




Participant Claim Submission Guide

Your **journey** begins here.

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

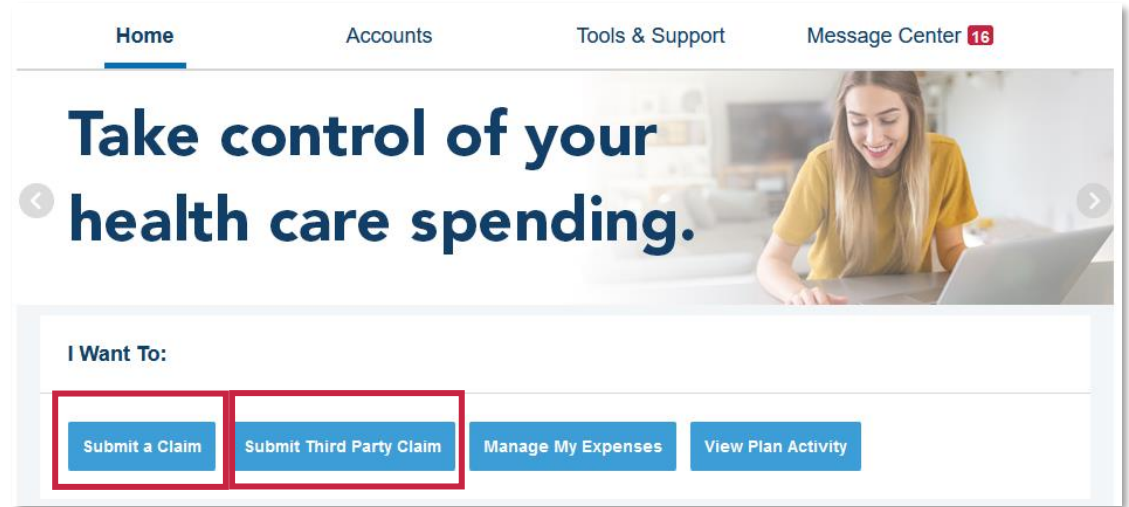


Your benefits on your time.
MidAmerica Journey was built with you in mind. No matter where you're at in life, our goal is connecting you with the benefits you deserve. Access your benefits by logging into your account below. If it's your first time logging into MidAmerica Journey, select **Create your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

Existing User?	First time here? Register today!
Login to your account	Create your new username and password
Username <input type="text"/> Forgot Username?	
Password <input type="password"/> Forgot Password?	
<input type="checkbox"/> Remember Me	
<input type="button" value="Login"/>	

Submitting Claims

- From the homepage, make a selection from the I Want To section—either **Submit a Claim** for reimbursement to you or **Submit Third Party Claim** for a one-time payment to a third party.



- Next, select the account from which you wish to be reimbursed—Medical or Premiums.
- If you selected **Submit a Claim**, the Pay To dropdown defaults to Me. If you selected **Submit Third Party Claim**, the Pay To dropdown defaults to Someone Else.
- Click **Next**

A screenshot of the 'Accounts / Submit a Claim' form. The form has a header 'Accounts / Submit a Claim'. Below the header is a section for 'Available Balance' showing 'Available: Full Medi...' and '\$0.00'. The main section is 'Create Reimbursement' with a '* Required' label. Below this 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.' There are two dropdown menus: 'Pay From *' with 'Medical' selected and 'Pay To *' with 'Me' selected. Both dropdown menus are highlighted with a red border. Below the dropdowns is a message: 'Based on your selection, you will be requesting a Claim Reimbursement.' At the bottom of the form are two buttons: 'Cancel' and '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**


The screenshot displays the 'Accounts / Submit a Claim' interface. At the top, there are navigation links for 'Home', 'Accounts', 'Tools & Support', and 'Message Center'. The main heading is 'Accounts / Submit a Claim'. On the left, under 'Available Balance', there are two accounts: 'Flexible Spending Account' with a balance of \$0.00 and 'Dependent Care Account' with a balance of \$2,339.64. Below this is the 'Plan Filing Rules' section, which includes the dates '01/01/2019 - 12/31/2019' and links for 'Flexible Spending Account' and 'Dependent Care Account'. The main content area is titled 'Receipt / Documentation' and is highlighted with a red box. It contains a 'Receipt(s)' label with a question mark icon and a link to 'Upload Valid Documentation'. A '* Required' label is positioned to the right of this section. Below the 'Receipt / Documentation' section is a 'Summary' section with two rows: 'Pay From: Medical' and 'Pay To: Me'. At the bottom of the form, there are three buttons: 'Cancel', 'Previous', and '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
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

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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

[Print Confirmation](#)

