



HealthSCOPE Benefits Flexible Spending Account Administration

HealthSCOPE Benefits is pleased to announce a new and exciting enhancement to our FSA Administration system. This upgrade will provide you with superior, user friendly tools for filing FSA Healthcare and Dependent Care claims along with managing your Flex Account Online.

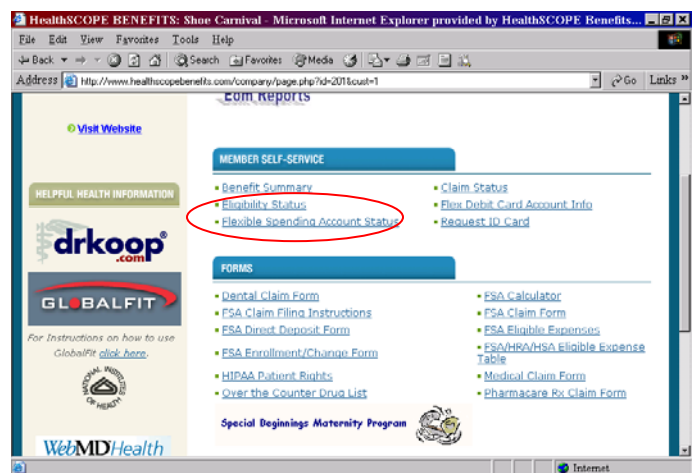
This document highlights step by step some of the new tools available to you. If you have any questions, please feel free to contact us at flexservices@healthscopebenefits.com or by calling 1-877-385-8775. We are proud to be your FSA administrator and providing friendly, quality service to you and your family is our top priority.

Log on to www.healthscopebenefits.com

Select Member

Enter Your Company Name

Select Flexible Spending Account Status Link



Enter your Username and Password on the Secure Login Screen

Your user name is the first 4 letters of your last name and the last 4 digits of your social security number. The first letter of your last name will be capitalized.

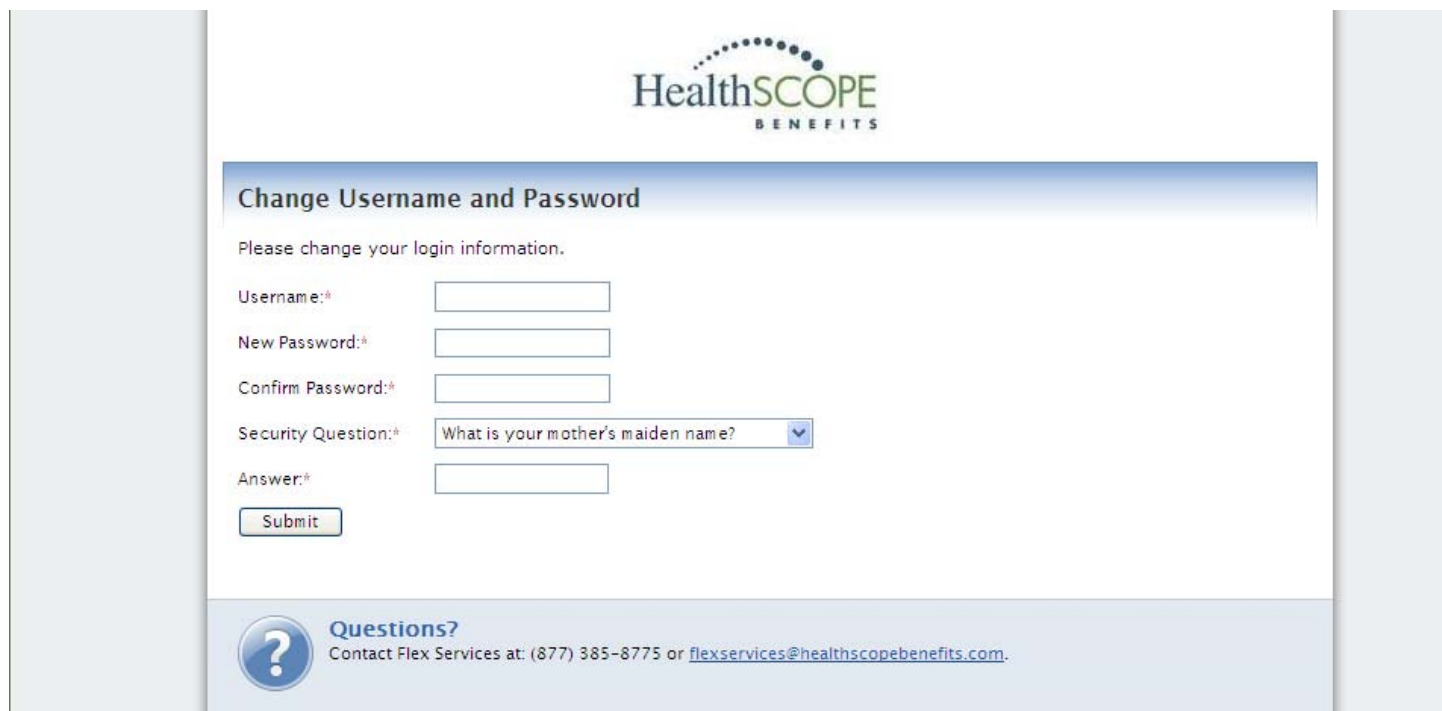
For example: John Smith's username is: **Smit1234**.



