

WealthCare Portal

Employee User Guide



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We will maintain the confidentiality of your personal information in accordance with our privacy policy.

Sign in

To protect your personal information, we collect your

Username

Forgot your Username? Let us help

SIGN IN

Don't have an account?

REGISTER

password on a separate page.

>>> Getting Started

The WealthCare Portal can be accessed by navigating to the following URL: <u>https://medcom.wealthcareportal.com</u>

▷ Registration

Step 1: If this is your first time accessing WealthCare Portal, simply click the register button in the upper right corner of the home screen.

Step 2: After clicking the *Register* button, enter the information requested (as shown below).

Check the box if you have already received a benefit debit card. If your plan does not offer a card or your card has not arrived yet, do not check the box and click *Next*.

| Let's get you registered - please provide the information below. First Name * Last Name * Last Name * Last Name * Last Name * List Name * | STEP 1 STEP 2 | STEP 3 $>$ STEP 4 $>$ STEP 5 $>$ STEP 6 | STEP 1 STEP 2 STEP 3 You are or | \rightarrow STEP 4 \rightarrow STEP 5 \rightarrow STEP 6 |
|--|----------------------|--|---------------------------------|---|
| First Name * Last | Let's get you regist | ered - please provide the information below. | Let's get you registered - pi | lease provide the information b |
| Last Name * Last Name * Last Name * Zip Code * Check this box if you received a debit card for your benefit account. Benefit Account Debit Card * | First Name * | | First Name * | Steven |
| Zip Code * | Last Name * | | Last Name * | Tyler |
| Check this box if you received a debit card for your benefit account. | 7ip Code * | | Zip Code * | 12345 |
| Benefit Account Debit Card * | p edde | Check this box if you received a debit card for your benefit account | \triangleleft | Check this box if you received debit card for your benefit account. |
| | | | Benefit Account Debit Card * | |
| CANCEL V NEXT | \times c | ANCEL V NEXT | | V NEXT |

Note: The following screens will take you through the registration process when a card number is not entered.

Step 3: Select how you would like to verify your account (via text or email).

For security purposes, you must have either an email address or SMS-enabled phone number on file to receive a code to register your account. If you do not have an email or SMS-enabled phone number, you must contact Medcom Customer Service at (800) 523-7542, option 1.



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Step 4: Enter the code you received, then click *Next*.

| STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6 |
|--|
| You are on step 2 of 6 |
| An SMS has been sent to the following phone: |
| ***_***_9175 |
| Enter the verification code that you received via SMS below: |
| 147274 |
| Resend verification code |
| l did not receive my code |
| \times cancel \leftarrow back \checkmark next |

Step 5: Create a username, email, and password for your account. Click *Next*.

Note: Passwords must meet the following criteria:

- Must be between 8 and 16 characters.
- Must contain 3 of the following types of characters:
- Upper case letter
- Lower case letter
- Special character (%, !, @, etc.)
- A number

A password may NOT contain:

- The same character repeating 3 or more times.
- The word "password"
- The username
- Spaces

| Text Message Today 10:05 AM |
|--|
| Message from your Online Account: For access to your account, enter 147274 |
| The sender is not in your contact list. <u>Report Junk</u> |
| |
| |
| |
| |

10:05

<

| STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6 |
|--|
| You are on step 3 of 6 |
| Create a user name, email and password for your account. |
| ⊘ User Name * |
| 🖄 Email * |
| Password * ? |
| Password Strength |
| Confirm Password * |
| \times cancel \leftarrow back \checkmark next |

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Page | 3



Step 6: Select security questions.

You must select four security questions and provide your secret answers. These questions are asked at random while attempting to log in to the WealthCare Portal. The questions help provide an additional layer of security and help ensure that only you can access your account.

