



your health

# time to close out 2016 health claims june 30 final deadline

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## flexible spending account reimbursements (HCSA and DCSA)

If you participated in the Health Care Spending Account (HCSA), the Limited Purpose Health Care Spending Account (LHCSA) or the Dependent Day Care Spending Account (DCSA) plans in 2016, **June 30, 2017**, is your last chance to submit claims for reimbursement of eligible expenses incurred on or before December 31, 2016. If you miss the June 30 deadline, you will not be reimbursed, and any remaining funds in your 2016 account will be forfeited. You'll need to submit a paper claim for those transactions in which you couldn't use your special purpose debit card (if any).

- **Have questions?** [Contact UHC](#).
- **Download** the [HCSA/LHCSA](#) and [DCSA](#) claim forms here.

## health claims

**June 30, 2017**, is the deadline to submit claims for last year's **out-of-network** medical, dental or mental health expenses, (except when noted otherwise). Detailed deadlines for other plans you may be enrolled in are included on the next page. If you don't submit a claim by the deadline, you will not be reimbursed for your 2016 covered charges.

Keep in mind that you don't always need to file a claim. If you received services from a network provider in the U.S., a claim was automatically filed for you. If you have questions, contact your 2016 health plan directly. If you don't see your claim form **posted on the next page**, contact your health plan directly to get one.

## due june 30, 2017

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<b>Medical PPO Plan</b> <ul style="list-style-type: none"><li>Medical Coverage (UnitedHealthcare)</li></ul>	<a href="#">Claim Form</a>   <a href="#">Contact UHC</a>
<b>High Deductible Health Plan (HDHP)</b> <ul style="list-style-type: none"><li>Medical Coverage (UnitedHealthcare)</li></ul>	<a href="#">Claim Form</a>   <a href="#">Contact UHC</a>
<b>Global Choice Plan</b> <ul style="list-style-type: none"><li>Medical Coverage (Cigna)</li><li>Prescriptions Obtained <b>Outside</b> the U.S. (Cigna)</li></ul>	<a href="#">Claim Form</a>   <a href="#">Contact Cigna</a>
<b>Dental PPO Plan</b>	<a href="#">Claim Form</a>   <a href="#">Contact United Concordia</a>
<b>Mental Health and Substance Abuse Plan</b>	Claim Form: <a href="#">Inside U.S.</a>   <a href="#">Outside U.S.</a> <a href="#">Contact Beacon Health Options</a>
<b>2016 Flexible Spending Accounts</b>	<a href="#">HCSA/LHCSA Claim Form</a> <a href="#">DCSA Claim Form</a> <a href="#">Contact UHC</a>

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## due within 365 days of service

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<b>Medical PPO Plan</b> <ul style="list-style-type: none"><li>Prescription Drug Coverage (Express Scripts)</li><li>Basic Vision Expenses (VSP Vision Care)</li></ul>	<a href="#">Claim Form</a>   <a href="#">Contact Express Scripts</a> <a href="#">Claim Form</a>   <a href="#">Contact VSP</a>
<b>High Deductible Health Plan (HDHP)</b> <ul style="list-style-type: none"><li>Prescription Drug Coverage (Express Scripts)</li><li>Basic Vision Expenses (VSP Vision Care)</li></ul>	<a href="#">Claim Form</a>   <a href="#">Contact Express Scripts</a> <a href="#">Claim Form</a>   <a href="#">Contact VSP</a>
<b>Global Choice Plan</b> <ul style="list-style-type: none"><li>Prescriptions Obtained <b>Inside</b> the U.S. (Express Scripts)</li><li>Basic Vision Expenses (VSP Vision Care)</li></ul>	<a href="#">Claim Form</a>   <a href="#">Contact Express Scripts</a> <a href="#">Claim Form</a>   <a href="#">Contact VSP</a>
<b>Vision Plus Program</b> (Voluntary Coverage with VSP)	<a href="#">Claim Form</a>   <a href="#">Contact VSP</a>

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## claim deadline varies

contact your 2016 health plan directly for deadlines and details.

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<b>Medical HMO Plans</b> Emergency services for covered expenses that were received from an out-of-network provider.	<a href="#">Medical HMO contact information</a>
<b>Dental HMO Plans</b> Emergency services for covered expenses that were received from an out-of-network provider.	<a href="#">Dental HMO contact information</a>

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