

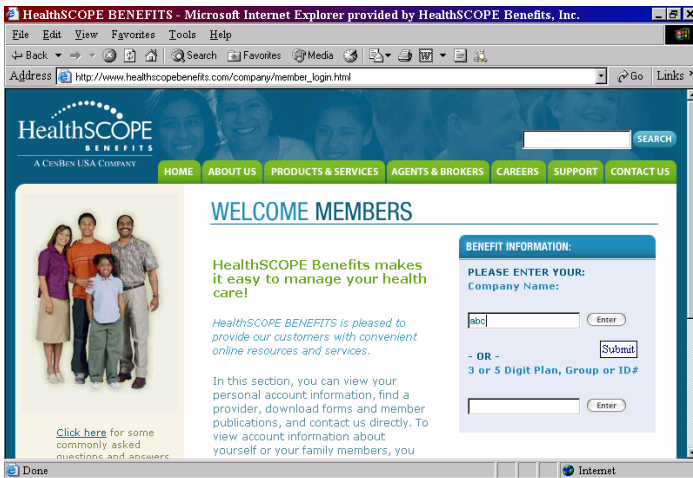


## HealthSCOPE Benefits Flexible Spending Account Administration

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](mailto: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](http://www.healthscopebenefits.com)
- Select Member
- Enter Your Company Name
- Select Flexible Spending Account Status Link



## Enter your User Name 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 user ID is: Smit1234. Note: If your last name consists of less than three letters, your user ID will be your entire last name plus the last four digits of your SSN. For example, Jane Lee's user ID is: Lee5678.



**Login**

Username:\*

Password:\*

[Forgot Password?](#)

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

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Your password the first time you log in is your user id. You will be prompted to change your password for your security.



Please change your password.

**Change Password**

Username: jsample

New Password:\*

Confirm Password:\*

Security Question:\*

Answer:\*

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

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# Welcome to My Account Screen

**Welcome Jane!**  
Today is Monday, August 27, 2007  
[Logout](#)



Home

File Claims

My Account

Plans

Forms

**Welcome to Online Administration, Jane Sample**

**ANNUAL ENROLLMENT: 11/30/2006 - 12/1/2006**

**Enroll**

**What would you like to do?**



**FILE CLAIMS**

Allows you to submit claims for those plans you are currently enrolled in.



**MY ACCOUNT**

Where you go to view:

- ➔ [Account Balance](#)
- ➔ [Profile](#)
- ➔ [Payment History](#)
- ➔ [Debit Cards](#)



**PLANS**

Where you go to see plan descriptions and related documents.



**FORMS**

Where you go to download forms.

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

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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 Link

**Welcome Jane!**

Today is Monday, August 27, 2007

[Logout](#)



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- File Claims**
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**Welcome to Online Administration, Jane Sample**

**ANNUAL ENROLLMENT: 11/30/2006 - 12/1/2006**

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**MY ACCOUNT**

Where you go to view:

- [Account Balance](#)
- [Profile](#)



**PLANS**

Where you go to see plan descriptions and related documents.



**FORMS**

Where you go to download forms.

# SELECT HEALTHCARE OR DEPENDENT CARE:

**Welcome Jane!**

Today is Monday, August 27, 2007

[Logout](#)



Home

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**Claims Basket**  
0 Claims

Lighthouse1 online claims filing is a fast and easy way to file your claims. Just click the "File Claim" button next to the account you wish to use and start filing!

### File a Claim

**File Claim**

Health Care FSA

[View History](#)

[View Plan Rules](#)

**File Claim**

Dependent Care FSA

[View History](#)

[View Plan Rules](#)

# COMPLETE THE ONLINE HEALTHCARE OR DEPENDENT CARE CLAIM FORM:

Welcome Jane!

Today is Monday, August 27, 2007

[Logout](#)



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Claims Basket  
0 Claims

## Health Care FSA

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 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:\*  Jane Sample  
 Mr Sample  
 Child Sample  
[Add Dependent](#)

Claim Amount:\*

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



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**Claims Basket**  
0 Claims

### Dependent Care FSA

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?](#)

You may use a [Dependent Care FSA Receipt Form](#) as a valid receipt.

Start Date of Service:\*  End Date of Service:\*   
(mm/dd/yyyy) (mm/dd/yyyy)

Please choose the category of coverage that best describes your claim.