The screenshot shows the HealthSCOPE BENEFITS login interface. At the top center is the logo with the text "HealthSCOPE BENEFITS". Below the logo is a "Login" section with a blue header. It contains two input fields: "Username:" and "Password:". Below these fields is a "Login" button and a link for "Forgot Password?". At the bottom of the login section is a "Questions?" section with a question mark icon and contact information: "Contact Flex Services at: (877) 385-8775 or flexservices@healthscopebenefits.com."

Your password, the first time you log in, is the same as your username.

You will be prompted to change your password for your security.



The screenshot shows the HealthSCOPE BENEFITS "Change Username and Password" screen. At the top center is the logo with the text "HealthSCOPE BENEFITS". Below the logo is a "Change Username and Password" section with a blue header. It contains the text "Please change your login information." followed by five input fields: "Username:*", "New Password:*", "Confirm Password:*", "Security Question:*" (with a dropdown menu showing "What is your mother's maiden name?"), and "Answer:*". Below these fields is a "Submit" button. At the bottom of the section is a "Questions?" section with a question mark icon and contact information: "Contact Flex Services at: (877) 385-8775 or flexservices@healthscopebenefits.com."

Welcome Screen



[HOME](#)

[ACCOUNTS](#)

[PROFILE](#)

[NOTIFICATIONS](#)

[FORMS](#)

[Logout](#)

Welcome, TEST

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:
[2 receipt\(s\) needed](#) to approve your claims

Accounts

[View Account Summary](#)

Account	Available Balance	Final Service Date	Final Filing Date	Actions
Medical FSA TEST 2009	\$4,928.45	12/31/2009	3/31/2010	File Claim View Claim History



Questions?

Contact Flex Services at: (877) 385-8775 or flexservices@healthscopebenefits.com.

Accounts

[Account Summary](#)

Profile

[Profile Summary](#)

Notifications

[Notification History](#)

Forms

Here you can:

- File an FSA claim
- Check your account balances
- Check claim history
- Check your debit card transactions
- Update your profile
- Get plan descriptions and other documentation
- Retrieve downloadable forms
- Submit a customer service inquiry

How to File a Claim online

Below is a step by step guide to filing your FSA claims:

- Select **File Claims**

HealthSCOPE BENEFITS

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS [Logout](#)

Welcome

Account Summary
File Claims
Payment History
Election Summary
Plan Descriptions

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

Accounts [View Account Summary](#)

Account	Available Balance	Final Service Date	Final Filing Date	Actions
Medical FSA TEST 2009	\$4,928.45	12/31/2009	3/31/2010	File Claim View Claim History

Questions?
Contact Flex Services at: (877) 385-8775 or flexservices@healthscopebenefits.com.

Accounts Profile Notifications Forms
[Account Summary](#) [Profile Summary](#) [Notification History](#)

Click the “**File Claim**” button next to the appropriate plan:

HealthSCOPE BENEFITS

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS [Logout](#)

File Claim [Claims Basket \(0\)](#)

Online claims filing is a fast and easy way to file claims. Just click the "File Claim" button next to the account you wish to use and start filing!

See Also:
[Payment History](#)

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

Account	Available Balance	Actions
File Claim Medical FSA	\$4,928.45	View History View Plan Rules

Questions?
Contact Flex Services at: (877) 385-8775 or flexservices@healthscopebenefits.com.

Accounts Profile Notifications Forms
[Account Summary](#) [Profile Summary](#) [Notification History](#)

Complete the online claim form and click the **Submit** button:

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HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS Logout

File Claim: Medical FSA 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?](#)
To submit receipts electronically, follow the instructions on the Claim Confirmation page. The Claim Confirmation page displays after you successfully submit your claims.

