State Employees' Insurance Board
Premium Cash Option
State of Alabama

State Employees' Insurance Board

201 South Union Street, Suite 200
PO Box 304900
Montgomery, Alabama 36130-4900
Phone: (334) 263-8300
Toll-Free: 1-866-836-9737
www.alseib.org

Effective January 1, 2022

STATE OF ALABAMA
STATE EMPLOYEES' INSURANCE BOARD
PO Box 304900
MONTGOMERY, ALABAMA 36130-4900
334-263-8341 / 1-866-836-9737
PREMIUM CASH OPTION
NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

The Premium Cash Option (the "Plan") considers personal information to be confidential. The Plan protects the privacy of that information in accordance with applicable privacy laws, as well as its own privacy policies.

THE PLAN'S RESPONSIBILITIES

The Plan is required by federal law to keep your health information private, to give you notice of the Plan's legal duties and privacy practices, and to inform you about:

- the Plan's uses and disclosures of your protected health information;
- your privacy rights concerning your protected health information;
- the Plan's obligations concerning your protected health information;
- your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services; and
- the person or office to contact for further information about the Plan's privacy practices.

Effective Date of Notice: This notice is effective as of January 1, 2022.

HOW THE PLAN MAY USE AND DISCLOSE HEALTH INFORMATION

This section of the notice describes uses and disclosures that the Plan may make of your health information for certain purposes without first obtaining your permission as well as instances in which we may request your written permission to use or disclose your health information. The Plan also requires its business associates to protect the privacy of your health information through written agreements.

Uses and disclosures related to payment, health care operations, and treatment. The Plan and its business associates may use your health information without your permission to carry out payment or health care operations. The Plan may also disclose health information to the Plan Sponsor, the State of Alabama for purposes related to payment or health care operations.

Payment includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, review for medical necessity and appropriateness of care and utilization review and preauthorizations). For example, the Plan may tell an insurer what percentage of a bill will be paid by the Plan.

Health care operations include but are not limited to underwriting, premium rating, and other insurance activities relating to creating or renewing insurance contracts, disease management, case management, conducting or arrangement for medical review, legal services, and auditing functions, including fraud and abuse programs, business planning and development, business management and general administrative activities. However, the Plan will not use protected genetic information for underwriting purposes. It also includes quality assessment and improvement and reviewing the competence or qualifications of health care professionals. For example, the Plan may use medical benefit claims information to conduct a review of the accuracy of how benefit claims are being paid.

The Plan will only disclose the minimum information necessary with respect to the amount of health information used or disclosed for these purposes. In other words, only information relating to the task being performed will be used or disclosed. Information not required for the task will not be used or disclosed.

The Plan may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other uses and disclosures that do not require your written authorization. The Plan may disclose your health information:

- To persons and entities that provide services to the Plan and assure the Plan they will protect the information;
- If it constitutes summary health information, and it is used only for modifying, amending, or terminating a group health plan or obtaining premium bids from health plans providing coverage under the group health plan;
- If it constitutes de-identified information;
- If it relates to workers' compensation programs;
- If it is for judicial and administrative proceedings;
- If it is about decedents;
- If it is for law enforcement purposes;
- If it is for public health activities;
- If it is for health oversight activities;
- If it is about victims of abuse, neglect, or domestic violence;
- If it is for cadaveric organ, eye, or tissue donation purposes;
- If it is for certain limited research purposes;
- If it is to avert a serious threat to health or safety;
- If it is for specialized government functions;
- If it is for limited marketing activities.

Additional disclosures to others without your written authorization. The Plan may disclose your health information to a relative, a friend, or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, the Plan may confirm whether or not a claim has been received and paid. You have the right to request that this kind of disclosure be limited or stopped by contacting the Plan's Privacy Officer at (334) 263-8300.

Uses and Disclosures Requiring Your Written Authorization. In all situations other than those described above, the Plan will ask for your written authorization before using or disclosing your health information. If you have given the Plan written authorization, you may revoke it at any time, if the Plan has not already acted on it. If you have questions regarding authorizations, contact the Plan's Privacy Officer at (334) 263-8300.

YOUR PRIVACY RIGHTS

This section of the notice describes your rights concerning your health information and a brief description of how you may exercise these rights.

Notice of Breach. You have a right to notice of a breach of unsecured PHI.

Restrict Uses and Disclosures. You have the right to request that the Plan restricts uses and disclosure of your health information for activities related to payment, health care operations, and treatment. The Plan will consider, but may not agree to, such requests. (Exception: the Plan must grant a restriction on PHI disclosed to a health plan for payment or health care operations purposes if the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.)

