3M CLAIM FILING INSTRUCTIONS

The following information can be found within this document:

- **How to Prepare Your Health Care Reimbursement Claim Forms**
- **How to Submit a Paper Claim**
- **How to Prepare Your Dependent Child Care or Adult Day Care Reimbursement Claim Forms**
- **How to Submit a Claim Online**
- **eNotify™ - PayFlex’s electronic notification system**
- **How to Get Reimbursed (Direct Deposit & Autopay)**
- **How to Access Your Account Online**
- **PayFlex Contact Information**

**How to Prepare Your Health Care Reimbursement Claim Forms (HCRA):**

**CAUTION:** If you are enrolled in AUTOPAY, DO NOT submit any medical, prescription drug, vision or dental (other than Ortho) bills on the Health/Dependent Care Claim Form. Your Explanation of Benefits (EOB) will be submitted by Blue Cross Blue Shield of Minnesota (BCBSMN), Caremark, HealthPartners, VSP and Delta Dental to be processed through Autopay. If you are enrolled in one of the Hawaii medical plans, only prescription, dental (excludes Ortho) and VSP will be processed through Autopay.

Please Note:

- There are no longer minimum claim amounts.
- Domestic Partners are **not** allowed to use AutoPay

**For quicker reimbursement, use Express Claims™ available through the website [http://3msource.mmm.com](http://3msource.mmm.com) (work) or [http://3msource.3m.com](http://3msource.3m.com) (home). See “How to Submit a Claim Online” below.**

**HOW TO SUBMIT A PAPER CLAIM**

**Step 1**
Complete all employee (use 8 digit employee number 01XXXXXX) and expense information. List each expense separately. **DO NOT** combine multiple expenses on the same line. Use as many claim forms as necessary. Each form provides space for 16 individual expenses.

**Step 2**
Attach your insurance (EOB) or itemized statement from the provider. The statement must show the provider name and address, patient name (if applicable), date of purchase or service, description of product or service, and actual amount of purchase.

**Orthodontia claims** require an itemized statement and the orthodontist’s contract or payment agreement showing monthly payment. (Copy of contract only required with first claim). Reimbursement of your monthly orthodontic payment cannot be made through AutoPay but can be set up to be paid automatically to you at the beginning of each month. Simply complete the claim form and write “Requesting to be reimbursed each month automatically.” Attach your orthodontic contract to the claim form.

**For qualified over-the-counter (OTC) purchases**, you must submit a receipt which includes the date of purchase, amount of purchase and the specific medicine, drug and/or device name. Examples: antacids, antihistamine, cold medications and pain relievers. **Please note: Effective January 1, 2011, all OTC drugs, medicines and biological items will be considered INELIGIBLE unless prescribed by a physician. More information will following in the coming weeks in preparation for open enrollment.**
Please Note: All health care expenses require supporting documentation (i.e., Explanation of Benefits or itemized statement). Generally, only “medical expenses” as defined by the IRS regulations, qualify for reimbursement. Examples: medical/dental deductibles, co-insurance, co-payments, amounts paid above plan limits, laser eye surgery, medicine and drugs that require a prescription.

Step 3
Sign and date the claim form. Be sure to read the certification statement before signing.

Step 4
Fax or mail the completed claim form with copies of supporting documentation.
FAX: (402) 342-4663
MAIL: PayFlex Systems USA, Inc.
Flex Dept.
P.O. Box 3039
Omaha, NE 68103-3039

How to Prepare Your Dependent Child Care or Adult Day Care Reimbursement Claim Forms (DCRA):
Please Note: There are no longer minimum claim amounts.

Step 1
Complete all employee (use 8 digit employee number 01XXXXXX) and expense information. Complete the form with Exact Dates of Service, Dependent Name and Amount Requested.

Step 2
Attach your receipt or documentation from the provider. If your DCRA provider does not provide a receipt, simply ask the provider to sign the claim form. This will serve as the necessary documentation.

Step 3
Sign and date the claim form. Be sure to read the certification statement before signing.

Step 4
Fax or mail the completed claim form with copies of supporting documentation.
FAX: (402) 342-4663
MAIL: PayFlex Systems USA, Inc.
Flex Dept.
P.O. Box 3039
Omaha, NE 68103-3039
HOW TO SUBMIT A CLAIM ONLINE:
You may also file HCRA or DCRA claims using PayFlex’s Express Claim process through 3M Source. You can access the website in two ways through 3M Source:

- From the 3M intranet (at work): http://3msource.mmm.com
- From the 3M internet (at home): http://3msource.3m.com

Please note: Accessing 3M Source through the Internet means you will have to enter your User Name (e.g., us123456, a99abzz), then your Windows password.

From 3M Source and follow these links from the home page:
Life & Career > Health Plans (under “Benefits & Healthy Living”) > Reimbursement Accounts > PayFlex Administrator (under “Quick Links” on the right side of the page)

Step 1:
Select Express Claims on left-navigation bar.

Step 2:
Complete the form with the expense type (i.e. over-the-counter), date of expense and amount of expense. To add additional claims, select Add Claim. Once you have entered in all of your claims, click Next.