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

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

Category:* [Eligible Expenses](#)

Type of Product/Service:*

Product/Service Description:

Product/Service Provider:*

Person receiving Product/Service:* TEST PARTICIPANT

Claim Amount:* \$

[Questions?](#)
Contact Flex Services at: (877) 385-8775 or flexservices@healthscopebenefits.com.

You must agree to the **Terms and Conditions** in order for your claim to be considered. Clicking on the **Update** button will give you the option of removing or going back to your claim to make changes.

HealthSCOPE BENEFITS

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS Logout

Claims Basket Claims Basket (1)

	Date of Service	Plan	Type of Product/Service	Provider	Claim Amount	Approved Amount*	
<input type="button" value="Update"/>	1/1/2009	Medical FSA	Dental Copay	Dr. Smith	\$10.00	\$10.00	<input type="button" value="Remove"/>
Total:					\$10.00	\$10.00	

* 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.

Terms and Conditions

I have read and agree to the [Terms and Conditions](#).

You must choose to **SUBMIT** this basket in order to send these claims for processing.

[Questions?](#)
Contact Flex Services at: (877) 385-8775 or flexservices@healthscopebenefits.com.

Accounts **Profile** **Notifications** **Forms**
[Account Summary](#) [Profile Summary](#) [Notification History](#)

SUCCESSFUL SUBMISSION!

You will need to print your confirmation page and then fax the confirmation page along with your receipts to 1-866-970-0051.



The screenshot shows the HealthSCOPE BENEFITS website interface. At the top, there is a navigation menu with tabs for HOME, ACCOUNTS, PROFILE, NOTIFICATIONS, and FORMS. The user is logged in as TEST PARTICIPANT. The main heading is "Claim Confirmation". Below this, it states "TEST PARTICIPANT TPARTICIPANT111 Test Group" and "You have successfully filed the claim(s) listed below." It provides instructions on how to submit receipts, either by faxing the confirmation or sending receipts electronically. A table lists the claim details:

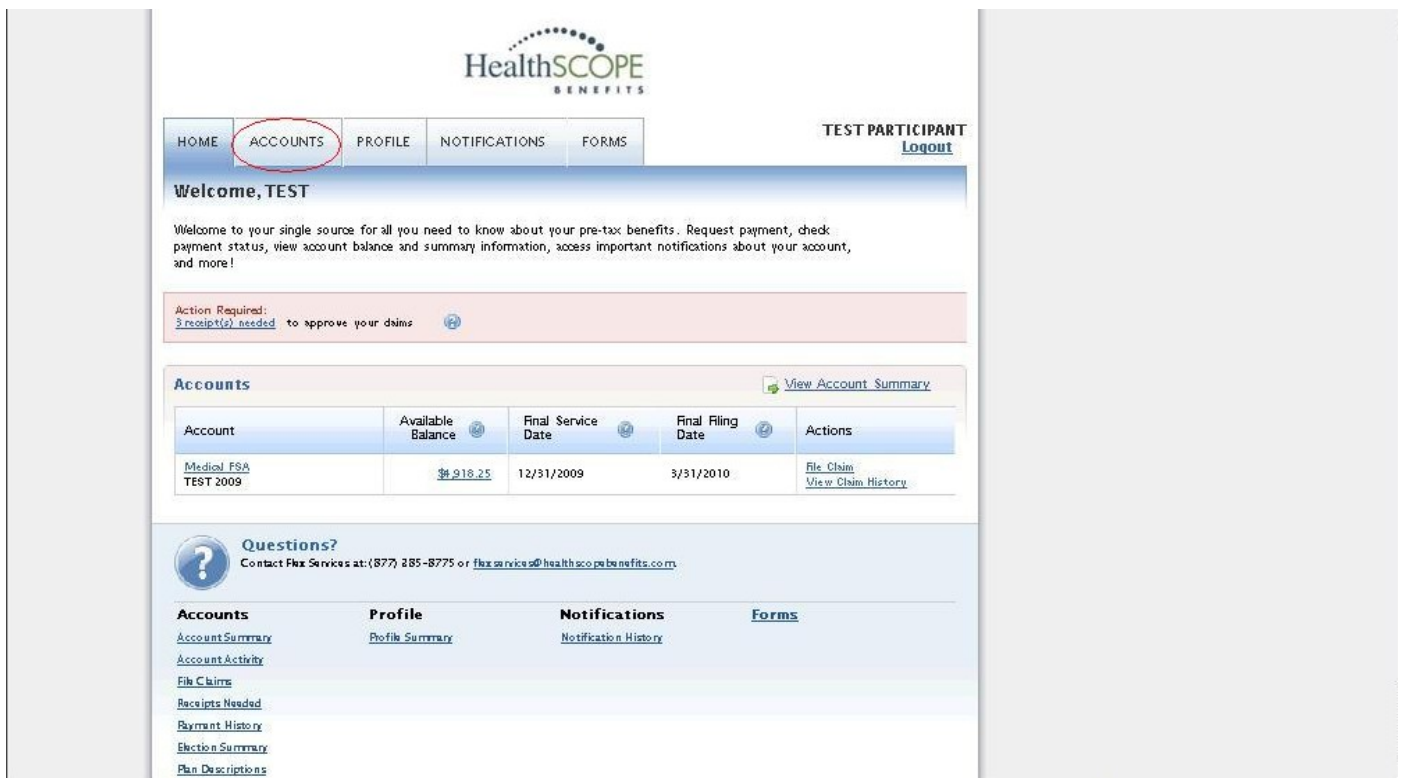
Claim Number	Plan	Date of Service	Provider/Merchant	Recipient	Receipt Amount	Mileage Amount	Approved Amount*	Receipt Required
TEST091229P0000101	Medical FSA	1/1/2009	Dr. Smith	TEST PARTICIPANT	\$10.00	\$0.00	\$10.00	Yes
Totals:					\$10.00	\$0.00	\$10.00	

