



Participant Overview Guide

Your **journey** begins here.

Welcome to **MidAmerica Journey**, your new Participant Portal. This one-stop portal gives you 24/7 access to view information and manage your Flexible Spending Accounts (FSAs) and/or Health Reimbursement Arrangements (HRAs).

The Participant Portal is convenient and easy to use. Anytime access to the portal allows you to:

- File a claim online
- Upload receipts and track expenses
- View account balances
- View your account activity, claims history and payment (reimbursement) history
- Report a lost/stolen Card and request a new one
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms and notifications


The portal is designed to be easy to use and convenient. You have your choice of two ways to navigate this site:

1. Work from sections within the Home Page, or
2. Hover over or click on the four tabs at the top.

Accessing the portal for the first time

- Go to www.myMidAmericaJourney.com
- If this is your first time accessing the portal, select **Create your new username and password**.
- Next, simply follow the prompts on the screen to enter your identifying details, select your security questions, and create your username and password.

Login



Your benefits on your time.
MidAmerica Journey was built with you in mind. No matter where you're at in life, our goal is connecting you with the benefits you deserve. Access your benefits by logging into your account below. If it's your first time logging into MidAmerica Journey, select **Create your new username and password**.

Existing User?

Login to your account

Username [Forgot Username?](#)

Password [Forgot Password?](#)

☐ Remember Me

[Login](#)

First time here? Register today!

[Create your new username and password](#)

Understanding your homepage

Here's a quick glance at what you can quickly access once you log in:

I Want To Section

- Quickly access the claims submission form, expense management as well as plan activity details that include investment information and investment management (if applicable)

Tasks

- Alerts and relevant links that enable to you keep current on your accounts

Recent Transaction

- Snapshot of recent transaction history and the status

Home Accounts Tools & Support Message Center 20

Take control of your health care spending.

I Want To:

[Submit a Claim](#) [Manage My Expenses](#) [View Plan Activity](#)

Tasks 1

[To get your money faster, set up a bank account for direct deposit](#)

Recent Transactions

DATE	EXPENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	SUBMITTED AMOUNT	STATUS
1/1/2020	Medical	Wextest Testparticip...	ABC Insurance Compa...	\$150.00	\$
1/1/2020	Medical	Wextest Testparticip...	ABC Insurance	\$150.00	\$

[View full table](#)

Understanding your homepage, cont.