Confirmation

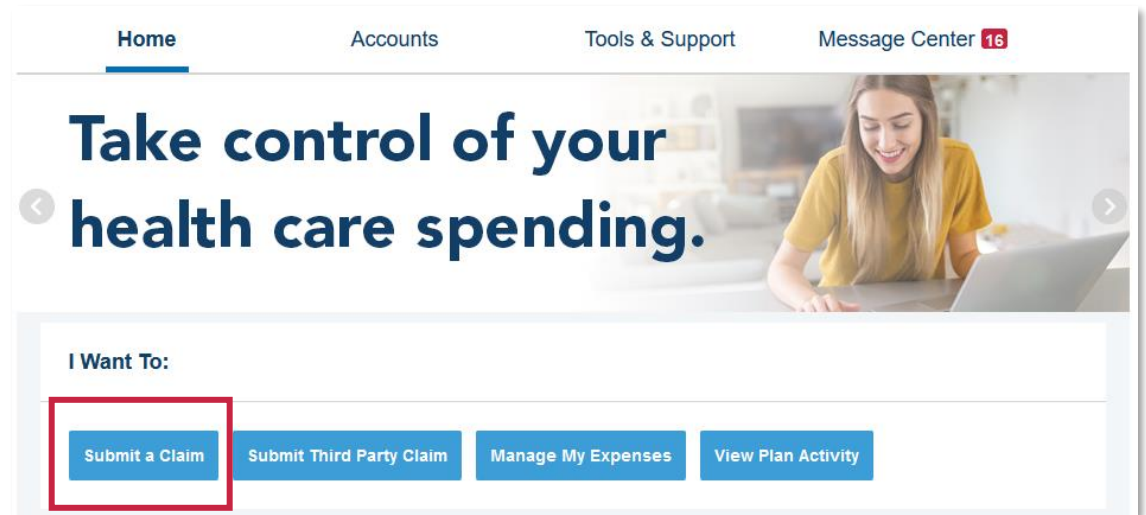
Please click the "Receipts Needed" link below and upload your receipt(s).

Successfully Submitted

FROM	TO	AMOUNT	APPROVED AMOUNT	RECEIPT STATUS
Dependent Care Account	Me	\$20.00	\$20.00	Uploaded(1) Upload another Receipt
TOTAL APPROVED AMOUNT			\$20.00	

Submitting Recurring Premium Claims

- From the homepage, select **Submit a Claim** from the I Want To section.
- **Important Note!** You must be separated from service in order to seek reimbursement for premiums.



- Next, select **Premiums** from the Pay From dropdown. Note: Only premiums can be set up for recurring reimbursements.
- The Pay To dropdown will automatically populate **Me** as the selection
- Click **Next**

A screenshot of a web form titled 'Create Reimbursement'. The form has a header with the title and a '* Required' indicator. Below the header 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.' The main part of the form contains two dropdown menus. The first is labeled 'Pay From *' and has 'Premiums' selected. The second is labeled 'Pay To * ?' and has 'Me' selected. Below these dropdowns 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. 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 Notes!

- The **Start Date of Service** and **End Date of Service** must reflect the full timeframe for which you are requesting the recurring claim. In this example, the claim is for 12 months of premiums and the dates are inclusive of the specific 12 months. You may submit for fewer months, but the maximum is 12. You will need to submit a new claim after receiving the final payment.
- You must mark the check box next to **Set up a recurring claim for this expense**. If not checked, a monthly payment will not be established.
- 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	<input checked="" type="checkbox"/>	

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**.

Important Note! If you need to *cancel* an existing recurring claim, please call Participant Services at (855) 329-0095 or email us at healthaccountservices@myMidAmerica.com.

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 ✔ Agreed ^

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

Cancel
Save for Later
Add Another
Submit

Adding Documentation to a Submitted Claim

- If you've already submitted a claim that needs additional documentation, or you have a debit card transaction that requires documentation, you can easily upload the files to the corresponding expense.
- From the homepage, click the link under **Tasks**, which informs you that a receipt(s) is needed to approve your claim.

The screenshot shows the MidAmerica website homepage. At the top is the MidAmerica logo. Below it is a navigation menu with links for Home, Accounts, Tools & Support, and Message Center (with a red badge showing '16'). A large banner image features a woman smiling while working on a laptop, with the text 'Take control of your health care spending.' Below the banner is a section titled 'I Want To:' containing four buttons: 'Submit a Claim', 'Submit Third Party Claim', 'Manage My Expenses', and 'View Plan Activity'. Underneath is a 'Tasks' section with a red badge showing '1'. A notification box is highlighted with a red border, containing the text '! 2 receipt(s) needed to approve your claims' followed by a yellow question mark icon.

- From the next screen, you will see the transactions that require documentation for substantiation.
- Click **Upload** to the far right of your screen for the first transaction listed.

