

Frequently Asked Questions

OneExchange has helped hundreds of thousands of retirees access and manage their reimbursement funding. We understand that many people have similar concerns. Below are answers to some of our most frequently asked questions.

Which health care expenses are eligible?

A sample list of eligible expenses is included with this mailing. To view a printable sample list of the health care expenses that are eligible for reimbursement, visit your OneExchange online account.

Why was my reimbursement request denied?

A reimbursement request can be denied for a number of reasons, including an incorrect or incomplete document or an ineligible expense. If a reimbursement you submit is denied, you can learn why in your OneExchange Explanation of Benefits (EOB), your online account, or by calling OneExchange to speak to a representative.

What are qualification requirements?

Former employees have qualification requirements to access reimbursement funds. Your benefit advisor discussed your specific qualification rules during your enrollment call. Should you want to make changes to your current coverage, we encourage you to contact OneExchange for assistance to make sure that you understand all the implications of making the change. Call OneExchange for assistance in understanding your qualification requirements.

How long does a reimbursement request take?

Once your request is approved, you should receive your reimbursement within fourteen (14) days. If you have elected direct deposit, your reimbursement should be issued within three (3) days of the request approval. For quicker access to your reimbursement, sign up for direct deposit online, or use the enclosed direct deposit election form.

What is a OneExchange Explanation of Benefits (EOB) Statement?

Each time OneExchange processes a request for reimbursement, you will be sent an Explanation of Benefits (EOB). This statement includes a summary of your paid reimbursements, available balance, and the amounts you have been reimbursed. A check will be included with the EOB for those without a direct deposit relationship with your bank. The EOB will list the reason for denial when a reimbursement request is denied.

If you have not received or are unable to locate an EOB, contact OneExchange. Use the phone number listed in your Welcome Letter.

What is Automatic Premium Reimbursement?

Automatic Premium Reimbursement allows you to obtain reimbursement without submitting a monthly reimbursement request form. You may activate this feature, if it is available for the plans that you selected, in your online account or through OneExchange customer service. Once you have elected to receive Automatic Reimbursement, you do not have to submit requests for these premiums in order to be reimbursed. To verify whether or not you chose Automatic Reimbursement, please refer to the Selection Confirmation Letter you received from OneExchange shortly after your enrollment call. You can also check by using your online account or call OneExchange to speak to a representative.

Your Funding and Reimbursement Guide

Frequently Asked Questions

How long does Automatic Premium Reimbursement take?

Automatic Premium Reimbursement is not intended to be the fastest way to be reimbursed. It is intended to remove the burden of submitting monthly premium reimbursement requests.

The majority of automatic reimbursements will arrive in the second month following the start of your plan. The first reimbursement will usually include the first two months of premium payments. Timing depends on your specific insurance carrier/health care provider, when your premium payment was received, and when your policy was issued.

Once Automatic Reimbursement begins, it will usually arrive about the same time each month. This may vary depending on when your premium payments to your carrier are made and the timing of the files being sent to OneExchange.

How do I authorize someone of my choosing to assist me with my reimbursements or access my information?

An Authorization to Release Protected Information (ARPI) form allows you to designate someone of your choice to see your allocation and funding balance, submit reimbursement requests, and check on the status. This form permits the person you designate to speak on your behalf without your presence on the telephone.

To print a copy of the ARPI form from your online account, go to the **Funds & Reimbursements** section and select the **Manage Funds** button, which brings you to the **Participant Home Page**. Next, select the **View Forms** link under **MORE ACCOUNT OPTIONS**, where you will find the list of available forms including the ARPI form to download and print. You can also call OneExchange and we will send you a copy of the ARPI form. Once completed, send it to OneExchange using the contact information on the form. You may cancel this authorization at any time by calling OneExchange.

How do I manage my existing claims?

You can manage your claims previously submitted by accessing your **Participant Home Page** and clicking on the **Manage/Pay Claims Button** near the top right of the page.

Who do I contact if I have questions?

If you have questions that are not answered in this guide or online, or if you simply prefer to speak to someone, OneExchange's trained representatives are always happy to hear from you.

Our customer service representatives are available Monday through Friday, from 8 a.m. until 9 p.m. Eastern Time. Call us using the toll-free phone number printed in your Welcome Letter.

To direct your call accurately, the OneExchange telephone system may ask you to select from a menu of options. If you are calling about the status of an Automatic Reimbursement payment, select option two. If you are calling with questions about your funding account or requests, select option three.

To verify your identity, you may be asked a few questions before you are connected to a representative. Please be prepared to provide your ZIP code and the last four digits of your Social Security Number.