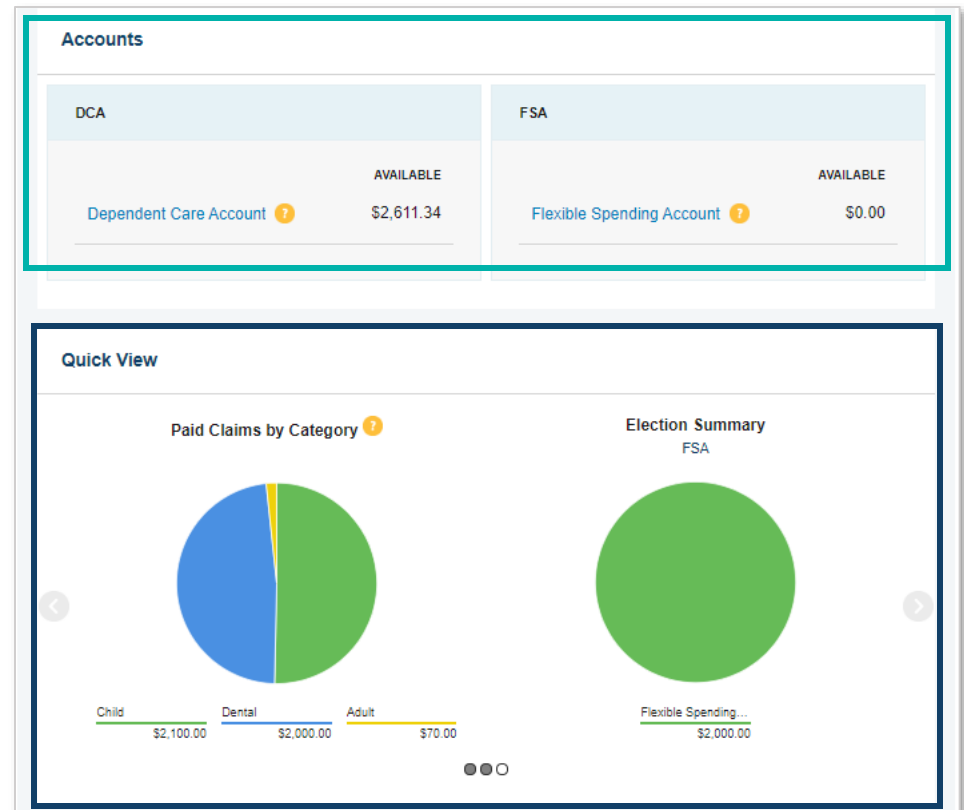
Accounts

- Snapshot of your available account balances
- Click each account type to view claim details for that account

Quick View

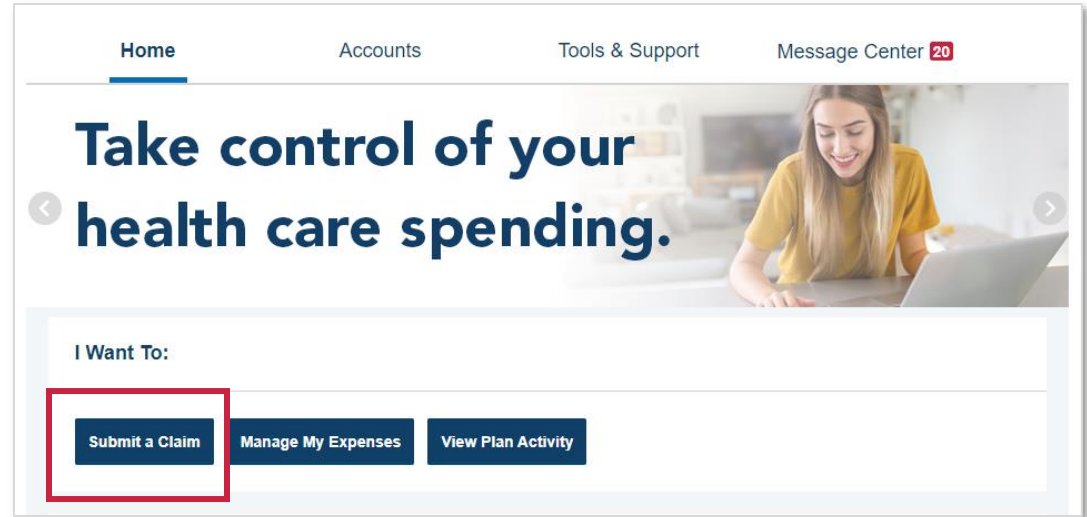
- Graphically displays some of your key account information.

You can also hover over the tabs at the top of the page for more in-depth account information.



Submitting Claims

- From the homepage, select **Submit a Claim** from the I Want To section



- Next, select the account from which you wish to be reimbursed and to whom you would like the reimbursement paid.

Accounts / Submit a Claim

Available Balance

Available: Full Medi... ?
\$0.00

Create Reimbursement * Required

For quickest reimbursement, submit one claim at a time. Including several expenses within the same claim submission may extend your reimbursement processing time.

Pay From * Medical

Pay To * ? Me

Based on your selection, you will be requesting a Claim Reimbursement.