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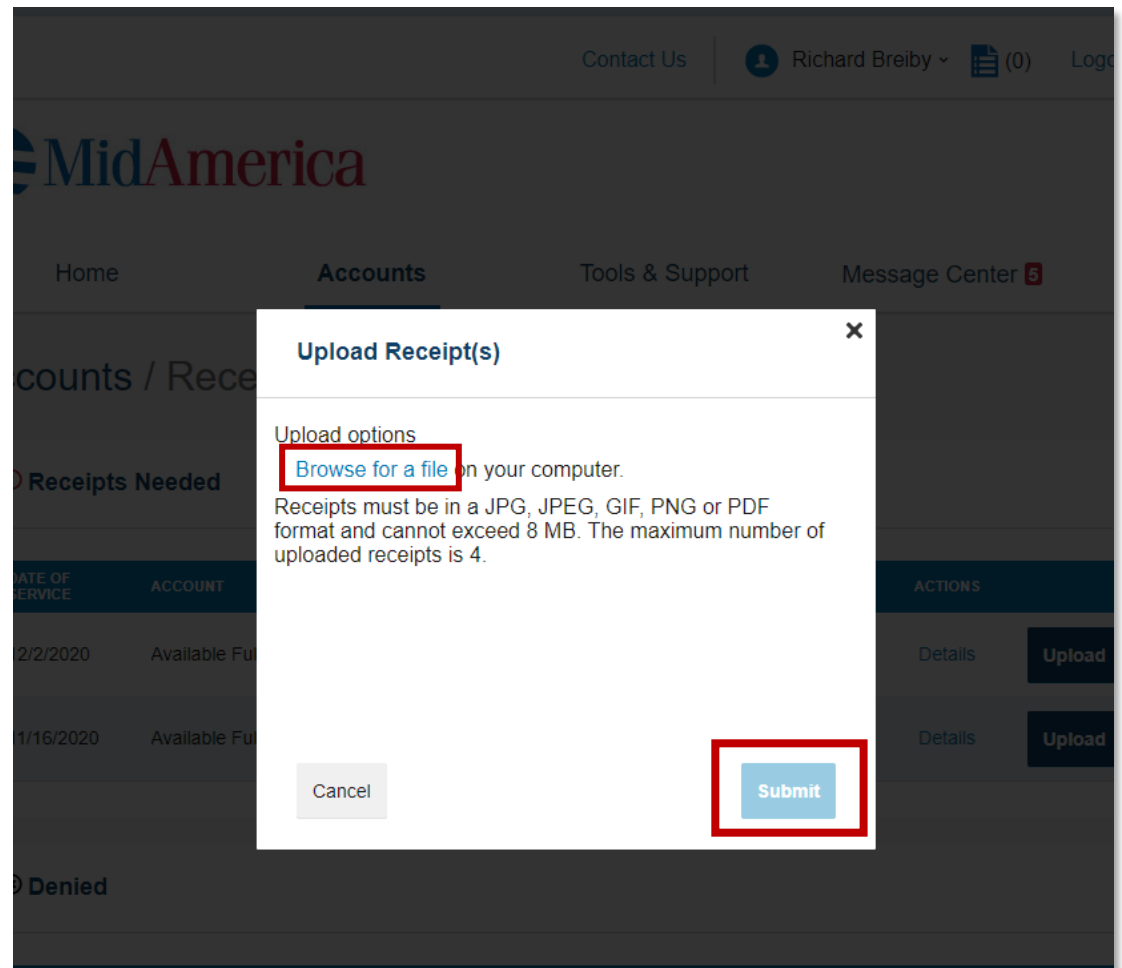
Home Accounts Tools & Support Message Center 5

Accounts / Receipts Needed

🚫 Receipts Needed

DATE OF SERVICE	ACCOUNT	MERCHANT / PROVIDER	RECIPIENT	CLAIM AMOUNT	RECEIPT STATUS	ACTIONS
12/2/2020	Available Full M...	ABC Doctor...	Sample Sall...	\$80.00 Debit Card	Required	Details Upload
11/16/2020	Available Full M...	ABC Doctor...	Sample Sall...	\$122.80 Debit Card	Required	Details Upload

- When the message box appears, click the **Browse for a file** link. Locate the appropriate documentation on your computer and click **Submit**.
- **Important Note!** Documentation must be in JPEG, GIF, PNG, or PDF format and cannot exceed 8 MB.



- Once the documentation has been successfully uploaded, a confirmation screen will appear.
- You may upload additional items for the claim, if needed, or move on to the next transaction, if applicable.

Accounts / Receipts Needed

✔ **Receipt Uploaded**
 Your receipt(s) have been successfully uploaded. You may upload additional receipts if needed until the claim is approved. If the receipt is approved, then your denial will be canceled and you will be reimbursed for the denied amount.

ⓘ **Receipts Needed**

DATE OF SERVICE	ACCOUNT	MERCHANT / PROVIDER	RECIPIENT	CLAIM AMOUNT	RECEIPT STATUS	ACTIONS
There are no records to display.						



Questions?

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