

Enrollment in Benefit Plans with



A Subsidiary of
Health Alliance Medical Plans

NEXT STEPS

Filing Claims

Now that you have enrolled in one or more of your employer's flexible benefits plans, you may begin to file claims against your enrolled account(s) upon the start date of your Plan Year.

You may access your plan account(s) in any of the following methods:

- 1. Debit Card Purchase:** you may use your debit card at the point of purchase to use your plan dollars toward your prescription (RX) and over the counter (OTC) medications. Be sure to keep your receipts! You will be required to submit them as proof of plan eligibility if the vendor that you use to purchase your RX or OTC medications is not IIAS compliant (you will be sent a receipt reminder if you do need to submit a receipt. RX or OTC medications purchased from IIAS compliant vendors do not have to be substantiated).
- 2. Online Claim Filing:** File your claims online via our participant portal website. Instructions are enclosed. Be sure to submit receipts when filing claims online, either via fax, mail or e-mail!
- 3. Paper Claim Filing:** You may also file claims using the paper form(s) available on the website under the "Forms" tab, and attach required receipts according to IRS rules.

1. USE YOUR DEBIT CARD AT POINT OF PURCHASE!

Use your debit card at plan-approved vendors to make your plan purchase.



If you have chosen the debit card as your primary reimbursement option, you (and any dependents for whom you have ordered cards) will receive your card at your home address unless otherwise elected during enrollment.

2. FILE YOUR FLEXIBLE BENEFIT CLAIMS ONLINE!

We are excited to announce that you will be able to file your Flexible Benefit claims ONLINE this year!

Plan Year:

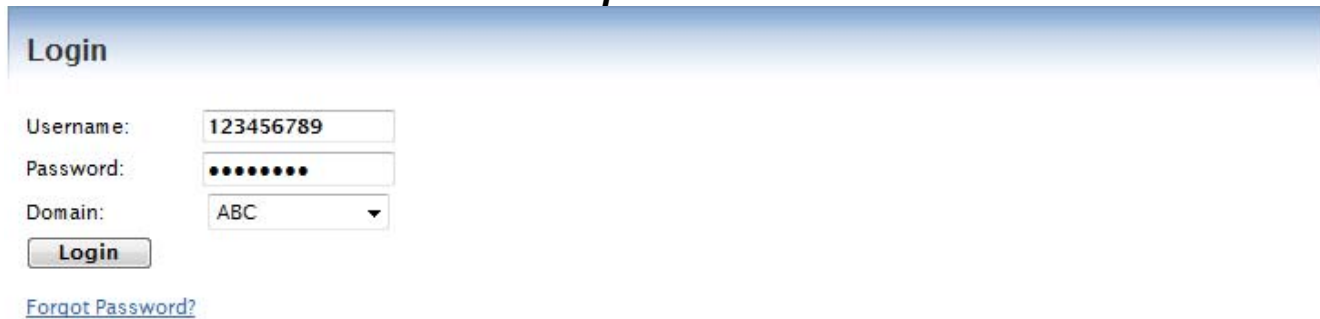
Online claims filing is available for the **2010** plan year.

HOW TO LOGIN:

1. Open your web browser (e.g. MS Explorer) and log into the following website:

<https://hchadmin.com>

Click on the **Participant Flex Information** link



The screenshot shows a login form with the following fields and elements:

- Username:** Text input field containing "123456789".
- Password:** Password input field with masked characters "••••••••".
- Domain:** Dropdown menu with "ABC" selected.
- Login:** Button.
- [Forgot Password?](#) link.

2. Login using the following:

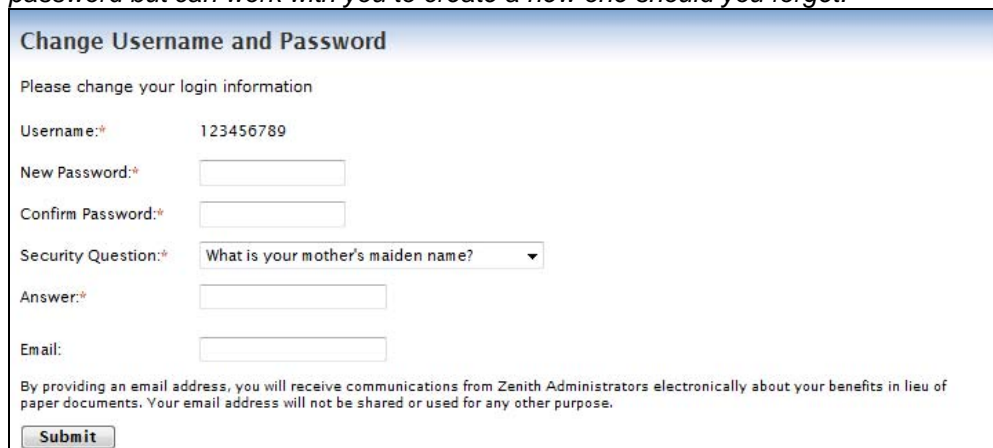
Username: last name, group id (**OLY16**), last four digits of your social security number (all together and all capitol letters – ex. **SMITHOLY161234**)

If you have a hyphenated name your user name will be the name after the hyphen. Ex. – Mary Smith-Jones **JONESOLY161234**

Password: Use the unique password you set during open enrollment.