Cancel Next

- From the next screen, upload your corresponding documentation.
Common forms of documentation include:
 - The Explanation of Benefits (EOB) statement returned to you from the insurance carrier indicating the amount for which you are responsible
 - Copay receipts if you are covered under a managed care or prescription drug plan
 - If there is no insurance for the health care expenses, submit an itemized bill with the following:
 - Name of the provider and patient
 - Service cost, date, and description
 - Notation when there is no coverage
- Once uploaded, click **Next**

Home Accounts Tools & Support Message Center

Accounts / Submit a Claim

Available Balance

Flexible Spending Acco... ? \$0.00

Dependent Care Account ? \$2,339.64

Plan Filing Rules

01/01/2019 - 12/31/2019

[Flexible Spending Acco...](#)

[Dependent Care Account](#)

Receipt / Documentation * Required

Receipt(s) ? [Upload Valid Documentation](#)

Summary

Pay From Medical

Pay To Me

Cancel [Previous](#) [Next](#)

- Next, enter your claim details
- If you would like to add a dependent, you can do so from this screen. Once the dependent has been added, their name will appear as an option in the recipient section.
- Once satisfied, click **Next**

Accounts / Submit a Claim

Claim Details

* Required

Start Date of Service * 11/14/2019

End Date of Service 11/14/2019

Amount * \$ 75.00

Provider * ABC Doctor's Office

Category * ? Medical Expenses

Type * Medical Copay

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient * ☒ Amanda Participant
[Add Dependent](#)

Did You Drive To Receive This Product/Service? * ? ☐ Yes ☒ No

Summary

Pay From Medical

Pay To Me

Documentation Uploaded Yes

Cancel

Previous

Next

- From the next screen, you will see your transaction summary.
- If you are satisfied with your submission, select **Submit**.
- You can also **Add Another** claim from this screen or **Save for Later**.

Home Accounts Tools & Support Message Center

Accounts / Transaction Summary

Available Balance ?

Flexible Spending Acco... ? \$0.00

Dependent Care Account ? \$2,219.64 **

** Balance reflects claims not yet submitted

Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT	
Dependent Care Account	Meals & Lodging	Adult Caregiver -	\$20.00	\$20.00	Remove Update
Total Amount			\$20.00	\$20.00	

Cancel Save for Later Add Another Submit

- **Quick tip!** Until you submit your claim for processing, you will see a claim count appear next to the document icon at the top of the screen. Once you submit your claim, that count will change to zero.

Contact Us Amanda Participant (1) Logout

MidAmerica

Home Accounts Tools & Support Message Center

- Once you submit your claim, you will be redirected to a confirmation page. You will also be sent a confirmation email.
- If you need to upload additional receipts to your claim, you can do so from this screen.

Accounts / Transaction Confirmation

Available Balance ?

Flexible Spending Acco... ?	\$0.00
Dependent Care Account ?	\$2,219.64

Confirmation

[Print Confirmation](#)

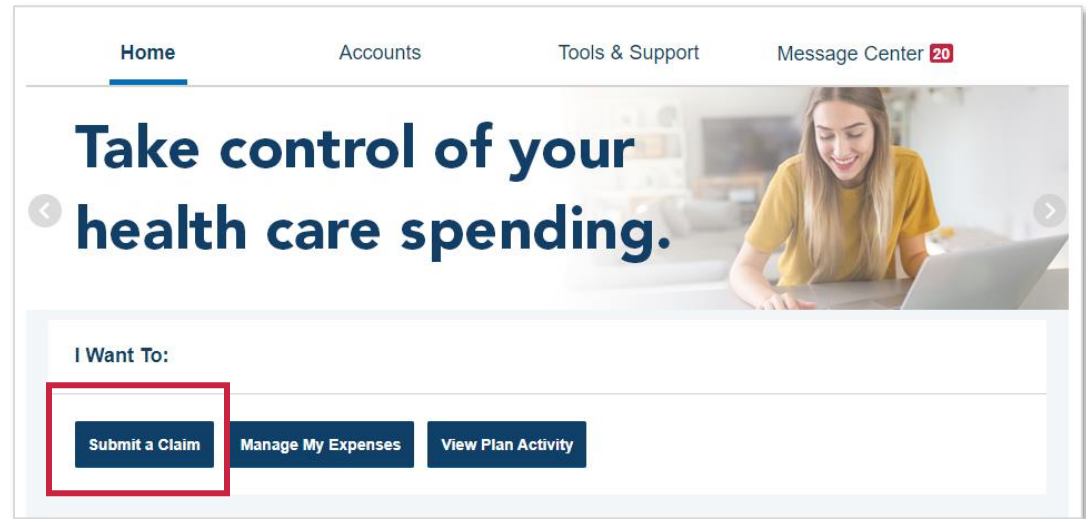
Please click the "Receipts Needed" link below and upload your receipt(s).

