

REIMBURSEMENT FORMS	HOW DO I USE THIS FORM?	DO I NEED SUPPORTING DOCUMENTS?	WHERE DO I GET THE SUPPORTING DOCUMENTS?
Manual reimbursement claim form	Reimbursement of any qualified out-of-pocket expense. Such as: <ul style="list-style-type: none"> • Copays • Deductibles • Prescriptions 	With the manual and/or recurring reimbursement form, please submit documents that contain the following: <ul style="list-style-type: none"> • Covered participant name • Provider name • Date of service • Description of coverage • Proof of payment 	<ul style="list-style-type: none"> • Explanation of Benefits (EOB) from insurance carrier • Invoice from provider • Receipt from pharmacy
Recurring reimbursement claim form <i>(Must be submitted once per calendar year)</i>	Reimbursement of monthly premiums <ul style="list-style-type: none"> • Medical • Prescription • Dental (OneExchange or OPERS) • Vision (OneExchange or OPERS) 		<ul style="list-style-type: none"> • Vision/dental premium receipt from OPERS • Other docs from insurance carrier
Recurring Medicare Part B claim form <i>(Must be submitted once per calendar year)</i>	Medicare Part B premiums (reimbursable every month throughout the year)	Social Security Award letter or Medicare coupon (monthly or quarterly) containing: <ul style="list-style-type: none"> • Proof of payment • Monthly amount • Date of service • Premium type • Participant name 	<ul style="list-style-type: none"> • Award letter from Social Security • Monthly or quarterly Medicare coupon (billing, invoice)

WHERE DO I SEND THE FORMS AND DOCUMENTS?

Send all reimbursement forms and supporting documents to:

OneExchange
 P.O. Box 981155
 El Paso, TX 79998-1155

Forms and documents can also be scanned and uploaded at:
medicare.oneexchange.com/OPERS

WHERE DO I GET THIS FORM?

All forms can be obtained from:

[OneExchange medicare.oneexchange.com/opers](http://OneExchange.medicare.oneexchange.com/opers)
 1-844-287-9945

OPERS
opers.org
 1-800-222-7377

Important things to remember about reimbursements

- Sign the form before mailing it to OneExchange.
- Include the retiree’s name as the “Account Holder” on the reimbursement forms. The claim will be denied if any other individual is listed on that line.
- Request reimbursement of the full Medicare Part B premium amount in 2017. In 2016, you were required to subtract the amount OPERS reimbursed you toward your premium.
- Provide all the required supporting documents as listed on the above chart.
- Maintain your current direct deposit information with OneExchange or you may fail to receive your reimbursement.