Once complete, click Next.

| You are | e on step 4 of 6 |
|---|--|
| Select Question 1 * | |
| In which city was your grandmother born (father's m 🗸 | Please use the select boxes labelled select question 1, select question 2, select question 3, and select question 4 to choose questions which are referent to you add then other partners to |
| Question 1 Response * Type your answer here | those questions. |
| Select Question 2 * | |
| What is your mother's middle name? | |
| Question 2 Response * | |
| Select Question 3 * | |
| What is the name of the college you went to? | |
| Question 3 Response * | |
| Type your answer here | |
| Select Question 4 * | |
| In what city was your father born? (Enter full name of \checkmark | |
| Question 4 Response * | |
| Type your answer here | |
| | |
| | |

Step 7: On the next page, you're prompted to verify your email address. Once complete, click *Next*.

| | | STEP 1 STEP 2 STEP 3 | STEP 4 | STEP 5 STE | P 6 | | |
|---|-----------------|----------------------|-------------|--|--|----------------|-------------------|
| | | You are on s | step 5 of 6 | 5 | | | |
| | First Name | Steven | | | | | |
| | Last Name | Tyler | | | | | |
| Ô | Confirm Email * | styler@gmail.com | (j) | The email address is not used for sol | s entered is used fo licitation purposes. | or security en | cryption only. It |
| | | | | | | | |
| | | | | \times | CANCEL | \checkmark | NEXT |

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Step 8: Submit setup information.

On the next page, you're asked to verify all the information you've entered. After you've reviewed and confirmed the accuracy of the information, please click *Submit*.

| | STEP 1 > STEP 2 > ST | | |
|--|---|--|-----|
| | You | are on step 6 of 6 | |
| (i) | Your setup information has not yet be clicking Submit. If you need to make a c | een submitted. Please verify your information below before change before submitting, click the appropriate Edit Info link | |
| Questions and Ansv | vers | | |
| Question 1 In which city was yo Jacksonville | ur grandmother born (father's mother)? | EDIT INFO | |
| Question 2 What is your mothe Smith | 's middle name? | | |
| Question 3 What is the name o University Central | the college you went to? | | |
| Question 4 In what city was you Atlanta | r father born? (Enter full name of city o | snly) | |
| Personal Informatio | n | | |
| First Name | Steven | EDIT INFO | |
| Last Name | Tyler | | |
| Email | styler@gmail.com | | |
| | | | |
| | | 🔀 CANCEL 🗸 SU | BMI |

A confirmation page displays, showing that the registration process is now complete.

| Success | |
|--|--------|
| You have successfully completed the registration process | |
| The next time you sign on to access your account information you will be asked to prove your username and password | rovide |
| $\stackrel{\frown}{(i)}$ To protect your personal information you may occasionally be required to complete additional authentication | |
| V DONE | |

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Your First Login

After registering, for all subsequent logins, you can enter your username and click the *sign in* button on the home page. You are prompted to answer two of your four security questions and then enter your password.

>>> Checking Your Account Balances

To access a quick view of your account balances, navigate to the *benefit account summary* page. Each account displays in a separate tile and provides at-a-glance details such as balance, amount spent, and important dates surrounding your account's plan year.



Buttons provide quick links to additional account details, a list of account transactions, and an electronic claim form, so you can immediately submit a claim.

Chart shows how much of the annual election has been spent, and how much is still available to spend.

'Deadlines' section shows important dates, such as the last day funds can be spent, and the last day claims can be submitted against the plan.

>>>> Submitting an Expense or a Claim

WealthCare Portal allows you to enter new claims and expenses, as well as view and edit pending ones. If you have a receipt to substantiate your claim, you can easily attach it to a claim or expense to expedite the reimbursement process.

To clarify for the purposes of this guide:

- **Claims** are simply reimbursement requests submitted for costs incurred when receiving eligible services.
- **Expenses** are used to track and manage your medical, dental, vision, prescription, and other potentially eligible expenses. Once entered, eligible expenses can be submitted for reimbursement, like claims. They can be submitted now or later; just make sure to submit them within the filing deadlines.