Successfully Submitted

FROM	TO	AMOUNT	APPROVED AMOUNT	RECEIPT STATUS
Dependent Care Account	Me	\$20.00	\$20.00	<div style="border: 2px solid red; padding: 2px;"> Uploaded(1) Upload another Receipt </div>
TOTAL APPROVED AMOUNT			\$20.00	

Submitting Recurring Premium Claims

- From the homepage, select **Submit a Claim** from the I Want To section



- Next, select **Premiums** from the Pay From dropdown. Note: Only premiums can be set up for recurring reimbursements.
- Select **Me** from the Pay To dropdown.
- Click **Next**

A screenshot of a web form titled 'Create Reimbursement'. At the top right of the form, there is a small red asterisk followed by the word 'Required'. Below the title, there is a paragraph of text: 'For quickest reimbursement, submit one claim at a time. Including several expenses within the same claim submission may extend your reimbursement processing time.' Below this text are two dropdown menus. The first dropdown is labeled 'Pay From *' and has 'Premiums' selected. The second dropdown is labeled 'Pay To * ?' and has 'Me' selected. Both dropdown menus are highlighted with a red rectangular border. Below the dropdowns, there is a line of text: 'Based on your selection, you will be requesting a Claim Reimbursement.' At the bottom of the form, there are two buttons: 'Cancel' on the left and 'Next' on the right.

- From the next screen, upload your corresponding documentation. You can substantiate your claim with a Premium Notice, such as a bill or letter from the insurance company, which includes the following:
 - The premium amount
 - The effective date of coverage
 - Name of the person insured - this will be you, your spouse, or a qualifying dependent
 - If you are requesting reimbursement of a long-term care premium, you must also provide proof of payment (in addition to the items listed above.)
- Once uploaded, click **Next**

Receipt / Documentation

* Required

Receipt(s) * ?

Upload Valid Documentation

Asset 5.png Remove Receipt

View Receipt(s)

Summary

Pay From

Premiums

Pay To

Me

Cancel

Previous

Next

- Next, enter your claim details
- **Important Note!** To establish a recurring claim, be sure to check the box next to **Set up a recurring claim for this expense**
- Once satisfied, click **Next**

Claim Details

* Required

Start Date of Service *

1/1/2020

End Date of Service *

12/31/2020

Amount *

\$ 150.00

Insurance Provider *

ABC Insurance Company

Category * ?

Premiums

Type *

Health

Set up a recurring claim for this expense

☒

Summary

Pay From

Premiums

Pay To

Me

Documentation Uploaded

Yes

Cancel

Previous

Next

- From the next screen, you will see your transaction summary. Be sure to read and agree to the terms and conditions.
- If you are satisfied with your submission, select **Submit**.
- You can also **Add Another** claim from this screen or **Save for Later**.

Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT ?	
+ Available: Full Medical	Me	Health	\$150.00	\$150.00	Remove Update
Total Amount			\$150.00	\$150.00	

Claims Terms and Conditions

☒ I have read, understand, and agree to the Terms and Conditions.

Cancel

Save for Later

Add Another

Submit

Viewing Account Balances

- To view account balances, select **Account Summary** from the Accounts drop-down menu.
- From the next page, you can view the details of your plans at an account level.
- To learn more about a particular account, select the “plus” symbol next to the plan.

Accounts / Account Summary

The information displayed on the Account Summary page will vary depending upon your specific health care benefits. If you have questions regarding these balances, please contact Participant Services.

