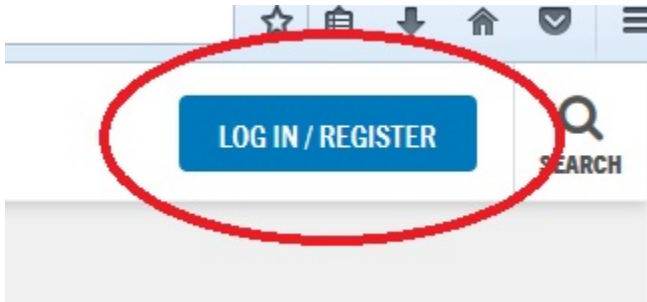


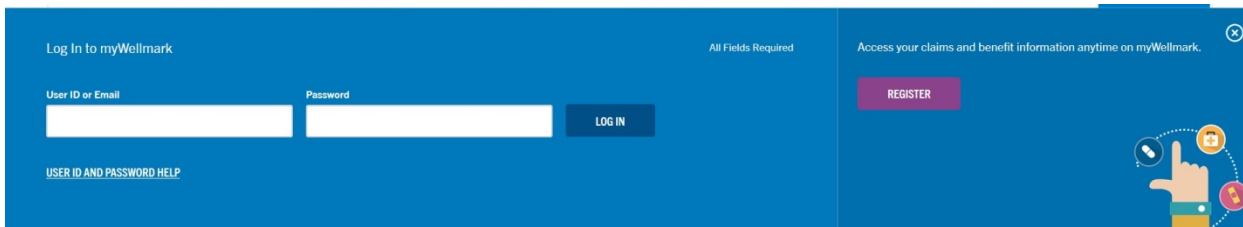
HOW TO PULL YOUR “YEAR-TO-DATE SPEND” REPORT FOR DEDUCTIBLE REIMBURSEMENT

This only applies to employees enrolled in Plan B - \$500/\$1,000 deductible. All requests for reimbursement MUST be submitted to Human Resources no later than March 31 of the following year. Any carryover amount will only be accepted if the employee did not request reimbursement for the prior year.

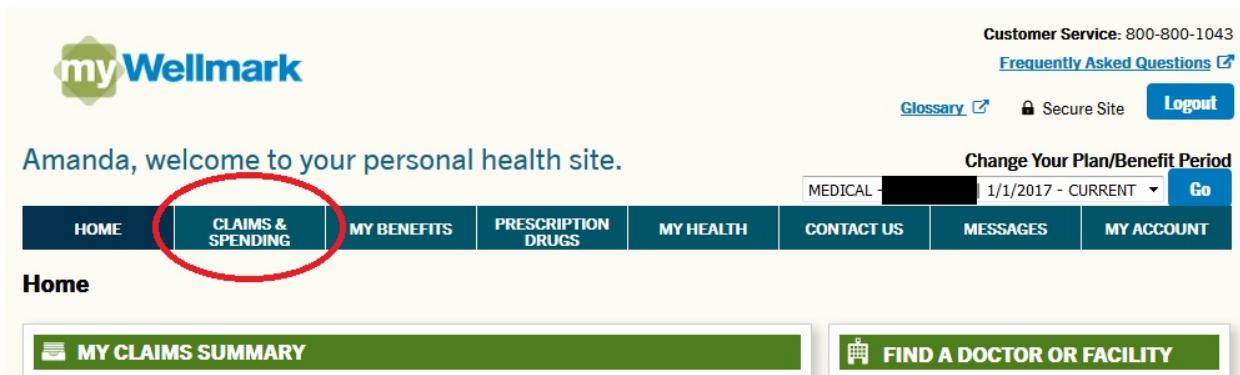
1. Visit www.mywellmark.com and click on “Log In/Register” in the upper right corner.



