Flexible Spending Account User's Guide



HealthSCOPE SENERTIS Managing your Flexible Spending Account online

Welcome to HealthSCOPE Benefits!

We are proud to be your FSA administrator; providing friendly, quality service to you and your family is our top priority. This document outlines our user-friendly tools for filing FSA Healthcare and Dependent Care claims along with managing your CDH Account online. If you would rather file your claims via US mail, fax, or email, use the following:

By US Mail

P.O. Box 350

HealthSCOPE Benefits

Little Rock, AR 72203

By Fax 1-877-240-0135 By Email CDHAdmin@healthscopebenefits.com

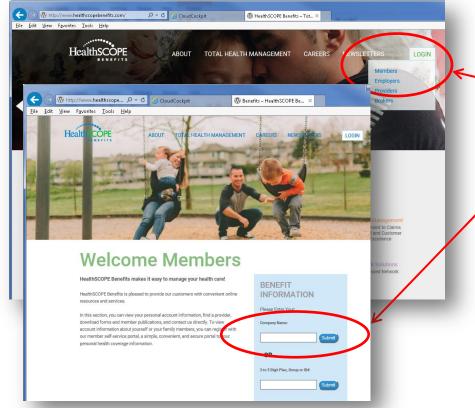
If you have questions, please feel free to contact us via email or by calling 1-877-385-8775.

Contents of this document

Here you will find instructions for the following:

- Accessing your Flexible Spending Account online
- How to file a claim online
- How to view your FSA account information
- Viewing Plan Information, IRS rules, and important Documents & Forms

Accessing your Flexible Spending Account online



Step 1: Log on to www.healthscopebenefits.com.

 Step 2: Hover your mouse over the Login button to drop down the menu. Then click Members.

Step 3: At the Welcome Members screen, enter your Company's name and click Submit.

HealthSCOPE Healthy People Healthy Business Step 4: Enter your Username and ealthy Futures password, and then click Sign In. Thursday, March 02, 2017 #VYQ2FN If you don't have a username and Site Sign In password, click "New Member Usernam username Registration." Then follow the Password: New Member Registra prompts to set up your account. Forgot Username or Pas ord? Attention If you have 3 unsuccessful login attempts in a row, your account will be Welcome disabled. Welcome to Self Service! We're glad that you've chosen to Get Connected! At HealthSCOPE Benefits products to help our employers and members better understand and manage their healthcare covers This site is best viewed with Microsoft Internet Explorer 7.0 and above, Mozilla access your healthcare coverage information - all in one place, 24 hours a day. Thank you for choo HealthSCOPE **Healthy People Healthy Business** ENEELTS **Healthy Futures** This is what we refer to as Stay healthy by participating in the Resources following wellness activities a "Landing Page." Your Flu Season is Around the Corner Below are helpful resources for Landing Page will look Routine Well Care for Adults Everyone 6 months and older should get an annual flu vaccine. It takes about two weeks after you Routine Well Care for Children vaccination for your body to develop full protection against the flu. Get vaccinated to protect similar (but not exactly) to Flu Shot yourself and your loved ones! Claims and Eligibility Mammogram this. Colonoscopy Shorter days and cooler evenings. It is fall-and often the time that we start seeing people get sick 📦 Order ID Card with flu. By getting a flu vaccine for yourself and your entire family every season, you can help prevent flu-related illness, missed school and work and even more serious flu-related illness. Step 5: At this page, click Influenza (flu) is a contagious respiratory disease that infects the nose, throat, and lungs and ca the link associated with FSA Portal lead to serious complications, hospitalization, or even death. Pneumonia and bronchitis are examples of serious flu-related complications. The flu also can cause certain health conditions, like Flexible Spending HRA Porta diabetes, asthma, and heart and lung disease, to become worse. Even healthy people can become sick with the flu and experience serious complications. But even if you are one of the lucky ones Accounts. i Caremark Note: Use Resources on the right to view who bounces back quickly from a bout with the flu, people around you might not be so lucky. Getting a flu vaccine is the single best way to protect yourself and your family from this serious and manage your information. These Resources will open in a secondary tab or disease. Everyone needs a flu vaccine - every flu season. Flu viruses are constantly changing, and different flu viruses can circulate and cause illness each season. Flu vaccines are made each igna PPO window when selected year to protect against the flu viruses that research indicates will be most common. Also, immunity Documents and Form form vaccination declines after a year. This is why Health Your Welcome Page will display, similar to what is ENEFIT Last Login: 4/30/2014 - Online shown here. From this screen Statements & Notifications vou can: Tools & Home Dashboard Accounts Profile Support • File an FSA claim I Want To... Welcome! Check your account File A Claim HSA NOTICE: Please click "View More" to see reminder regarding HSA election changes. View More balances Manage My Expense • Check claim history