Below the table, there is a note about the approved claim amount and a "Print Confirmation" button. At the bottom, there is a link to Adobe Reader for printing the confirmation.

How to view your Account Information

Below is a step by step guide to viewing your FSA claims online:

- Move your mouse over the **Accounts** tab.
- Click on **Account Summary**



The screenshot shows the HealthSCOPE BENEFITS website interface. The "ACCOUNTS" tab is highlighted in the navigation menu. The user is logged in as TEST PARTICIPANT. The main heading is "Welcome, TEST". Below this, there is a message about pre-tax benefits. A notification bar indicates "Action Required: 3 receipt(s) needed to approve your claims". The "Accounts" section shows a table with account information:

Account	Available Balance	Final Service Date	Final Filing Date	Actions
Medical FSA TEST 2009	\$918.25	12/31/2009	3/31/2010	File Claim View Claim History

Below the table, there is a "View Account Summary" link. The "Questions?" section provides contact information for Flex Services. At the bottom, there is a navigation menu with links for Accounts, Profile, Notifications, and Forms.

The **Account Summary** screen will display your current and previous year's account balances for your flexible spending accounts.

Click on **Submitted Claims** to see your entire claim history:

Claim Number	Claim Status	Receipt Status	Date of Service	Claim Amount	Paid	Pending	Denied
TEST100116C0000201	Paid	Received	12/16/2009	\$0.10	\$0.10	\$0.00	\$0.00
TEST100116C0000101	Paid	Received	12/15/2009	\$0.10	\$0.10	\$0.00	\$0.00
TEST091217C0000101	Paid	Received	12/15/2009	\$0.10	\$0.10	\$0.00	\$0.00
TEST091205C0000201	Denied	Received	12/7/2009	\$0.10	\$0.00	\$0.00	\$0.10
TEST091205C0000101	Paid	Received	12/1/2009	\$0.10	\$0.10	\$0.00	\$0.00
TEST091205C0000301	Paid	Received	11/7/2009	\$0.10	\$0.10	\$0.00	\$0.00
TEST091102C0000101	Paid	Received	10/17/2009	\$0.10	\$0.10	\$0.00	\$0.00
TEST091028P0000101	Pending Receipt	Overdue	10/5/2009	\$10.00	\$0.00	\$10.00	\$0.00
TEST090908P0000101	Pending Receipt	Overdue	9/1/2009	\$15.00	\$0.00	\$15.00	\$0.00
TEST090910C0000201	Paid	Received	8/28/2009	\$0.05	\$0.05	\$0.00	\$0.00
TEST090910C0000101	Paid	Received	8/27/2009	\$0.10	\$0.10	\$0.00	\$0.00
TEST090819C0000102	Paid	Received	8/2/2009	\$10.00	\$10.00	\$0.00	\$0.00
TEST090819C0000101	Paid	Received	7/25/2009	\$25.00	\$25.00	\$0.00	\$0.00
TEST090816P0000201	Denied	Required	7/16/2009	\$20.00	\$0.00	\$0.00	\$20.00
TEST090826C0000101	Paid	Received	7/3/2009	\$0.10	\$0.10	\$0.00	\$0.00
TEST090816P0000101	Paid	Received	7/1/2009	\$10.00	\$10.00	\$0.00	\$0.00
TEST090817C0000101	Paid	Received	6/15/2009	\$0.10	\$0.10	\$0.00	\$0.00
TEST090415P0000101	Denied	Required	3/1/2009	\$10.00	\$0.00	\$0.00	\$10.00

The system also tracks if you have submitted your receipts. The link will be displayed under the **Home** tab, the **File Claims** tab, or at the bottom of any screen.