Alternative Communication. The Plan will accommodate reasonable requests to communicate with you at a certain location or in a certain way. For example, if you are covered as an adult-dependent, you may want the Plan to send health information to a different address than that of the employee.

Inspect or Copy Health Information. You have a right to inspect or obtain a copy of health information that is contained in a "designated record set" – records used in making enrollment, payment, claims adjudication, and other decisions. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

You may request your records in an electronic format. The Plan may provide you with a summary of the health information if you agree in advance to the summary. You may also be asked to pay a fee of $1.00 per page based on the Plan's copying, mailing, and other preparation costs.

Amend Health Information. You have the right to request an amendment to health information that is in a "designated record set." You must provide a statement to support the request. The Plan may deny your request to amend your health information if the Plan did not create the health information, if the information is not part of the Plan's records, if the information was not available for inspection or the information is accurate and complete.

Accounting of Certain Disclosures. You have the right to receive a list of certain disclosures of your health information. The accounting will not include: (1) disclosures made for purposes of treatment, payment or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosure for national security purpose; and (6) disclosures incident to other permissible disclosures.

You may receive information about disclosures of your health information going back for six (6) years from the date of your request. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You will be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to access electronic records. You may request access to electronic copies of your health information, or you may request in writing or electronically that another person receive an electronic copy of these records. The electronic protected health information will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide an electronic copy.

Right to a Copy of Privacy Notice. You have the right to receive a paper copy of this notice upon request, even if you agreed to receive the notice electronically.

Complaints. You may complain to the Plan or the Secretary of HHS if you believe your privacy rights have been violated. To file a complaint with the Plan, contact the Plan's Privacy Officer at (334) 263-8300. You will not be penalized for filing a complaint.

How to exercise your rights in this notice.
To exercise your rights listed in this notice, you should contact the Plan's Privacy Officer at (334) 263-8300.

THIS NOTICE IS SUBJECT TO CHANGE

The terms of this notice and the Plan's privacy policies may be changed at any time. If changes are made, the new terms and policies will then apply to all health information maintained by the Plan. If any material changes are made, the Plan will distribute a new notice to participants and beneficiaries.

YOUR QUESTIONS AND COMMENTS

If you have questions regarding this notice, please contact the Plan's Privacy Officer at (334) 263-8300.

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Table of Contents

Introduction

The Premium Cash Option (PCO) is a health reimbursement arrangement plan established by the State Employees' Insurance Board (SEIB) pursuant to Ala. Code Section 36-29-50, et seq.

The SEIB adopted the PCO to allow full-time, active employees of the State of Alabama to obtain reimbursement of qualified health care premiums incurred by eligible employees. The SEIB intends that the PCO qualifies as a "health reimbursement arrangement" as that term is defined under IRS Notice 2002-45 and 2013-54 and a medical reimbursement plan under Sections 105 and 106 of the Internal Revenue Code of 1986, as amended, and the PCO will be interpreted at all times in a manner consistent with such intent.

Benefits under the PCO will be paid only if the SEIB decides in its discretion that a participant is entitled to them. The SEIB shall have the absolute discretion to administer the PCO including, but not limited to, the power to make all rules, regulations, and determinations and to construe and interpret the PCO to carry out its intent and purpose. All such rules, regulations, determinations, constructions, and interpretations made by the SEIB shall be binding upon all participants and all other interested parties.

The SEIB reserves the right to modify its benefits, level of benefit coverage, and eligibility/participation requirements at any time, without notification to participants. When such a change is made, it will apply as of the modification's effective date to any and all charges incurred by participants on that day and after, unless otherwise specified by the SEIB. Any change may cause your benefits to be different than those described in this planbook.

The SEIB can terminate the PCO at any time for any reason. Your PCO benefits will end if this happens.

As you read this planbook, it is important for you to pay attention to terms that have defined meanings. To make the planbook more readable, the initial letters of the defined terms are not capitalized. These terms are available for review in the definitions section of this planbook.

Chapter 1
Definitions

Whenever used in this planbook, the following terms shall have the meanings set forth below:

Benefit Dollars: The amount credited to a participant's PCO account for the provision of benefits under the Plan.

Claims Administrator: Optum Financial.

Eligible Participant: Active, full-time employee of the State of Alabama eligible for coverage under the State Employees' Health Insurance Plan ("SEHIP") who opts out of the SEHIP and is enrolled in a qualified group health care plan.