- Update your profile
- Get plan descriptions and other documentation
- Retrieve downloadable forms
- Submit a customer service inquiry
- Available Balance 0 Message Center 1 Medical ESA \$2,499.00 Download Mobile App **Recent Transactions** Submitted Status Date -Expense Merchant/Provide nount 2/1/2017 Medical DR TEST \$1.00 0 12/31/2016 Medical DR. TEST \$1.00 0 11/1/2016 DR. TEST \$1.00 6 Medical View More

How to file a claim online

ible Spending Accou IthSCOPE Benefits w				op down i				
Accounts tab.			Step	3: Then c	lick File	A Claim.		\mathbf{N}
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Home Dashboald	Accounts	Tools & Support	Statements & Notifications	Profile			•	Want to 🔺
Account Summary	Accou	ints / Ac	count Sun	nmary		V	ile A Claim	
Account Activity		ation displaye benefits. Viev	d on the Account More	Summary page	e will vary de	ependin	/anage My E	xpenses
Investments	Health Sa	vings Accou	int 🕕					
Claims		Available C	ash Balance	Investr	nent Balance		Total Avail	able Balance
Payments			\$0.00	* Current a	\$0.00 as of 12/22/2011			\$0.00
Change Payment Method	Test 2017	7			Estim	ated Per Pay P	eriod Deductio	on: \$48.08 🔺
HSA Contributions By Tax Year HSA Plan Year Totals	Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
	Medical FS	A	\$2,500.00	\$1.00	\$1.00	\$0.00	\$0.00	\$2,499.00
	Test 2016	6			Estim	ated Per Pay P	eriod Deductio	on: \$47.17 🔻
	Test 2018	5			Estim	ated Per Pay P	eriod Deductio	on: \$48.08 🔻

creating a reimbursement. Select the

"Pay To."

Last Login: 4/30/2014 - Online	-	/ 1 T	EST PARTICIPANT
Home Dashboard A	Accounts / File A CI	ations Profile	I Want to 💌
Medical FSA (0) \$2,499.00 Plan Filing Rules 01/01/2017 - 12/31/2017 Medical FSA	Account you wish to use and star Pay From *	easy way to file claims. Just click the rt filing! Medical Me I be requesting a Claim Reimbursem	
	Cancel		Next

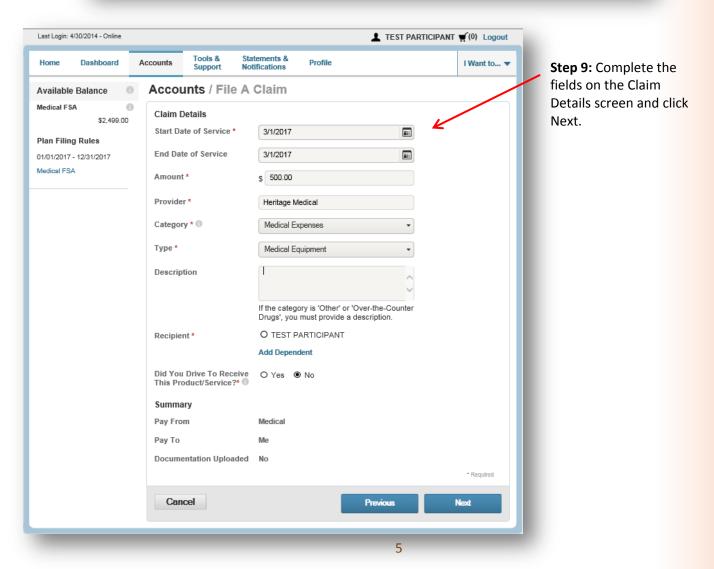
4

HealthSCOPE 1-877-385-8775 4 BENEFITS www.healthscopebenefits.com

Step 7: If you have documentation, such as receipts, that you can attach to the claim, click Upload Valid Documentation. You will be prompted to browse to the location on your computer and upload the document(s). Valid file types are JPG, GIF, PNG, or PDF and cannot exceed 2 Megabytes.

Step 8: When finished with this screen, click Next.

cument(s). Valid file d cannot exceed 2 N	••	F, PNG, OF PDF		
Last Login: 4/30/2014 - Online				PANT 🛒 (0) Logou
Home Dashboard	Accounts Tools & Support	Statements & Profile Notifications		I Want to
Available Balance	Accounts / File	A Claim		
Medical FSA () \$2,499.00	Receipt / Document Receipt(s)	ation Upload Valid Documentation		
Plan Filing Rules	Summary			
Medical FSA	Pay From	Medical		
	Pay To	Me		* Required
	Cancel	F	Previous	Next



A screen will display that summarizes the claim you are submitting.

Step 10: Check the information to verify accuracy. If you need to remove the information or update it, there are buttons/links you can click to do so.