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| | | | RM SUBMISSION | |
|-------------|---|---|--|--|
| (i) | Claim Form Instructions | | | |
| (i) | Please complete all required fields: claim to be processed for reinbors, PLEASE NOTE: <u>WE WILL NOT PAY</u> PAYABLE TO THE PRIMARY ACCOU SELECT NOT WHEN ACKED TO PAY This form is intended only for claim paid for out of pocket and next with section of the week to submitter and section of the week to claim for <u>D</u> and provider to Johnmer in the information. You'r receipt must inclu- the care provided. | below. You must attach, mmmt. (OUR PROVIDER DIREC TO PROVIDER. WHEN CO TO PROVIDER. s that you wish to obtain stat you wish to obtain elepts for debit card tran <u>your debit card</u> . Plass elepts for debit card tran <u>rendent Care</u> , plasin votes." Your cain will de the dates the service | your receipt(c) in order for y TLY, ALL REIMBURSEMENT: MPLETING THE FORM BELC n avigate to the "Pending of accions: clude your child(ren)"s bith a denied without this is rendered and total charge | our S ARE DW, Is you Claims" date as for |
| *.Requ | uired Field | | | |
| 17] Se | ervice Start Date * | select date | | Ë |
| (17) Se | ervice End Date | select date | | 芭 |
| <u>උ</u> ci | aimant | Hope, Kacy | | ~ |
| Ac | count Type * | Flexible Spend | ng Account - FSA (2021) | ~ |
| (\$) CL | aim Amount * | \$ 0.00 | | |
| l w | hom shall we pay? | | | |
| 0 | Pay Provider | \oslash | Pay Me | |
| Pr | ovider Name | | | |
| Ac | count Number | | | |
| 0 0 | omments | | | |
| | | | CEL 🗸 NE | π |

▷ Submitting a Claim

To enter a claim and request reimbursement, open the submit claims page and complete the form. Be sure to upload a receipt if you have one; your claim cannot be processed without it. You can click browse to navigate to the receipt file or drag and drop. Click 'submit' to send the request to your administrator for processing.

Medcom will only send payments to you and not to your service provider. When entering a claim, choose to have reimbursed funds sent to you.

| O Pay Provider | \bigcirc | Pay Me | |
|----------------|------------|--------|--|
| Provider Name | | | |
| Account Number | | | |
| Comments | | | |
| | | | |

> Adding an expense for future payment

Similar to submitting a claim, to enter an expense, open the My Expense Tracker page and complete the form. Be sure to include a receipt if you have one.



Add claim for future reimbursement

* - Required Field

Service Start Date *

Service End Date *

Amount Your Provider Charged

Insurance Allowed Amount

Amount Covered by Insurance

Amount You Paid Out-Of-Pocket

() Comments

Amount Your Provider Charged or Insurance Allowed Amount must be greater than 0.00.

\$

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\$

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問

Claimant *

Provider

Description

(\$) My Responsibility

Reimbursed from My Accounts

My Remaining Responsibility

S Upload Receipt

Hope, Kacy

\$ calculated automatically

\$ calculated automatically

\$ calculated automatically

BROWSE

- Billed amount: The full amount billed for the services provided.
- **Insurance allowed amount:** The maximum amount your health insurance plan will pay for the services provided (sometimes called the 'negotiated rate').
- **Insurance paid amount:** The amount covered by your health insurance plan.
- **Paid non-reimbursable:** The cost included in the insurance allowed amount that is for ineligible items or services.
- My responsibility: Any part of the insurance allowed amount that is not covered by your health insurance plan (calculated automatically).
- **Reimbursed from my accounts:** The amount reimbursed from your benefit accounts (calculated automatically, but when entering a new expense, this amount will always be \$0.00 unless you have been reimbursed for a portion of the expense previously).
- **My remaining responsibility:** This is the remaining amount you can submit for reimbursement.

Viewing Claims and Expenses

Once entered, claims and expenses can be viewed on the *My Claim Activity* page. From here, you can view claim statuses, attach receipts, and request reimbursement for eligible expenses.