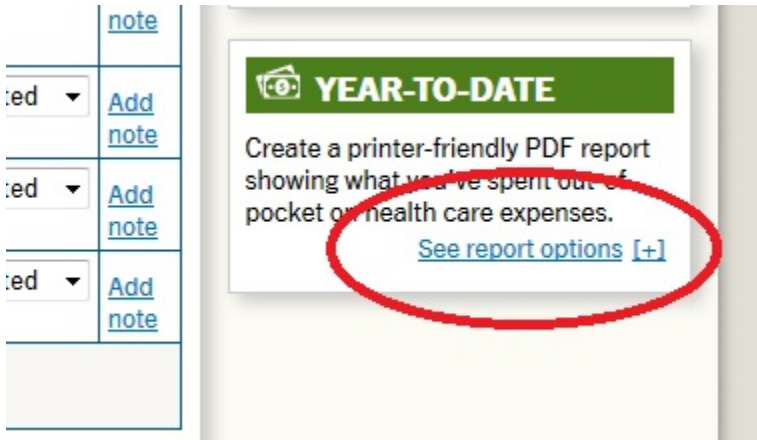
2. If you haven't already registered for an account, click on “Register”. If you currently have a MyWellmark account, log in with your User ID or email and your password.



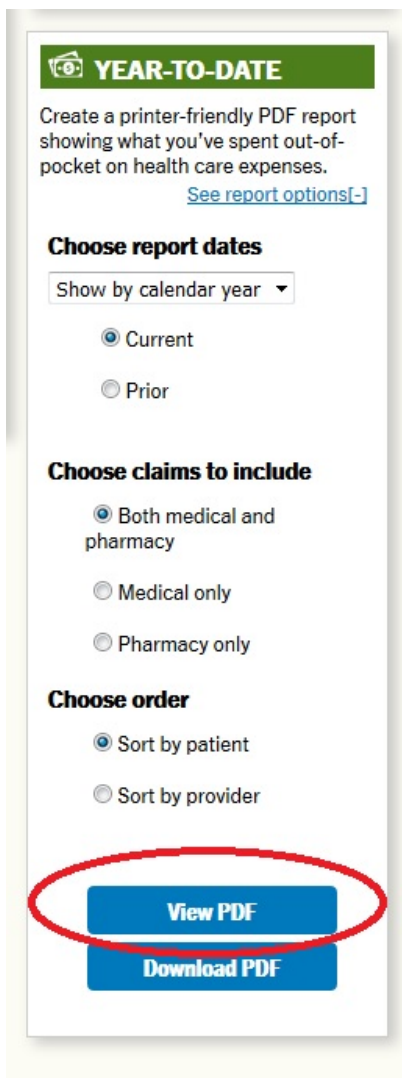
3. Once you've logged in/registered, click on “Claims & Spending”.



4. In the bottom right of the webpage, there is a box titled “Year-To-Date”. Click on “See report options” in the box.



5. Choose your report dates. If you’re submitting for reimbursement for the current year, select “Current”. If it’s between January 1st and March 31st that you are pulling the report, select “Prior”. Include “Both medical and pharmacy” claim and “Sort by patient”. Then click “View PDF”.



6. The report should look similar to the one below. If there is a dollar amount under “Contract Grand Total” and “Your Deductible”, either print or save the report to provide to Human Resources for 80% reimbursement of your total deductible spent. *Library and Airport employees should send a copy to Human Resources for the okay to pay, but are ultimately responsible for paying the reimbursement.*



Year to Date Spend

Primary Member Name: AMANDA

Date Run: 3/7/2017 3:16:40 PM

Primary Member Number: [REDACTED]

Date of Service: January 01, 2017 - March 07, 2017

PATIENT Health Care Provider	First Date Of Service	Claim Number	Amount Charged	Amount Allowed	Network Savings	Amount Paid By Health Plan	Other Insurance	Date Paid	Your Deductible	Your Copayment	Your Coinsurance	Your Amt Not Covered	Amount You Owe
AMANDA [REDACTED]									\$0.00	\$4.78	\$0.00	\$0.00	\$4.78
									\$0.00	\$5.00	\$0.00	\$0.00	\$5.00
									\$0.00	\$9.78	\$0.00	\$0.00	\$9.78
			Total	\$148.51	\$11.45	\$137.06	\$1.67	\$0.00	\$0.00	\$9.78	\$0.00	\$0.00	\$9.78
			Contract Grand Total	\$148.51	\$11.45	\$137.06	\$1.67	\$0.00	\$0.00	\$9.78	\$0.00	\$0.00	\$9.78

The list above may not include all claims filed because some claims (such as dental, vision, and pharmacy) are not processed by Wellmark.

7. Once you’ve turned in your reimbursement request to Human Resources, you’ll receive an email with the amount of reimbursement and when you can anticipate receiving the check. Please note this will be a live check attached to your payroll check/voucher.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT HUMAN RESOURCES AT 515-576-6869.