The screenshot shows the HealthSCOPE BENEFITS portal. At the top, there is a navigation menu with tabs for HOME, ACCOUNTS, PROFILE, NOTIFICATIONS, and FORMS. On the right, there is a user profile for 'TEST PARTICIPANT' with a 'Logout' link. Below the navigation is a section titled 'Claims Requiring Receipts' which contains a table with the following data:

Claim Number	Plan	Date of Service	Recipient	Claim Amount	Receipt Status	
TEST090908P0000101	Medical FSA	9/1/2009	TEST PARTICIPANT	\$15.00	Overdue	View Confirmation Upload Receipt
TEST091028P0000101	Medical FSA	10/5/2009	TEST PARTICIPANT	\$10.00	Overdue	View Confirmation Upload Receipt
TEST091229P0000101	Medical FSA	1/1/2009	TEST PARTICIPANT	\$10.00	Overdue	View Confirmation Upload Receipt

Below the table is a 'Questions?' section with contact information for Flex Services. At the bottom, there are links for 'Accounts', 'Profile', 'Notifications', and 'Forms', each with a sub-link for 'Summary' or 'History'.

The **IRS** requires that you save your receipts for ALL claims and transactions (including debit cards) for substantiation.

Viewing Plan Information, IRS rules and important Documents & Forms

To view valuable information regarding your plan provisions, click **Accounts**, and **Plan Descriptions**.

- Select the Plan, and click **View Description**.

This screenshot shows the 'Accounts' dropdown menu open in the HealthSCOPE BENEFITS portal. The menu options are: Account Summary, File Claims, Payment History, Election Summary, and Plan Descriptions. The 'Plan Descriptions' option is circled in red. Below the dropdown is a 'View Description' button. The rest of the page content is identical to the previous screenshot.

Plan Detail: Medical FSA

How does the Medical FSA Work?

Your employer will establish a Medical Flexible Spending Account on your behalf. The amount that you elect to contribute for the plan year will be available immediately in your account, but your election will be divided out and deducted, pre-tax, from each paycheck throughout the entire plan year. As you incur eligible expenses you will submit a claim to draw funds from your account. Paying for benefits on a pre-tax basis means your taxable income is lower and, consequently, your taxes are lower.

What are examples of eligible medical expenses that qualify for reimbursement from the Medical FSA?

Eligible expenses must qualify as a medical deduction under Internal Revenue Service rules (Section 213(d)). Sample health care expenses include deductibles, co-pays, eyeglasses, contact lenses, prescription and over-the-counter drugs, chiropractic care, therapy and corrective eye surgery (i.e. Lasik).

Can I use the Medical FSA Account for my family's health care expenses?

Eligible health care expenses incurred by you, your spouse, or any dependent that you may claim as a dependent on your income tax returns, are allowed for reimbursement.

What do I submit to get reimbursed for qualifying Medical expenses?

To draw funds from your Medical FSA, you simply submit a claim online (maybe paper) and send necessary substantiation documentation for your claim to the administrator. Upon receipt and review of the claim, the administrator will reimburse you from your spending account.

What happens if I don't incur enough eligible expenses during the plan year to claim

Access important forms and links by clicking the **Forms** tab.

Forms

- [Direct Deposit Form](#)
- [Enrollment/Change Form](#)
- [FSA Debit Card Receipt FAQs](#)
- [FSA Reimbursement Request Form](#)
- [Letter of Medical Necessity](#)
- [Terms and Conditions](#)
- [What Is FSA Debit Card Substantiation?](#)



Questions?

Contact Flex Services at: (877) 285-8775 or flexservices@healthscopebenefits.com

Accounts

- [Account Summary](#)
- [Account Activity](#)
- [File Claims](#)
- [Receipts Needed](#)
- [Payment History](#)
- [Election Summary](#)
- [Plan Descriptions](#)

Profile

- [Profile Summary](#)

Notifications

- [Notification History](#)

Forms

HealthSCOPE Benefits is pleased to be your benefits administrator. If you have any questions, please contact us at flexservices@healthscopebenefits.com or call us toll-free at 1-877-385-8775.