

How to Reimburse an Out-of-Pocket Expense From Your HealthEquity HSA

1. Log in to the HealthEquity Member Portal
 - a) Go to www.bcbsm.com/som and log in as a member
 - b) Select the 'My Coverage' tab
 - c) Select 'Spending Account' and click 'Go to my spending accounts now'
2. From the Member portal landing Home page select 'Reimburse Me' under Health Savings Account (HSA)

Health Savings Account (HSA)



3. Create a new Expense

Select an existing or add a new expense to be reimbursed

Add a New Expense



Include Closed Expenses

Add a New Expense

Provider

Start typing the name of the provider

Expense Amount Expense Type

Choose who the expense was for

Start Date End Date

Notes (optional)

Upload Documentation

Drag and Drop My Uploaded Docs

Drag your documents here or **Browse your device**



Files must be in PDF, PNG, JPG, or GIF format and cannot exceed 5mb in size and cannot be a password-protected PDF.

The IRS requires the following information for valid documentation

- Service date(s)
- Service or item provided
- Who the expense was for
- Provider's name
- Amount charged

Note: Some plans require additional documentation

Pending Attachments

No documents attached

Cancel

Save Expense

4. Complete the following fields:
 - a) Provider
 - b) Expense Amount
 - c) Expense Type (medical, dental, etc)
 - d) Whom the expense is for
 - e) Start date and end date
 - f) Notes (optional for service)
 - g) Option to upload documentation
 - h) Click 'Save Expense'

Tip: Multiple transactions can be combined under one claim, however, for detailed record keeping, it is best practice to list each expense individually.

Reminder: You may need to show detailed receipts or Explanation of Benefits (EOBs) if audited by the IRS.

5. Choose the expense to be reimbursed from the list

Request Reimbursement

Select an existing or add a new expense to be reimbursed

Add a New Expense

Include Closed Expenses

ID	Date	Provider	Expense For	Type	Eligible Amount
0006	10/20/2021	Msu H. Care INC		Professional	-\$18.83 i
0002	05/05/2021	Msu H. Care INC		Professional	\$0.00 i

6. Select the account you would like to be reimbursed from and click 'Next'
7. Using the information in the 'Unpaid amount' section, select the amount to be reimbursed
8. Select reimbursement type, then select "Next"
9. Review request
10. Read and check the first box at the bottom of the page to confirm selection
11. Click 'Finish'

Unpaid Amount

Total Amount	\$159.93
Amount paid by insurance	\$0.00
Total previous payments from your account(s)	\$0.00
Amount paid at time of service	\$0.00
Unpaid Amount (\$0.00)	\$159.93

If these amounts do not match your records, you should verify the amounts prior to submitting for reimbursement.

Reimbursement Amount

- Unpaid Amount: \$159.93
- Other Amount
- Scheduled Payments

Reimbursement Type

How would you like the reimbursement made?

- Mail me a check
This method is slower. You will receive the check in about 7-10 business days.
There is a \$2.00 fee for a paper check.
- No Fee Override
- Electronic deposit into a bank account
This method is faster. You will see the funds in your account within 2-3 business days. There is no fee for an Electronic Funds Transfer (EFT).

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