Category:\*  [Eligible Expenses](#)

Type of Product/Service:\*

Care Provider:\*

Care Provider Social Security Number or Tax ID Number:

Name of Dependent(s):\*  Mr Sample  
 Child Sample  
[Add Dependent](#)

Claim Amount:\*

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

CLICK SUBMIT. YOU MUST AGREE TO THE TERMS AND CONDITIONS IN ORDER FOR YOUR CLAIM TO BE CONSIDERED. AT THIS POINT YOU HAVE THE OPTION OF REMOVING OR GOING BACK AND MAKING ANY CHANGES BY CLICKING ON THE UPDATE BUTTON.

Welcome Jane!

Today is Monday, August 27, 2007

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Claims Basket  
1 Claim

Add New Claim

	Date of Service	Plan	Type of Product/Service	Provider	Claim Amount	Approved Amount*	
<a href="#">Update</a>	2/11/2007	Health Care FSA	Dental treatment	Dental Specialists	\$125.00	<a href="#">\$125.00</a>	<a href="#">Remove</a>
<b>Total:</b>					<b>\$125.00</b>	<b>\$125.00</b>	

\*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.**

[Submit](#) [Cancel](#)

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

**Successful submission! You must follow the instructions on the screen. You will need to print your confirmation page and then fax the confirmation page along with your receipts to 1-866-790-0051.**

**Welcome Jane!**

Today is Monday, August 27, 2007

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**Jane Sample**  
**111542213**  
**Sample 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 following the receipt of valid receipts, subject to the following guidelines: - Claims must be filed by the end of the business on the "Reimbursement Request Deadline Date" in order to be paid on the "Reimbursements Distributed By" date. - Substantiation of receipts is required prior to payment - If this claim exceeds your available balance, only available funds will be reimbursed, and you will receive an explanation notice. - This claim will be reviewed to determine all criteria are met, if something is determined incorrect you will receive a claim denial letter explaining what needs to be corrected in order to process this claim.

**Receipt(s) Required - Print this Page:**

Print this confirmation, attach the required receipts and mail to HealthSCOPE Benefits, Inc. at one of the contacts listed below.

**Mail:** 27 Corporate Hill Drive  
Little Rock, AR 72205

**Email:** [flexservices@healthscopebenefits.com](mailto:flexservices@healthscopebenefits.com)

*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.

Claim Number	Plan	Date of Service	Provider	Receipt Amount	Approved Amount*	Receipt Required
CSC06012410015100010	Health Care FSA	2/11/2007	Dental Specialists	\$125.00	\$125.00	Yes
<b>TOTALS</b>				<b>\$125.00</b>	<b>\$125.00</b>	

\*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 60 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**
- Home
- Logout

Trouble printing your confirmation? Get latest version of Adobe Reader at <http://www.adobe.com> or print from your browser by selecting File | Print in your browser menu.

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

## HOW TO VIEW YOUR ACCOUNT INFORMATION

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

**Click on My Account**

**Welcome Jane!**

Today is Monday, August 27, 2007

[Logout](#)



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Welcome to Online Administration, Jane Sample

ANNUAL ENROLLMENT: 11/30/2006 - 12/1/2006

[Enroll](#)

### What would you like to do?



#### FILE CLAIMS

Allows you to submit claims for those plans you are currently enrolled in.



#### MY ACCOUNT

Where you go to view:

- ➔ [Account Balance](#)
- ➔ [Profile](#)
- ➔ [Payment History](#)
- ➔ [Debit Cards](#)



#### PLANS

Where you go to see plan descriptions and related documents.



#### FORMS

Where you go to download forms.

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

The My Account Screen will display your current and previous year's account balances for your flexible spending accounts:

Welcome Jane!

Today is Monday, August 27, 2007

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**Account Balances**

Plan	Effective Date	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Plan Year Balance	Available Balance	
<a href="#">Health Care FSA</a>	1/1/2007	\$2,009.63	\$1,097.60	\$696.55	\$116.70	\$284.35	\$1,164.08	\$1,167.08	<a href="#">History</a>
<a href="#">Dependent Care FSA</a>	1/1/2007	\$5,000.00	\$500.00	\$250.00	\$250.00	\$0.00	\$4500.00	\$0.00	<a href="#">History</a>

**Previous Year Account Balances**

Plan	Effective Date	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Plan Year Balance	Available Balance	
<a href="#">Health Care FSA</a>	1/1/2006	\$500.00	\$850.00	\$500.00	\$0.00	\$350.00	\$0.00	\$0.00	<a href="#">History</a>

