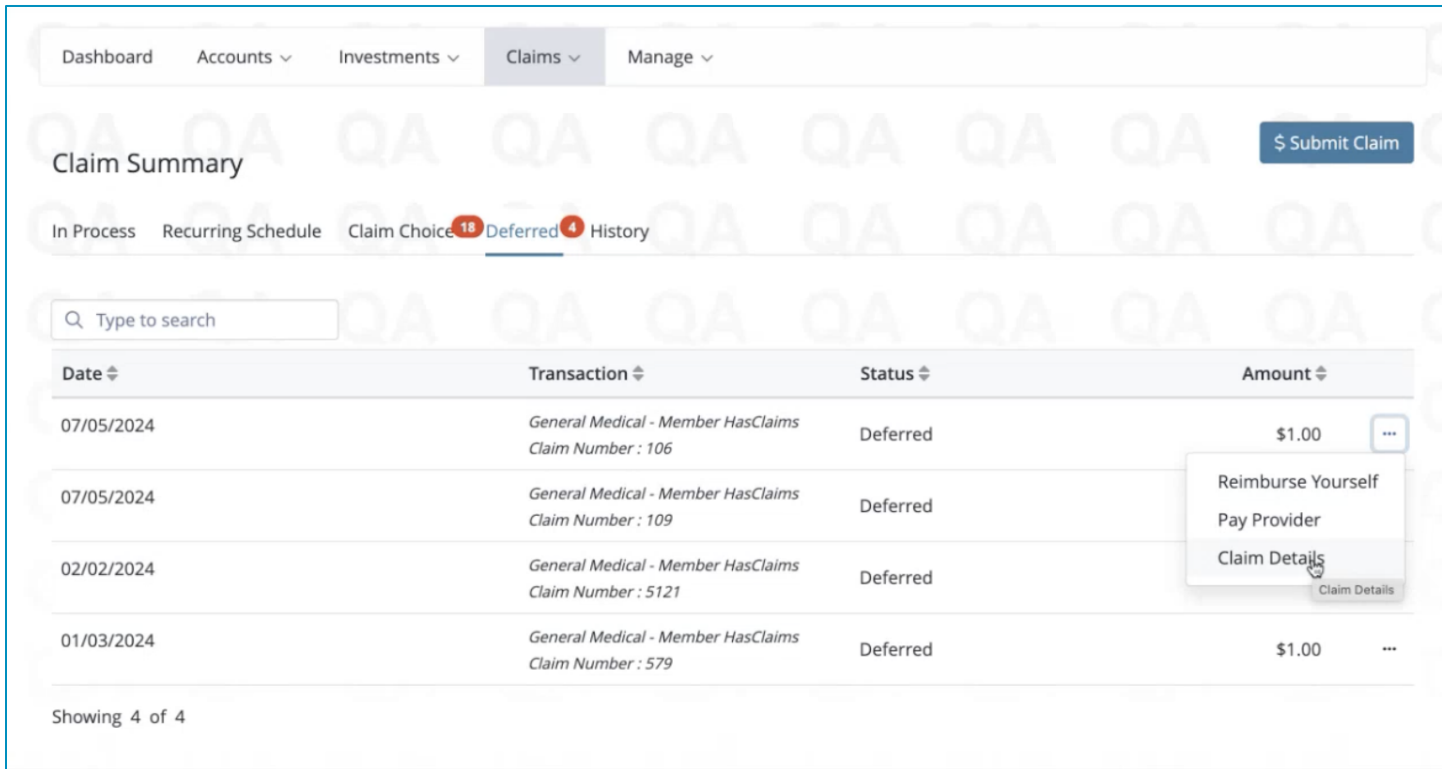
[In Process](#) [Recurring Schedule](#) [Claim Choice](#) [Deferred](#) [History](#)

Date	Transaction	Status	Amount
07/04/2024	Payment to Test Provider 1 General Medical - Member HasClaims Transaction ID: 2075982	Approved 1.Submitted 2. Processed 3. Paid	\$1.00
07/04/2024	Expense Reimbursement to Member HasClaims General Medical - Member HasClaims Transaction ID : 2075981	Approved 1.Submitted 2. Processed 3. Paid	\$1.00
07/04/2024	Expense Reimbursement to Member HasClaims General Medical - Member HasClaims Transaction ID : 2075544	Approved 1.Submitted 2. Processed 3. Paid	\$1.00
07/04/2024	Payment to Test Provider 1 General Medical - Member HasClaims Transaction ID : 2075543	Approved 1.Submitted 2. Processed 3. Paid	\$1.00

Member tracks the payment or reimbursement like any other claim.