HIPAA: The Health Insurance Portability and Accountability Act of 1996, as amended from time to time.

PCO: Premium Cash Option.

PCO Account: A notional account established for a participant to hold his or her benefit dollars.

PHI: Protected health information as described in 45 C.F.R. § 164.103, and generally includes individually identifiable health information held by or on behalf of the Plan.

Plan: This plan, the Premium Cash Option.

Plan Administrator: State Employees' Insurance Board.

Plan Sponsor: State of Alabama.

Plan Year: The 12-month period commencing on January 1.

Qualified Group Health Care Plan: An employer group health plan providing minimum value or otherwise providing minimum essential coverage as defined under the Affordable Care Act. The Marketplace, Medicare, and Medicaid are not qualified group health care plans under the PCO.

Qualified Group Health Care Premium: A premium paid by a participant or a participant's spouse to maintain coverage under a qualified group health care plan other than the SEHIP. Qualified group health care premiums shall not include premiums reimbursed or reimbursable under any private, employer-provided, or public health care reimbursement or insurance arrangement or any amount claimed as a deduction on the federal income tax return of the participant or the participant's spouse. Health care premiums are incurred when the participant pays the premium.

SEHIP: The State Employees' Health Insurance Plan.

SEIB: The State Employees' Insurance Board.

Spouse: The participant's spouse, as defined by Alabama law, to whom the participant is currently married. Excludes common-law spouses.

You or Your: The eligible participant.

Chapter 2
Participation

Agreement to Participate

You may participate in the PCO if you:

- are an eligible participant,
- complete an enrollment form or any other required enrollment procedures, and
- are approved by the SEIB to participate in the PCO

Enrollment

You may enroll in the PCO at any time after opting out of the SEHIP and enrolling in a qualified group health care plan by submitting a completed enrollment form directly to the SEIB. You may terminate participation in the PCO at any time and re-enroll in the SEHIP, subject to SEHIP rules and procedures.

If you enroll in another plan offered by the SEIB, your benefit dollars in the PCO will be frozen and all credits to the PCO will cease unless and until you re-enroll in the PCO. If your employment with the State of Alabama is terminated prior to retirement or death, benefit dollars are lost.

Cessation of Participation

In addition to voluntary cancellation, participation in the PCO will also end:

- on the date that a participant is no longer an active full-time employee,
- on the date a participant is no longer covered by a qualified group health plan,
- on the date of a participant's death,
- on the date a participant submits a fraudulent claim,
- on the effective date of any amendment to the PCO that renders a participant ineligible to participate, or
- on the date that the SEIB stops offering the PCO.

Except as provided in this planbook, benefit dollars are lost when participation in the PCO ceases.

Retirement

A participant or former participant in the PCO who retires from state service and at the time of retirement has a balance remaining in his or her PCO account may transfer the remaining balance to the SEIB's Retiree-Only HRA.

Death

If a participant or former participant in the PCO dies while an active, full-time employee of the State of Alabama and at the time of death has a balance remaining in his or her PCO Account, the following rules apply:

- A surviving spouse may continue to participate in the PCO until the remaining balance is exhausted. However, upon death of the participant, all credits to the deceased participant's PCO account will cease.

- In the event the participant dies without a spouse, his or her PCO account shall be forfeited; provided, however, that his or her estate or representatives may submit claims for qualified group health care premiums incurred by the participant prior to the participant's death, as long as such claims are submitted no later than 105 days after the end of the plan year.

Chapter 3
Funding

The PCO is funded solely by the State of Alabama. In no event may any benefits under the Plan be funded with participant contributions.

The PCO account balance does not accrue interest at any time.

Chapter 4
Benefits

Provision of Benefits

Once you become a participant, a PCO account will be established for you. The PCO account is a notional bookkeeping account that keeps a record of benefit dollars allocated to your account and reimbursements made to you under the PCO. You have no property rights to your PCO account. Up to 175 benefit dollars will be credited each month to your PCO account.

PCO account balances can only be used to reimburse qualified group health care premiums incurred after the establishment of the PCO account and before your participation has ceased.

The PCO will reimburse you for qualified group health care premiums, up to the balance in your PCO account. No other expenses are eligible for reimbursement. In no event shall any benefits under this Plan be provided in the form of cash or any other taxable or nontaxable benefit other than reimbursement for qualified group health care premiums.

Each plan year, a specified amount of benefit dollars will be allocated to your PCO account. The amount of benefit dollars allocated to your PCO account is determined at the sole discretion of the SEIB. Nevertheless, the annual amount of benefit dollars allocated to your PCO account will be determined in a uniform and non-discriminatory manner in comparison to other similarly situated employees.