*If this is your first time logging onto the system, use **FLEX** as your password. You will be prompted immediately to create a new, unique password before entering the site.*

*Please be sure to record your password as **HCH Administration** does not record your password but can work with you to create a new one should you forget.*



The screenshot shows a form titled "Change Username and Password" with the following fields and elements:


- Username:** Text input field containing "123456789".
- New Password:** Text input field.
- Confirm Password:** Text input field.
- Security Question:** Dropdown menu with "What is your mother's maiden name?" selected.
- Answer:** Text input field.
- Email:** Text input field.
- By providing an email address, you will receive communications from Zenith Administrators electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.
- Submit:** Button.

HOW TO FILE A CLAIM:

1. Click the **File Claim** under the Actions column for your available account type.

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS Ernie George [Logout](#)

Welcome, Ernie



Welcome to your single source for all you need to know about your pre-tax benefits. Request payment, check payment status, view account balance and summary information, access important notifications about your account, and more!

Action Required:
[1 receipt\(s\) needed](#) to approve your claims [?](#)

Accounts [View Account Summary](#)

| Account | Available Balance ? | Final Service Date ? | Final Filing Date ? | Actions |
|---|-------------------------------------|--------------------------------------|-------------------------------------|--|
| Medical Flex 1/1/2009-12/31/2009 | \$1,972.02 | 12/31/2009 | 1/30/2010 | File Claim View Claim History |

Mid-Year HSA Enrollment
You can still enroll in a Health Savings Account and take advantage of the tax savings. Simply click "Enroll" below to begin the process of saving money!

| Plan Year | Accounts | Actions |
|---------------------|----------|------------------------|
| 1/1/2009-12/31/2009 | HSA 2009 | Enroll |

OR

[?](#) **Questions?**
Contact Customer Service at: (123) 123-1234 Or toll free at: (800) 123-1234 or nobody@lighthouse1.com.

Accounts **Profile** **Notifications** **Forms**

[Account Summary](#) [Profile Summary](#) [Notification History](#)

[Account Activity](#) [Dependents](#)

[File Claims](#)

[Receipts Needed](#)

[Payment History](#)

2. **Enter your claim information** and **submit** the claim. Make sure you have valid receipt(s) for your expenses, as you will need to send these into the Administrator.

Note regarding Dependent Care claims: A qualified dependent is required for Dependent Care claims. You may add your dependent(s) from the Dependent Care Claim Entry screen if necessary.

| | | | | | |
|------|----------|---------|---------------|-------|--|
| HOME | ACCOUNTS | PROFILE | NOTIFICATIONS | FORMS | Ernie George Logout |
|------|----------|---------|---------------|-------|--|

File Claim: Medical Flex Claims Basket (0)

Please enter your claim information below. If all or part of your claim is not reimbursable due to auditing factors (i.e. claim exceeds available balance in your account), then you will only be reimbursed the approved amount. You will be notified of any pending or denied claim amounts.

Do you have a valid receipt for this product/service?* Yes No [What is a valid receipt?](#)

Date of Service:*
(mm/dd/yyyy)

Please choose the category and type of product/service that best describes your claim. If "Over-the-Counter Drugs," you must provide a description below.

Category:*

Type of Product/Service:*

Product/Service Description:

Product/Service Provider:

Person receiving Product/Service:* Ernie George [Add Dependent](#)

Claim Amount:* \$

Did you drive to receive this product/service?* Yes No [Claiming Mileage](#)
You may claim mileage expense for reimbursement.

Number of Miles:

Mileage Reimbursement:

Total Claim Amount:

If there is more than one Product/Service that seems right, select the one that seems to be the best fit.

Make sure to click Submit!

3. If you have more than one claim you'd like to file, you may choose to **Add a New Claim** from your claims basket.

The screenshot shows a web interface for a 'Claims Basket'. At the top, there are navigation tabs: HOME, ACCOUNTS, PROFILE, NOTIFICATIONS, and FORMS. The user's name 'Ernie George' and a 'Logout' link are in the top right. Below the navigation is a blue header for 'Claims Basket' with a 'Claims Basket (1)' button. A red arrow points to a 'File New Claim' button. Below this is a table with columns: Date of Service, Plan, Type of Product/Service, Provider, Claim Amount, and Approved Amount*. A callout box points to the 'Approved Amount*' column with the text: 'For an explanation on the approved amount of your claim, click this link.' The table contains one claim entry: Date of Service: 9/1/2009, Plan: Medical Flex, Type of Product/Service: Over-the-Counter Medication, Provider: Target, Claim Amount: \$27.98, Approved Amount*: \$27.98. There is an 'Update' button on the left and a 'Remove' button on the right of the entry. Below the table is a 'Total:' row showing \$27.98 for both Claim Amount and Approved Amount*. A disclaimer states: '* The approved claim amount will be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.' Below the disclaimer is a 'Terms and Conditions' section with a checked checkbox: 'I have read and agree to the Terms and Conditions.' A callout box points to this checkbox with the text: 'Remember to check this box before you submit!'. Below the checkbox is a red instruction: 'You must choose to SUBMIT this basket in order to send these claims for processing.' At the bottom are 'Submit' and 'Cancel' buttons.