Deferring a Claim



The screenshot displays a web application interface for managing claims. At the top, there is a navigation bar with tabs: Dashboard, Accounts, Investments, Claims (selected), and Manage. Below the navigation bar, the 'Claim Summary' section is visible, featuring a '\$ Submit Claim' button and tabs for In Process, Recurring Schedule, Claim Choice (18), Deferred (4), and History. A search bar labeled 'Type to search' is present. The main content is a table with four columns: Date, Transaction, Status, and Amount. The table lists four deferred claims, all with a status of 'Deferred'. A dropdown menu is open for the first row, showing options: 'Reimburse Yourself', 'Pay Provider', and 'Claim Details'. The bottom of the table indicates 'Showing 4 of 4'.

Date	Transaction	Status	Amount
07/05/2024	General Medical - Member HasClaims Claim Number : 106	Deferred	\$1.00
07/05/2024	General Medical - Member HasClaims Claim Number : 109	Deferred	
02/02/2024	General Medical - Member HasClaims Claim Number : 5121	Deferred	
01/03/2024	General Medical - Member HasClaims Claim Number : 579	Deferred	\$1.00

There is no penalty or issue if a member defers. They can use the claim later if needed, or it will just remain available in their deferred list. They can come back at any time and use it.

Useful for:

- HSA members who would like to “store” these eligible expenses for future reimbursement
- Members who want to accrue a larger amount and get a larger reimbursement at once
- Use as substitute documentation for an ineligible/denied claim*



Member Alerts & Resources

What is the member experience?

1. Carrier claim comes into MyChoice Accounts.
2. Member receives an email notifying them that a claim is available for them to take action on.*
 - *Email will trigger monthly if there are any “live” claims to decision.*
3. Member can view notification indicator in their claim summary/claim choice tab.
4. Member logs into their benefits portal and chooses how (or if) they will take any action on the claim. **Note:** Members will have a set period (ie, a run out period) that they can act on the claim.
 - If a member does not take action, there is no consequence.

What resources are available to members?

- **MyChoice Accounts Claim Choice Page (mychoiceaccounts.com)**
- This page will encompass education on possible options and provide high-level instructions on how to take action on claims.
 - With this page, MyChoice Accounts can quickly update the information and resources with the most up-to-date product enhancements in one place.



»»» Email Alert: Monthly

Will deploy monthly on the third Tuesday of the month

- Prevents members from getting too many emails and start ignoring them
- Provides an expected cadence, much like a monthly bill or invoice they'd get
- Serves as a reminder that they have this option, but no issue if they do not take action
- This is a system-level email triggered by event (not customizable)
- [Member web page:](https://www.businessolver.com/mychoice-accounts/claim-choice/)
<https://www.businessolver.com/mychoice-accounts/claim-choice/>



Hello [[member_fname]],

You are receiving this email because you have insurance claims that you can address through Claim Choice. You have three convenient options for handling this claim:

- **Reimburse Yourself:** If you paid out of pocket, you can pay yourself back. With no need to enter any additional information or documentation the system already has what it needs.
- **Pay Provider:** You can pay the service provider directly from your account. Choose **Existing Provider** if you've previously set up their information, or **New Provider** to enter new details.
- **Defer Reimbursement:** If you paid out of pocket, you can also defer reimbursement to pay yourself back in the future. When you're ready, log in to find your deferred claims in the **Claim Summary** tab.

If you have a Flexible Spending Account (FSA), and you paid out of pocket, you can spend down your funds by reimbursing yourself or deferring reimbursement to a later date. It's important to note that claims will expire at the end of your plan year. If you have a Health Savings Account (HSA), your deferred claims will not expire and will be available as long as you have an active HSA.

It's important to note that Claim Choice gives you the option to address your claims, but action is not required. The claims are for you to use, as needed. They are pre-approved ways you can use your FSA, Health Reimbursement Arrangement (HRA), or HSA funds. If you are saving your funds for other expenses, no worries.

To review your claim and select your preferred option:

1. Log in to [[websiteurl]] or the MyChoice® benefits app.
2. Select the MyChoice Accounts piggy bank icon if accessing your benefits on a desktop computer. In the app, select the **Accounts** tab.
3. Navigate to **Claims > Claim Summary**
4. Look for notifications for **Claim Choice**. The red notification indicates the number of claims available for review. If no claims are eligible, the Claims Choice tab will not be visible.

Whether you choose to reimburse yourself, pay your provider directly, or defer the reimbursement, you have the flexibility to manage your claim(s). This saves you time, helps you stay organized and manage your funds, and prepares you for your healthcare expenses. For more information on Claim Choice, visit mychoiceaccounts.com.





Technology, Powered by *People*

Market Leader in Benefits Technology and Innovation



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