Step 3:
Verify Your Entries, then click Submit. If you need to make changes, click Previous.

Step 4:
Select “Fax” or “Upload” for your document choice. In order to upload your receipts, they will need to be scanned in PDF format.

Step 5:
If you selected “Fax”, click on Web Claim Coversheet, then print and sign the form. Fax your claim and supporting documentation to 866.932.2567. The claim will not be processed until the fax with the documentation has been received.

If you selected “Upload”, use the Browse button to upload an electronic document from your computer. To add additional documents, click on Add Additional Documents. After uploading your documents you must check the Signature box at the bottom of the page to electronically sign your claim.

Step 6
Click Submit. If you are enrolled in eNotify™, you will receive an email from PayFlex notifying you when your claim has been processed. (See “eNotify” below)

Important Reminders:

- To receive your reimbursement directly into your checking or savings account, see “Direct Deposit” below.

- Keep all original supporting documentation including receipts in the event you are involved in a tax audit.
eNotify™ – PayFlex’s electronic notification system
If you enroll in eNotify, PayFlex will send an email to you when your claims have been processed. Enrolling for eNotify is simple. You can access the website in two ways through 3M Source:
- From the 3M intranet (at work): http://3msource.mmm.com
- From the 3M internet (at home): http://3msource.3m.com

Please note: Accessing 3M Source through the Internet means you will have to enter your User Name (e.g., us123456, a99abzz), then your Windows password.

From 3M Source and follow these links from the home page:
Life & Career > Health Plans (under “Benefits & Healthy Living”) > Reimbursement Accounts > PayFlex Administrator (under “Quick Links” on the right side of the page)

Step 1: Select My Info on left-navigation bar
Step 2: Fill in your Email address and make sure the check mark is in the eNotify Box
**Do not fill in any other information as 3M is using Single Sign on to access the website

HOW TO GET REIMBURSED:

Direct Deposit
If you would like to receive your reimbursement directly into your checking or saving account, enroll in Direct Deposit today. This is the fastest method of having access to your money.

You can access the website in two ways through 3M Source:
- From the 3M intranet (at work): http://3msource.mmm.com
- From the 3M internet (at home): http://3msource.3m.com

Please note: Accessing 3M Source through the Internet means you will have to enter your User Name (e.g., us123456, a99abzz), then your Windows password.

From 3M Source and follow these links from the home page:
Life & Career > Health Plans (under “Benefits & Healthy Living”) > Reimbursement Accounts > PayFlex Administrator (under “Quick Links” on the right side of the page)

Step 1: Select Direct Deposit on left-navigation bar.
Step 2: Select Add Direct Deposit Account.
Step 3: Select your bank account type, enter your account number and routing number. The name of your bank will appear automatically in the Institution name field. Then click Submit.
Step 4: Review your account information. If the information is correct, click Confirm.

**If assistance is needed with setting up Direct Deposit, call PayFlex’s Customer Service Center at 1-866-3MFLEX1 (1-866-363-5391) or (402) 345-0666 for international calls.
**Autopay – 3M Preferred Method of Payment**
During Annual Enrollment, you will be **defaulted to the Autopay feature** unless you have coordination of benefits (COB).

Autopay will submit your medical, vision, dental (excludes orthodontic) and prescription claims directly to PayFlex for payment. This is the amount on your Explanation of Benefits (EOB) that shows the employee’s responsibility amount. **There are exceptions for some medical and/or dental plans.**

There are multiple Autopay options. If you have COB for medical but not dental, you will be able to elect the Autopay feature for dental only. You will no longer be limited to all or none for AutoPay. This gives you more flexibility for your AutoPay election.

**To learn more about Autopay and what plans are available for Autopay.** You can access the Summary Plan Description through the website in two ways through 3M Source:
- From the 3M intranet (at work): [http://3msource.mmm.com](http://3msource.mmm.com)
- From the 3M internet (at home): [http://3msource.3m.com](http://3msource.3m.com)

**Please note:** Accessing 3M Source through the Internet means you will have to enter your User Name (e.g., us123456, a99abzz), then your Windows password.


**HOW TO ACCESS YOUR ACCOUNT ONLINE:**
You can access your account online to view claims, deposits and payments. You can access the website in two ways through 3M Source:
- From the 3M intranet (at work): [http://3msource.mmm.com](http://3msource.mmm.com)
- From the 3M internet (at home): [http://3msource.3m.com](http://3msource.3m.com)

**Please note:** Accessing 3M Source through the Internet means you will have to enter your User Name (e.g., us123456, a99abzz), then your Windows password.

From 3M Source and follow these links from the home page:
Life & Career > Health Plans (under “Benefits & Healthy Living”) > Reimbursement Accounts > PayFlex Administrator (under “Quick Links” on the right side of the page)

**PAYFLEX CONTACT INFORMATION:**
PayFlex’s Customer Service Center: 1-866-3MFLEX1 (1-866-363-5391)
International Calls: (402) 345-0666