DRAG & DROP

your receipts here



Claim Activity Which claims do you want to see? Select activities ~ add expense 🗹 Action Needed 🛛 🔄 Approved/Paid/Submitted 🛛 📒 Denied ♀ SEARCH FOR CLAIMS Approved/Paid/Submitted Card Date of Service: Sep 21, 2021 (\$50.98) Paid WALGREENS #3746 Date of Transaction: Sep 22, 2021 Card Date of Service: Sep 21, 2021 Paid (\$85.00)CARESPOT HENDRICKS Date of Transaction Sep 22, 2021 Card Date of Service: Sep 19, 2021 Paid (\$25.79) CVS/PHARMACY #01114 Date of Transaction Sep 20, 2021 Card Date of Service: Paid Sep 19, 2021 Date of Transaction Sep 20, 2021 (\$40.64) WALGREENS #3746 Card Date of Service: Paid WALGREENS #3746 (\$24.28)Aug 18, 2021 Date of Transaction Aug 19, 2021

>>>> Resolving Pending Debit Card Transactions

If you swipe your benefit debit card for eligible products or services, you may be required to submit a receipt or other supporting documentation before the card transaction can be approved. To aid in resolving pending debit card transactions, you can take the following action:

Step 1: Navigate to the My Transactions page in WealthCare Portal.

Step 2: Locate the pending transaction (using the search filters at the top of the page, if necessary).

Step 3: Click to expand the transaction and click 'add receipt' to attach your supporting documentation to the transaction.

Your administrator will review the document you've submitted and will update the transaction accordingly.

| | Medcom |
|----------|----------|
| Home | |
| Accounts | ~ |
| My Acco | unts |
| My Trans | sactions |
| Change I | Password |



| Year 2021 ~ | Plan All | ∽ Type All | ~ | |
|--------------------------------|---|--|-------------------------|---------------------------|
| Which transactions do you want | to see? Select activities 🗸 | | | |
| Approved/Posted Ver | ending/Processing 📒 Autl | horized 📒 Denied | | Q SEARCH FOR TRANSACTIONS |
| (\$62.00) | Flexible Spending Account - FSA Pending | Card DOWNTOWN DENTAL ASSOCI | Aug 26, 2021 | |
| Date Of Service | Aug 25, 2021 | | RECEIPTS | ADD RECEIPT |
| Description | DOWNTOWN DENTAL | ASSOCI | No receipts to display. | |
| Claimant | | | | |
| Account | Flexible Spending Acco | ount | | |
| Plan Start Date | Jan 1, 2021 | | | |
| Plan End Date | Dec 31, 2021 | | | |
| Merchant Name | DOWNTOWN DENTAL | ASSOCI | | |
| Payment Details | | | | |
| Total | \$62.00 | | | |
| Posted | \$62.00 | | | |
| Ineligible | \$0.00 | | | |
| Remaining Balance Due | \$0.00 | | | |
| Approved | \$62.00 | | ~ | ×. |

>>> Ordering a New Debit Card

You can obtain your PIN number from the online portal or mobile app. You can also order a new debit card using the selfservice option on the WealthCare Portal. In the upper right corner of the page, click on the down arrow next to your name. Click on the "Debit Card(s)" link. This will show all debit card(s) issued and the status of each.



| **** -3806 | Active | Tony Stark |
|------------|-------------|------------|
| **** -6703 | Lost/Stolen | Tony Stark |

When you click on the card, the section will expand, offering more options.



| **** -3 | 806 | Active | Tony Stark | O VIEW PIN |
|-------------------------------|------|--------------------------------------|-----------------------------|----------------------|
| Issue Status: Mailed Date: | Sent | Activation Date: Expiration Date: | Oct 8, 2020 Oct 31, 2023 | REPORT LOST / STOLEN |
| | | | | |

Clicking the "View PIN" link will allow you to obtain your PIN number. You can use your card as either a debit or credit transaction.

| | New | Tony Stark | ACTIVATE |
|---------------------|--------------------|--------------|----------------------|
| Issue Status: Issue | Activation Date: | | 2241 |
| Mailed Date: | Expiration Date: C | oct 31, 2025 | REPORT LOST / STOLEN |