The amounts described above may be changed at any time by the SEIB.

Amount of Reimbursement

At all times during the plan year, you shall be entitled to benefits under this Plan for payment of qualified group health care premiums in an amount that does not exceed the balance of your PCO account. Each reimbursement hereunder shall be a charge to such PCO account available to pay eligible group health care premiums under the Plan.

Benefit dollars (not real dollars) are used to pay 100% of the cost of qualified group health care premiums, up to the allocation in your PCO account. If you do not spend all benefit dollars in a plan year, any unused PCO account balance rolls over into the next plan year, provided you remain employed by the State of Alabama.

PCO benefit dollars are subject to two restrictions: 1) they may only be used for qualified group health care premiums as defined in this planbook, and 2) benefit dollars will be forfeited if you terminate employment for any reason and the benefit dollars in the PCO account will revert back to the Plan, subject to COBRA rights explained below.

Benefit dollars are lost in accordance with Chapter 2.

Claims Submission

When you pay for qualified group health care premiums, you are responsible for requesting reimbursement from the Plan by completing and submitting a reimbursement form to the Claims Administrator, Optum Financial. The reimbursement form can be found on the Optum Financial website at www.optum.com/financial and in the back of this planbook. Appropriatedocumentation must be included with your claim for reimbursement. Appropriate documentation includes, at a minimum, a copy of your group insurance premium bill. You may file for reimbursement at any time, as long as you are still enrolled in the PCO.

You may submit claims for qualified group health care premiums along with appropriate documentation to Optum Financial in one of the following four ways:

1. **Online** - You may scan and upload your group insurance premium bill after completing the online reimbursement form on Optum Financial's website.
2. **Fax** - You may fax the form along with your supporting documentation to Optum Financial at 1-443-681-4602.
3. **Mail** - You may mail the form along with your supporting documentation to:

   Optum Financial Claims
   P.O. Box 622317
   Orlando, FL 32862-2317

4. **App** - You may file your claim through Optum Financial's app available on your iPhone or Android device.

Reimbursements

Your claim is deemed filed when it is received by Optum Financial. If your claim for reimbursement is approved, you will be provided reimbursement as soon as reasonably possible following the determination. Claims are paid daily in the order in which they are received by Optum Financial. The maximumreimbursement amount that you can receive is equal to your PCO account balance at the time the request for reimbursement is processed. Reimbursements can be paid via check or direct deposit.

Claims submitted and approved over the amount currently available in your PCO account will be reimbursed by future PCO account allocations. Approved claims will be paid as PCO account benefit dollars become available.

Overpayments

If the Plan pays benefits for expenses incurred, and it later determines that all or some of the payment received was made in error, you will be required to refund the overpayment or erroneous reimbursement to the Plan. If you do not refund the overpayment, the Plan reserves the right to offset future reimbursements equal to the overpayment or, if that is not feasible, to withhold such funds from any amounts due to you from the Plan. If all other attempts to recoup the overpayment or erroneous payment are unsuccessful, the SEIB may treat the overpayment as a bad debt, which may have tax implications for you. In addition, if the SEIB determines that you have submitted a fraudulent claim, the SEIB may terminate your coverage in the PCO.

Payments for Group Insurance

You will pay your group health care premiums directly to the employer who sponsors the qualified group health care plan you choose, or the insurance company or claims administrator for the plan, as directed by the qualified group health care plan. You will then request and receive reimbursement from your PCO account via a check or direct deposit.

Rights to Appeal

Claims that are partially or wholly denied may be appealed as provided in Chapter 5.

Carryover of Accounts

To the extent you have a balance in your PCO account at the end of a plan year, the balance may be carried over to following plan years, provided you remain employed by the State of Alabama.

Continuation under COBRA

If you lose coverage under your qualified group health care plan as a result of a qualifying event under COBRA, you may have the right to continue coverage under your PCO account. Persons who are entitled to buy COBRA coverage are called qualified beneficiaries. You may not make a COBRA election to continue coverage under the PCO unless you also continue coverage under your qualified group health care plan.

Chapter 5
Administration

Plan Administrator

The plan administrator is the SEIB. The plan administrator is responsible for the performance of all reporting and disclosure obligations required to be performed by the plan administrator under the IRS Code.

Duties of the Plan Administrator

The plan administrator shall have the sole discretion and authority to control and manage the operation and administration of the Plan.