| Date of Service | Plan | Type of Product/Service | Provider | Claim Amount | Approved Amount* |
|-----------------|--------------|-----------------------------|----------|----------------|------------------|
| 9/1/2009 | Medical Flex | Over-the-Counter Medication | Target | \$27.98 | \$27.98 |
| Total: | | | | \$27.98 | \$27.98 |

4. Once all claims are entered, you must agree to the **Terms & Conditions** (click on appropriate box) and commit the claim(s) by clicking **Submit**.

6. PRINT AND SEND CONFIRMATION WITH RECEIPTS!

The Confirmation page verifies that all claims have been successfully submitted!

You must print this page and fax or mail it, along with your receipts (remember, we must receive either an itemized receipt, which must contain the name of the person receiving the service, the name of the provider of the service, the type of service, the date the service was obtained and the amount you owe out of pocket for the service **OR** an explanation of benefits before we can process your claim), **to the contact listed on the page.**

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS Ernie George Logout

Claim Confirmation

Ernie George
123456789
ABC Company

You have successfully filed the claim(s) listed below.

You can expect deposit of approved amounts in your account of record in accordance with your employer's reimbursement schedule, subject to the following guidelines: - Substantiation may be required before the associated claims may be paid to your account of record. If this claim is subject to further auditing, you will be contacted. - If this claim exceeds your available balance, only available funds will be reimbursed. Required Receipt(s) must be received within 45 days. If we do not receive the receipt(s) by this date, your reimbursement will have to be paid back in to the appropriate account.

Receipt(s) Required - Fax the Confirmation:
Print this confirmation, attach the required receipts and fax to at (866) 662-9428.

If you are unable to print this confirmation:
Send your receipts with a note that includes (a) the name of the company you work for, (b) your name, and (c) the claim number(s) listed below.

Fax: (866) 662-9428
Mail: 123 Administrator St
Minneapolis, MN 12345
Email: nobody@lighthouse1.com

| Claim Number | Plan | Date of Service | Provider/Merchant | Recipient | Receipt Amount | Mileage Amount | Approved Amount* | Receipt Required |
|----------------------|--------------|-----------------|-------------------|--------------|----------------|----------------|------------------|------------------|
| ABC122090915P0000101 | Medical Flex | 9/1/2009 | Target | Ernie George | \$27.98 | \$0.00 | \$27.98 | Yes |
| Totals: | | | | | \$27.98 | \$0.00 | \$27.98 | |

* The approved claim amount will be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.

Please send in the Required Receipt(s) listed above within 30 days. If we do not receive the receipt/s by this date, your reimbursement will be denied.

Remember, regardless of which (if any) receipts you are required to submit, you are responsible for retaining a copy of all receipts for three years in the event you or your Pre-tax Account plan are audited by the IRS.

[Print Confirmation](#)

VIEW YOUR ACCOUNT INFORMATION

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS Ernie George Logout

Welcome to your single source for all you need to know about your pre-tax benefits. Make a payment, check payment status, view account balance and summary information, access important notifications about your account, and more!

Consumer Portal has been redesigned. [Learn more about the new features](#)

Action Required: 1 receipt(s) needed to approve your claims

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS Ernie George Logout

Account Summary

The "Eligible Amount" shown is the sum of your Annual Election amount, plus certain credits that have been applied to your account. The "Available Balance" reflects your available funds at this time. If you have questions regarding these balances or credits applied, please contact Customer Service.

1/1/2009-12/31/2009

| Account | Eligible Amount | Submitted Claims | Paid | Pending | Denied | Plan Year Balance | Available Balance |
|------------------------------|----------------------------|-------------------------|------------------------|---------|--------|-------------------|----------------------------|
| Medical Flex | \$2,000.00 | \$27.98 | \$0.00 | \$27.98 | \$0.00 | \$1,972.02 | \$1,972.02 |

- Select the **Profile** tab (Dependents or Summary) to review your personal and dependent information that's on file in the system.
- Select **Payment History** to see a detail of the claims that have been paid. You can click **View Detail** for more information about any claim.
- **Action Required** information will be displayed on the Home page at initial log in or within the Summary.

Plans: Your Pre-tax plan information is available at any time. To view this information, log on and click on the **Plan Descriptions** link from the Accounts dropdown.

Forms: You can download Pre-tax forms at any time. Log on and click on the **Forms** tab, and select the form you would like to download.

The forms are in .pdf format, requiring Adobe Acrobat Reader. You may download a free version of acrobat reader from the Adobe website: <http://www.adobe.com/products/acrobat/readermain.html>.