Available Balance Account Medical FSA	Tools & Statements Support Notifications ts / Transaction on Summary (1) To Expense	Summary	roved	I Want to 🗸
Medical FSA Transaction \$1,999.00 ** ** Balance reflects claims not yet submitted	on Summary (1)	Amount Appr		
\$1,999.00 ** Transaction				
yet submitted	To Expense			
Medical FS		AIIIO	unt 🔍	
	A Me Medical Equipme		0.00 Remove	Update
Total Amou	nt	\$500.00 \$500	.00	
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Cancel		Save for Later	r Add Another	Submit

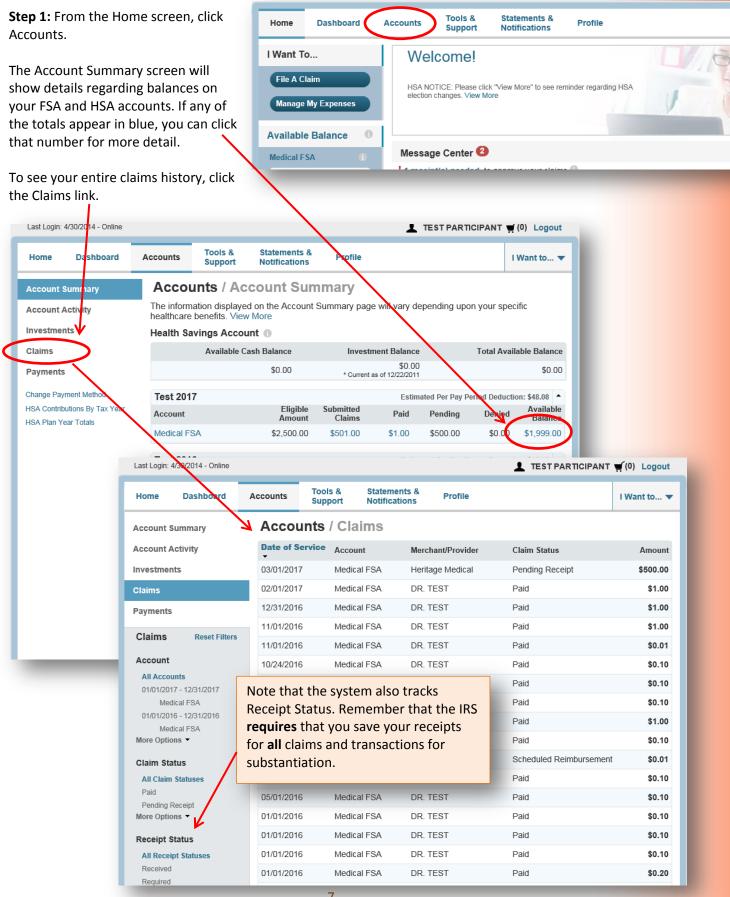
Step 11: When you are ready to submit your claim, click Submit.

A confirmation screen will indicate successful submission. If you are mailing or faxing your receipts instead of attaching them to this submission, click the link on this screen called Claim Confirmation Form. Print that form and send it along with your receipts.

Step 12: When complete, use the tabs across the top of the screen to navigate to other areas of the web portal, or if you are finished using the system, click "Logout."

Last Login: 4/30/2014 - Online				L TEST PART	ICIPANT #(0) Logo
Home Dashboard	Accounts Tools & Support	Statements & Notifications	Profile		I Want to
Available Balance	Accounts / Tra	nsaction C	onfirma	tion	
Medical FSA () \$1,999.00	Confirmation				
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	From	То	Amount	Approved Amount	Receipt Status
	Medical FSA	Me	\$500.00	\$500.00	Required Upload Receipt
	Total Approved Amount			\$500.00	
	Additional Receipt S Front the Claim Confirm Fax Mail		mit with receip 051 50	ts if faxed or mailed.	
_		L		SCOPE 1	-877-385-87
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How to view your Account Information



Viewing Plan Information, IRS Rules, and Important Documents & Forms

From anywhere within the portal, click Tools & Support to view various documents and forms, like shown here.

ast Login: 4/30/2014 - Online	L TEST P	ARTICIPANT 🛒 (0) Logo
Home Dashboard Accounts Support	Statements & Profile Notifications	I Want to
Tools & Support		
Documents & Forms	How Do I?	
Forms	Change Payment Method	
Direct Deposit Form	Update Notification Preferences	
FSA Debit Card Receipt FAQs	Download Mobile App	
Letter of Medical Necessity	View Interest Information	
What Is FSA Debit Card Substantiation? HSA Tax Documents		
HSA Tax bocaments	Quick Links	
Plan Summaries	Eligible Expense List	
Medical FSA Plan Rules		
Medical FSA Plan Descriptions Medical FSA Plan Details		
Medical FSA Plan Details Medical FSA Plan Documents		
Rules & Agreements		
No agreements are currently available.		
Contact Us		
Flex Services		
P.O. Box 350		
Little Rock, AR 72203		
Phone: (877) 385-8775		



1-877-385-8775 www.healthscopebenefits.com

HealthSCOPE Benefits is excited to be your FSA administrator. If you have any questions, please do not hesitate to contact us.