The plan administrator shall have complete discretion to interpret the provisions of the Plan, make findings of fact, correct errors, supply omissions, and determine the benefits payable under the Plan. All decisions and interpretations of the plan administrator regarding the Plan shall be final, conclusive, and binding on all persons, subject only to the appeal procedure.

Optum Financial Claims Appeal Procedure

In the event payment of a claim is denied and you believe such denial was improper, you have the right of appeal. The appeal procedure is as follows:

1. To appeal, you must submit a request for review, in writing, to Optum Financial within 60 days from the date any writing is received by you from Optum Financial denying payment of a claim. This request mustcontain the specific reasons you contend the claim denial was improper. Within the same timeperiod, you may submit any other evidence which you contend supports your position.

2. Optum Financial will review the claim, any written requests or other evidence received from you, and advise you of its final determination. The Optum Financial decision regarding the claim will be final and will exhaust all administrative remedies.

Nondiscriminatory Operation

All rules, decisions, interpretations, and designations by the plan administrator under the Plan shall be made in a nondiscriminatory manner, and persons similarly situated shall be treated alike.

Chapter 6
SEIB Appeals Process

General Information

Issues involving eligibility and enrollment should be addressed directly with the SEIB through the appeal process outlined below. However, all issues regarding benefit determinations should be addressed through the Optum Financial appeal process.

All requests must be sent to the following address:

State Employees' Insurance Board
Attention: Legal Department
P.O. Box 304900
Montgomery, Alabama 36130-4900

Informal Review

If you feel an enrollment or eligibility decision was not in conformity with SEIB rules, policies, or procedures, you may request an informal review. In many cases, the issue can be resolved over the phone without the need for an administrative review or formal appeal. A request for an informal review must be received by the SEIB within 60 days from the date of an adverse decision by the SEIB. Untimely requests will be denied.

Administrative Review

If you are unsatisfied with the informal review decision, you may then request an administrative review. All requests for administrative review must be received by the SEIB within 60 days from the date of the informal review decision. Untimely requests will be denied. If the SEIB determines that an administrative review is appropriate, you will be sent an SEIB administrative review form to complete and return. A copy of the initial adverse determination and informal review decision must be submitted with the administrative review form. The administrative review committee will review the request, usually within 60 days. Oral arguments will not be considered unless approved by the SEIB. The administrative review committee will issue a decision in writing to all parties involved in the review.

Formal Appeal

If you do not agree with the administrative review decision, you may file a request for a formal appeal before the Board of Directors. Requests for a formal appeal must be received by the SEIB within 60 days following the date of the administrative review committee's decision. Untimely requests will be denied. Oral arguments will not be considered unless approved by the SEIB. If your request for a formal appeal is granted, generally, a decision will be issued within 90 days following approval of the request for a formal appeal. The number of days may be extended by notice from the SEIB. If you have not received a decision or notice of extension within 90 days, you may consider your appeal denied. The Board's decision is the final step in the SEIB appeal process and will exhaust all administrative remedies.

The subject of a formal appeal shall be limited to exclusions or exceptions to eligibility, enrollment, or coverage based on extraordinary circumstances, or policy issues not previously addressed or contemplated by the Board.

Chapter 7
HIPAA

This Chapter permits the Plan to disclose PHI to the plan sponsor and the claims administrator to the extent that such PHI is necessary for the plan sponsor and the claims administrator to carry out its administrative functions related to the Plan. In that regard, the SEIB has entered into HIPAA Business Associate Agreements with the claims administrator to ensure that the PCO complies with requirements set forth in HIPAA and accompanying regulations, as amended from time to time, and the Health Information Technology for Economic and Clinical Health Act (HITECH), and any regulations promulgated thereunder.

Chapter 8
General Provisions

Amendment and Termination

Although the SEIB intends to maintain the Plan for an indefinite period, the SEIB reserves the right to amend, modify, or terminate this Plan at any time, including but not limited to: the right to modify eligibility for participation, benefits paid by the Plan, the amount of benefit dollars to be credited, and the right to reduce or eliminate existing PCO accounts.

Notwithstanding anything to the contrary contained in this section or elsewhere in the Plan, the plan administrator shall have the authority to approve all technical, administrative, regulatory, and compliance amendments to the Plan, and any other amendments that the plan administrator shall deem necessary or appropriate.