FSA

ESTIMATED PER PAY PERIOD DEDUCTION: \$37.74

ACCOUNT	ELIGIBLE AMOUNT	SUBMITTED CLAIMS	PAID	PENDING	DENIED	AVAILABLE BALANCE
+ Flexible Spending Account	\$2,000.00	\$2,050.00	\$2,000.00	\$0.00	\$50.00	\$0.00

DCA

ESTIMATED PER PAY PERIOD DEDUCTION: \$94.34

ACCOUNT	ELIGIBLE AMOUNT	SUBMITTED CLAIMS	PAID	PENDING	DENIED	AVAILABLE BALANCE
+ Dependent Care Account	\$5,000.00	\$2,245.00	\$2,170.00	\$30.00	\$45.00	\$2,611.34

DCA

ESTIMATED PER PAY PERIOD DEDUCTION: \$94.34

ACCOUNT	ELIGIBLE AMOUNT	SUBMITTED CLAIMS	PAID	PENDING	DENIED	AVAILABLE BALANCE
— Dependent Care Account	\$5,000.00	\$2,245.00	\$2,170.00	\$30.00	\$45.00	\$2,611.34

Election
Details

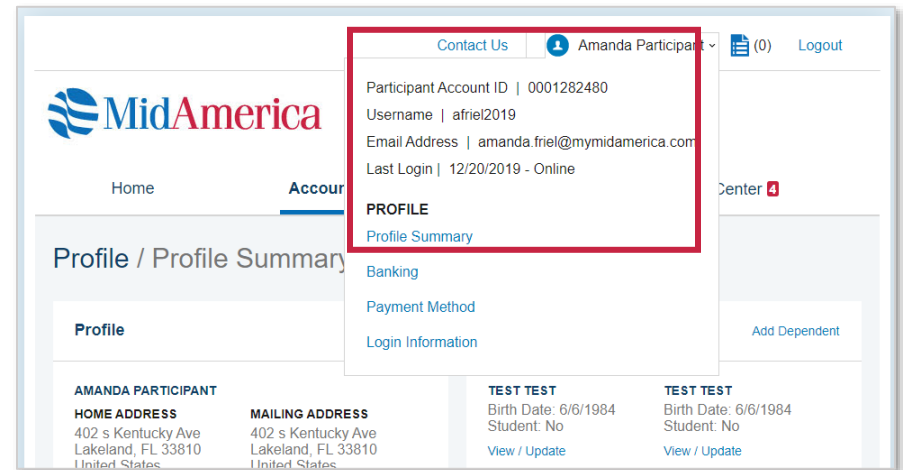
Effective: 1/1/2019
My Annual Election: \$5,000.00
Company Contribution to Date: \$0.00

My Contributions to Date: \$4,811.34
Estimated Payroll Deductions: \$94.34
Plan Year Balance: \$2,800.00

Updating Profile, Banking, Payment Method and Login Information

Updating Census Information and Adding Dependents

- Select your name in the top right-hand corner.
- Next, select **Profile Summary**
- From here, you can update your address, phone number, and email address, as well as add dependents.



Profile / Profile Summary

Profile	Update Profile	Dependents	Add Dependent
AMANDA PARTICIPANT		TEST TEST	TEST TEST
HOME ADDRESS	MAILING ADDRESS	Birth Date: 6/6/1984	Birth Date: 6/6/1984
402 s Kentucky Ave	402 s Kentucky Ave	Student: No	Student: No
Lakeland, FL 33810	Lakeland, FL 33810	View / Update	View / Update
United States	United States		
HOME PHONE	MOBILE NUMBER		
EMAIL ADDRESS			
GENDER	MARITAL STATUS		
Female	Single		
USERNAME	PARTICIPANT ACCOUNT ID		
afriel2019	0001282480		

Add a Bank Account

- Select your name in the top right-hand corner.
- Next, select **Banking**.
- From here, you can add a new bank account or manage an existing account. Please note, to establish direct deposit, you must first add your bank account.

