




## Participant Claim Submission Guide

Your **journey** begins here.

### Accessing the portal for the first time

- Go to [www.myMidAmericaJourney.com](http://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

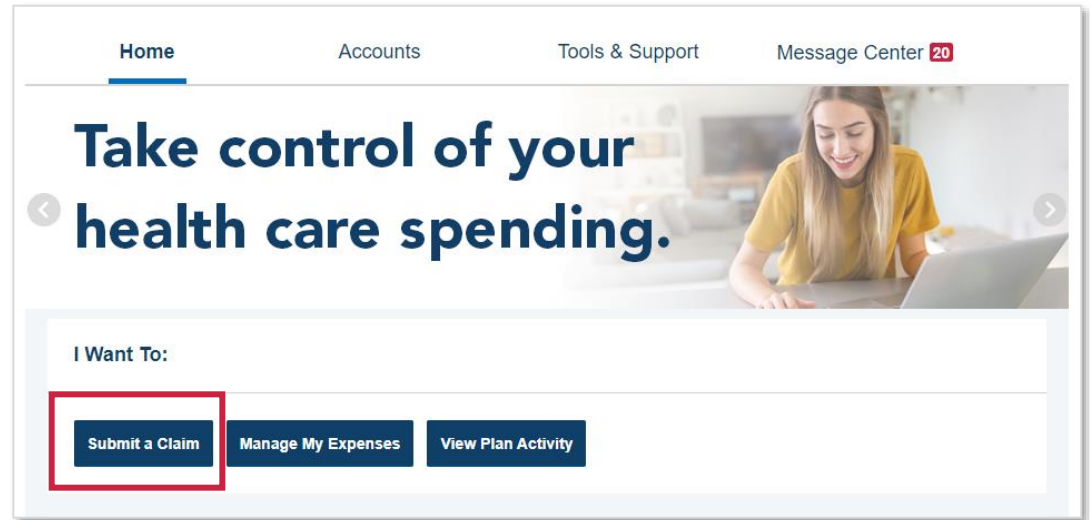


**Your benefits on your time.**  
MidAmerica Journey was built with you in mind. No matter where you're at in life, our goal is connecting you with the benefits you deserve. Access your benefits by logging into your account below. If it's your first time logging into MidAmerica Journey, select **Create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

<p><b>Existing User?</b></p> <p>Login to your account</p> <p>Username <input type="text"/> <a href="#">Forgot Username?</a></p> <p>Password <input type="password"/> <input type="checkbox"/> <a href="#">Forgot Password?</a></p> <p><input type="checkbox"/> Remember Me</p> <p><a href="#">Login</a></p>	<p><b>First time here? Register today!</b></p> <p><a href="#">Create your new username and password</a></p>
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## 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 \*

End Date of Service

Amount \* \$

Provider \*

Category \*

Type \*

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

- 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	Me	Adult Caregiver - Meals & Lodging Expenses	\$20.00	\$20.00	Remove Update
<b>Total Amount</b>			<b>\$20.00</b>	<b>\$20.00</b>	

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** ?

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Flexible Spending Acco... ?  
\$0.00

Dependent Care Account ?  
\$2,219.64

[Print Confirmation](#)

**Confirmation**

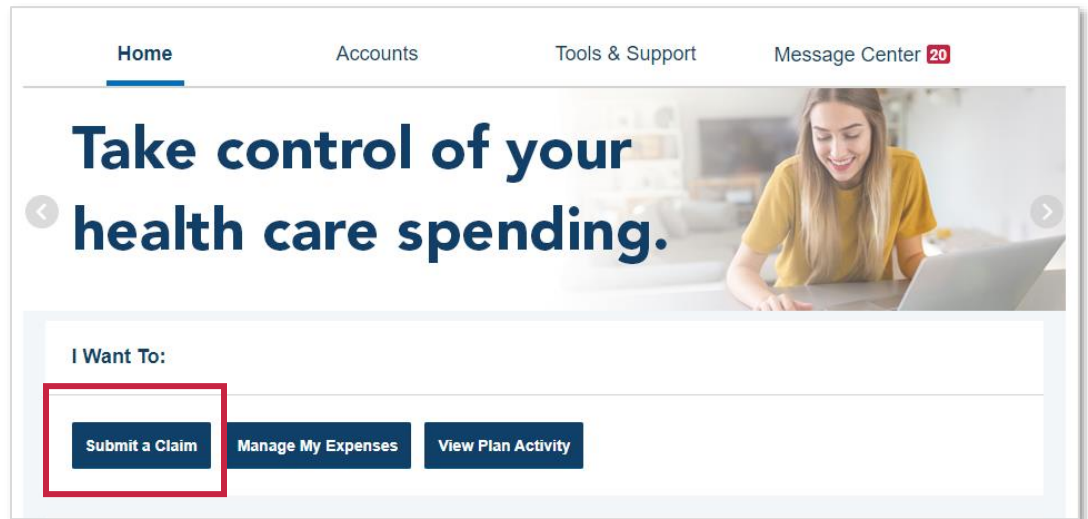
Please click the "Receipts Needed" link below and upload your receipt(s).

**Successfully Submitted**

FROM	TO	AMOUNT	APPROVED AMOUNT	RECEIPT STATUS
Dependent Care Account	Me	\$20.00	\$20.00	Uploaded(1) <a href="#">Upload another Receipt</a>
<b>TOTAL APPROVED AMOUNT</b>			\$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 application's 'Create Reimbursement' form. The form title is 'Create Reimbursement' with a '\* Required' indicator. Below the title is a note: 'For quickest reimbursement, submit one claim at a time. Including several expenses within the same claim submission may extend your reimbursement processing time.' The form contains two dropdown menus: 'Pay From \*' with 'Premiums' selected, and 'Pay To \* ?' with 'Me' selected. Below these dropdowns is a message: 'Based on your selection, you will be requesting a Claim Reimbursement.' At the bottom of the form, there are two buttons: 'Cancel' and 'Next'. The entire form area is enclosed in a red rectangular box.

- 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 \*  

End Date of Service \*  

Amount \*

Insurance Provider \*

Category \*   

Type \*  

Set up a recurring claim for this expense

#### Summary

Pay From	Premiums
Pay To	Me
Documentation Uploaded	Yes

- 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 <span style="font-size: 0.8em;">?</span>	
+ Available: Full Medical	Me	Health	\$150.00	\$150.00	Remove <span style="float: right;">Update</span>
<b>Total Amount</b>			<b>\$150.00</b>	<b>\$150.00</b>	

**Claims Terms and Conditions** ✔ Agreed ^

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

Cancel
Save for Later
Add Another
Submit



**Questions?**

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