Status of Benefits

Neither the State of Alabama nor the plan administrator makes any commitment or guarantee that any amounts paid to or for the benefit of a participant under this Plan will be excludable from the participant's gross income for federal, state, or local income tax purposes. It shall be the obligation of each participant to determine whether each payment under this Plan is excludable from the participant's gross income for federal, state, and local income tax purposes and to notify the plan administrator if the participant has any reason to believe that such payment is not so excludable. Any participant, by accepting a benefit under this Plan, agrees to be liable for any tax that may be imposed concerning those benefits, plus any interest as may be imposed.

Applicable Law

The Plan shall be construed and enforced according to the laws of the State of Alabama, to the extent not preempted by any federal law.

Severability

If any provision of this Plan shall be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision, and this Plan shall be construed and enforced as if such provision had not been included.

As long as you indicate the claim is for an "Insurance Premium" in the description of the service field, Optum Financial will enter your claim as a premium claim, which will generate reimbursement from your Premium Cash Option account.

OPTUM Financial™

SAMPLE

Manual Claim Form

Use this form to submit your claims for reimbursement of eligible expenses paid out of pocket that have not already been submitted.

- Do not use this form if expenses were already paid with your healthcare payment card.
- Do not use this form if you already submitted this claim online.
- Complete all entries on this submission form. Please print or type.
- Sign and date this form.
- Fax or mail it, along with the required documentation, to the claims department. (See submission instructions below.)

Personal Information

Name of Employer: State of Alabama	
employee Name (last name, first name): John Smith	Social Security Number: 123-45-6789

Documentation Required

You must submit documentation with this form. Documentation must include the patient's name, description of service, date of service, and the amount charged. Cancelled checks, credit card receipts, or balance forward statements are not acceptable. Examples of acceptable documentation include a copy of the Explanation of benefits (EOB) from your insurance company, an itemized statement from a provider, or an itemized pharmacy receipt (if applicable to your plan).

Claim Details

Date of Service	Patient's Name	Relationship to employee	Name of Provider	Description of Service	Amount Requested
1/1/2022	Jane Smith	Spouse	*OGHI	Insurance Premium	**OGHI Premium
				Total	$

Authorization and Certification

Read carefully: This claim will not be processed without your signature.

I certify that these expenses have been incurred by me, my spouse or my eligible dependent. The expenses have not been reimbursed and are not reimbursable under any other plan, such as an individual policy or my spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's income tax return.

Signature: Sample Signature Date: 1/1/2022

Submission Instructions

For the fastest results, fax to: (443) 681-4601	Or mail to: **Claims Department** P.O. Box 622337 Orlando, FL 32862-2337

If you have any questions, please contact **Customer Service.**

**OGHI= Other Group Health Insurance. Please put the name of your OGHI carrier in this box.*

***Please put the actual amount of your premium in this box. You can only be reimbursed the actual amount of your spouse's other group health insurance premiums, up to $175 per month.*

OPTUM Financial

Manual Claim Form

Use this form to submit your claims for reimbursement of eligible expenses paid out of pocket that have not already been submitted.

- Do not use this form if expenses were already paid with your healthcare payment card.
- Do not use this form if you already submitted this claim online.
- Complete all entries on this submission form. Please print or type.
- Sign and date this form.
- Fax or mail it, along with the required documentation, to the claims department. (See submission instructions below.)

Personal Information	
Name of Employer	
employee Name (last name, first name)	Social Security Number

Documentation Required

You must submit documentation with this form. Documentation must include the patient's name, description of service, date of service, and the amount charged. Cancelled checks, credit card receipts, or balance forward statements are not acceptable. Examples of acceptable documentation include a copy of the Explanation of benefits (EOB) from your insurance company, an itemized statement from a provider, or an itemized pharmacy receipt (if applicable to your plan).

Claim Details

Date of Service	Patient's Name	Relationship to employee	Name of Provider	Description of Service	Amount Requested
				Total	$

Authorization and Certification

Read carefully: This claim will not be processed without your signature.
I certify that these expenses have been incurred by me, my spouse or my eligible dependent. The expenses have not been reimbursed and are not reimbursable under any other plan, such as an individual policy or my spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's income tax return.

Signature _____ Date _____

Submission Instructions

For the fastest results, fax to: (443) 681-4601	Or mail to: **Claims Department** P.O. Box 622337 Orlando, FL 32862-2337

If you have any questions, please contact **Customer Service.**

STATE EMPLOYEES' INSURANCE BOARD

201 South Union Street, Suite 200
PO Box 304900
Montgomery, Alabama 36130-4900
Phone: (334) 263-8300
Toll-Free: 1-866-836-9737
www.alseib.org

Optum Financial Customer Service
1-844-330-8218