Banking

Bank Accounts

[Add Bank Account](#)

No bank accounts exist

Banking / Add Bank Account

Bank Account Information

*Required

Routing Number *	<input type="text"/>
Account Number *	<input type="text"/>
Confirm Account Number *	<input type="text"/>
Account Type *	<div>Checking ▾</div>
Account Nickname *	<input type="text"/>

Bank Institution Information

Bank Name *	<input type="text"/>
Bank Address *	<div>Address Line 1<input type="text"/></div> <div>City<input type="text"/></div> <div><div>Select a state... ▾</div><div>Zip Code<input type="text"/></div></div>

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

Managing Payment Methods

- Select your name in the top right-hand corner.
- Next, select **Payment Method**.
- From here, you can choose how you wish to be reimbursed from each of your benefit accounts.

Profile / Payment Method

Current Payment Method

PLAN YEAR	ACCOUNT(S)	PRIMARY	ALTERNATE	
01/01/2019 - 12/31/2019	Flexible Spending Account	Direct Deposit	-	<div>Update</div>
01/01/2019 - 12/31/2019	Dependent Care Account	Check	-	<div>Update</div>

Payment Method / Update Payment Method

Primary Payment Method

☒ Direct Deposit

Signing up for direct deposit will allow your disbursements to be deposited in your designated bank account.

☐ Check

A reimbursement check will be sent via U.S. mail based on your normal reimbursement schedule.

Cancel

Submit

Updating Login Information

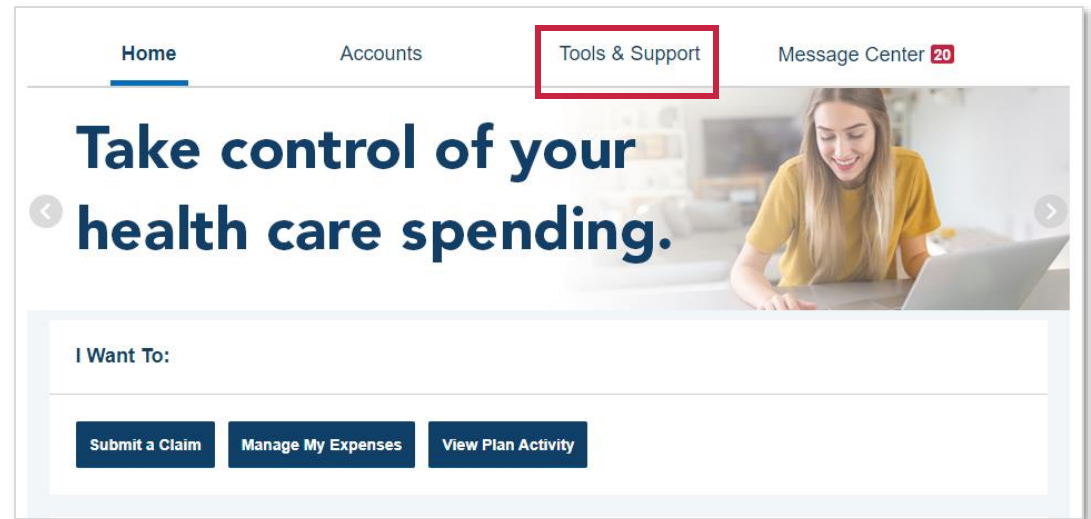
- Select your name in the top right-hand corner.
- Next, select **Login Information**.
- From here, you can update your username, password, and your security questions.

Login Information

Password	Change Password
Username	Change Username
Security Questions	Change Security Questions

Download Plan Forms and View Plan Information

- Select **Tools & Support** from the top navigation
- From this page, you can view high-level details about your benefit, download relevant plan forms and access contact information if you need help.



Questions?

If you have questions about MidAmerica Journey, please email us at healthaccountservices@myMidAmerica.com or give us a call at (855) 329-0095.