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

**CLICK ON HISTORY LINK TO SEE YOUR ENTIRE CLAIM HISTORY:**

**Welcome Jane!**

Today is Monday, August 27, 2007

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**Claim History: Health Care FSA**

Plan Year Ending on 12/31/2007

1 - 1 of 1

Claim Number	Claim Status	Receipt Status	Date of Service	Recipient	Claim Amount	Paid	Pending	Denied
SAM06010910006100010	Paid	Required	2/3/2007	Jane Sample	\$25.00	\$25.00	\$0.00	\$0.00
SAM06010910456100011 DC	Paid	Not Needed	1/26/2007	Jane Sample	\$95.00	\$25.00	\$0.00	\$0.00
SAM05063010000100217	Denied	Received	1/12/2007	Spouse Sample	\$30.00	\$0.00	\$0.00	\$30.00
SAM05063010000100410	Pending Payment	Not Needed	1/12/2007	Jane Sample	\$80.00	\$0.00	\$80.00	\$0.00

DC - Denotes Claim Resulting from a Debit Card Transaction

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

The system also tracks if you have submitted your receipts. They will be displayed under the File Claims tab. The IRS requires that you save your receipts for all claims and transaction (including debit cards) for substantiation.

Welcome Jane!

Today is Monday, August 27, 2007

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Claims Basket  
0 Claims

Lighthouse1 online claims filing is a fast and easy way to file your claims. Just click the "File Claim" button next to the account you wish to use and start filing!

**File a Claim**

<a href="#">File Claim</a>	Health Care FSA	<a href="#">View History</a>	<a href="#">View Plan Rules</a>
<a href="#">File Claim</a>	Dependent Care FSA	<a href="#">View History</a>	<a href="#">View Plan Rules</a>

**Outstanding Receipts**

Claim Number	Plan	Date of Service	Recipient	Claim Amount	Receipt Status	
ABC05062010000100010	Health Care FSA	6/15/2007	John Sample	\$20.00	Overdue	<a href="#">View Confirmation</a>
ABC05062010000100010	Health Care FSA	6/20/2007	John Sample	\$55.00	Overdue	<a href="#">View Confirmation</a>
ABC05062010000100010	Dependent Care FSA	7/1/2007 - 7/15/2007	John Sample	\$18.99	Overdue	<a href="#">View Confirmation</a>
ABC05062010000100010	Health Care FSA	6/20/2007	John Sample	\$55.00	Overdue	<a href="#">View Confirmation</a>

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

# VIEWING PLAN INFORMATION, IRS RULES AND OTHER DOCUMENTATION

Check out the Plan and Forms tabs for other valuable information regarding your plan provisions and access to forms and links.

**Welcome Jane!**  
Today is Monday, August 27, 2007  
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## Your Plans

### Health Care FSA

Your employer will establish a Health Care 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.

### Dependent Care FSA

Your employer will establish a Dependent Care FSA on your behalf. The amount that you elect to contribute will be pro-rated and deducted from each paycheck for the upcoming plan year. These deductions will appear as a credit to your Dependent Care FSA. As you incur eligible expenses you will submit a claim to your employer to draw funds from your account. Paying for Dependent Care FSA on a pre-tax basis means your taxable income is lower and, consequently, your taxes are lower.

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

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## Health Care FSA

### How does the Health Care 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 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). [Click here for a list of eligible medical expenses.](#)

### Can I use the FSA 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 FSA, you simply submit a claim online (may be 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 reimbursement of all the money I have contributed to the FSA?

IRS rules do not permit a refund of any unused funds that remain in your FSA at the end of a plan year. Also, you cannot transfer money designed for the FSA to any other account or fund. For this reason, it is important that you be conservative when setting your targeted contribution to the FSA.

### Supplementary Documents

[Summary Plan Description](#)

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



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**Forms**

[Automatic Dependent Care Claim Form](#)

[Change Form](#)

[Dependent Care Claim Form](#)

[Dependent Care Receipt Form](#)

[Direct Deposit Form](#)

[Enrollment Form](#)

[Medical Claim Form](#)

[Online Instructions](#)

[Terms & Conditions](#)

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**HealthSCOPE Benefits is excited about these enhancements. If you have any questions, please contact us at [flexservices@healthscopebenefits.com](mailto:flexservices@healthscopebenefits.com) or 1-877-385-8775.**