

Submitting claims to your Health Spending Account

To help guide you through the Health Spending Account (HSA) claim submission process, we've put together six different scenarios of when you might be submitting a claim to your HSA. Use these scenarios to help you determine the required **Claims Details** during the submission step shown below.

Please note, if you or your dependents have [coverage with more than one health and dental benefits plan](#), there may be additional steps you need to take when submitting a claim to your Health Spending Account (HSA).

Claim Details

? Need help reading your receipt?

Claimant *

Benefit *

Type of expense *

Date of purchase/service *

Total amount of expense ? *

Amount paid by public or provincial plan ?

Has this expense been submitted to another insurance plan? Yes *

Amount paid by Pacific Blue Cross/Other insurance plan ?

Nature of illness/injury *

Use HSA ? ? *

I have coverage with Pacific Blue Cross AND with another insurance company. Which insurance company should I submit my claim to first?

Tip: The *Total amount of expense* (shown above) is always the total cost of the item or service that you are making a claim for.

Scenario 1: Submit expense directly to HSA.

You can choose to forgo coverage from your health and dental benefits plan(s) and submit your expense directly to your HSA. You can do this for your own expense or for an expense from your spouse or dependent(s).

Has expense been submitted to another insurance plan? **No**
 Amount paid by PBC/Other insurance plan: **Leave blank or "0"**
 Use HSA? **HSA Only**

Scenario 2: Pay outstanding amount after PBC health and dental benefits plan has been applied.

You can use your HSA to cover any outstanding amounts for eligible expenses once your health and dental benefits have been applied. For example, if your PBC health and dental benefits plan covers 80%

of an eligible expense and either you or your service provider have already been reimbursed for this amount, your HSA can be used to cover the remaining 20%.

Once submitted to your HSA, your claim will pend and ask you to upload your receipt and Explanation of Benefits statement from your health and dental benefits plan.

Has expense been submitted to another insurance plan? **Yes**

Amount paid by PBC/Other insurance plan: **Amount already paid by your PBC health and dental benefits plan**

Use HSA? **HSA Only**

Scenario 3: Pay outstanding amount after both PBC and secondary health and dental benefits plans are applied.

If you have coverage with two health and dental benefits plans (e.g., your PBC employer plan and your spouse's plan), you can use your HSA to cover any outstanding amounts after both health and dental benefits plans are applied. For example, if your PBC and secondary health and dental benefits plans cover a total of 90% of an eligible expense, your HSA can be used to cover the remaining 10%.

If you want to use coverage from both of your health and dental benefits plans as well as your HSA, first submit your expense to your primary health and dental benefits plan. Then, once processed, submit your expense to your secondary health and dental benefits plan. Finally, submit any outstanding amount to your HSA.

Once submitted to your HSA, your claim will pend and ask you to upload the Explanation of Benefits statement that you should have received from your claim to your secondary health and dental benefits plan. If your secondary health and dental benefits plan is also with PBC, this step will be processed automatically.

Has expense been submitted to another insurance plan? **Yes**

Amount paid by PBC/Other insurance plan: **Total combined amount paid by both health and dental benefits plans (e.g., PBC health and dental benefits plan paid \$50 and your secondary health and dental benefits plan paid \$40, you would enter \$90).**

Use HSA? **HSA Only**

Scenario 4: Your spouse and/or dependent(s) want to submit a claim to your PBC health and dental benefits plan and HSA after their own health and dental benefits plan has been applied.

If your spouse and/or dependent(s) want to submit a claim to your PBC health and dental benefits plan and HSA after their own health and dental benefits are applied, they will first need to submit their expense to their own primary benefits plan, and then can submit any remaining amount to your PBC health and dental benefits plan and HSA.

Has expense been submitted to another insurance plan? **Yes**

Amount paid by PBC/Other insurance plan: **Amount paid by your spouse/dependent(s) primary health and dental benefits plan**

Use HSA? **Yes**

Scenario 5: Submit claim to PBC health and dental benefits plan and HSA after secondary health and dental benefits are applied.

If your secondary health and dental benefits plan has already been applied to an expense, you can still submit any outstanding cost to your PBC health and dental benefits plan and HSA.

Has expense been submitted to another insurance plan? **Yes**

Amount paid by PBC/Other insurance plan: **Amount already paid by secondary health and dental benefits plan**

Use HSA? **Yes**

Scenario 6: Submit claim to secondary health and dental benefits plan and PBC HSA.

You can forgo coverage from your PBC health and dental benefits plan by first submitting your expense directly to your secondary benefits plan, and then submitting your claim to your HSA. Be sure to select "HSA Only" if you want to submit directly to your HSA and forgo coverage from your PBC health and dental benefits plan.

Has expense been submitted to another insurance plan? **Yes**

Amount paid by PBC/Other insurance plan: **Amount paid by secondary benefits plan**

Use HSA? **HSA Only**