Clicking the "Report Lost/Stolen" button will allow you to report your current card lost/stolen so a new one can be ordered.

| Issue Status Mailed Date | ** -3806 Sent | Active Activation Date: Expiration Date: | Tony Star Oct 8, 2020 Oct 31, 2023 | rk 💿 VIEW PIN REPORT LOST / STOLEN |
|------------------------------------|---|---|--|--|
| Yo X: as [[((| Mark as u are going to mark your can xxx-xxxx-xxx-38 lost / stolen Do you want to issue a n No No There may be a cc questions regardi contact your adm | Lost/Stolen rd B06 ew card? Yes ost to issue a new card. For ng possible costs, please inistrator. | × | After clicking the "Report Lost/Stolen" button, a window will pop up asking if you want a new card ordered. Click "Yes" and "Submit". Your debit card will typically arrive within 7-10 days. |



>>>> Viewing and making updates to your user profile

To access and edit your user profile, click the down arrow next to your name in the upper right corner of the page. From this page, you can:

- 1. Update your phone number and address.
- 2. Change your password
- 3. Update your reimbursement method
- 4. Update an existing dependent



The image below shows where each item in the list above is located.

| change picture NewApp Two | Phone 555-444-1234 Email Address <u>edit</u> | ⊘ Home Address 1 Main Street Beverly MA, 00000 US | Change password |
|---|---|--|-----------------|
| Date of Birth Mar 31, 1985 Employee ID *****1045 Marital Status None Gender | Medcom Benefit Solutions SSN no data Employee Status Active | edit Reimbursement Method Direct Deposit Eastern Bank Account Number ****2356 Routing Number ****1798 Checking | 3 |
| Family Members | Spouse Or Common Law Spouse | | |
| Date of Birth SSN Gender Phone Employer Dependent ID | None Medcom Benefit Solutions *****0000 | Home Address 1 Main Street Beverly MA, 00000 US | EDIT DEPENDENT |



>>> Managing messages and alerts

The notifications icon in the upper right corner (next to your name) alerts you to any unread messages awaiting your review. Depending on your communication preferences and your



employer's setup, these messages could be anything from a password change, a card mailed notification, an alert that a card transaction was denied, or a variety of other messages.

| Notification Center | | | | | | | | | | |
|---------------------|--|--|------------|------------------------|---------------------------------------|-------------------|---------------------|---------------|---------------------------|------------|
| | You have 🕘 Notifications to view. The officiation centre is your block to view information about your benefit accounts activity, review hams that need to be taken care of, and see potential apportunities to maximi | te your | Clie | ck or | n an in | divid | dual mes | sage to | see the full | text: |
| | View A Missages Opportunities | | | | | | Message Deta | ils | | |
| | Putting Your Health First | Son 1 202 | 1 17-02 | | | | | | | |
| | Medcom Monthly Account Statement | MedcomReceipts@notification.medcombenefits.com MedcomMonthly Account Statement | | | | | | | | |
| | Do You Know Your FSA Deadline? | | | | | | | | | |
| | Medcom Monthly Account Statement | Administ | rator Name | e: Medco | m Benefit Solut | ions | | | | |
| | Which SPF is Right for You? | Administ | rator Addr | ess: Attn Ci Jackso | DHP Division, Pi nville, FL 32247- | D Box 102 0269 | 69 | | | |
| | Medcom Monthly Account Statement | Employe | r Name: | Medco | m Benefit Solut | ions | _ | | | |
| | | Participa | nt Name: | John Sr | nith | | | | | |
| | C Add your phone number to get notifications by text message | Account [| Details | | | | | | | |
| | | Account | Start Date | End Date | Run Out Date | Election | Total Contributions | Disbursements | Balance Rollover/Carryove | r Expiring |
| | | FSA | 01/01/2021 | 12/31/2021 | 03/31/2022 | \$500.00 | \$326.91 | \$194.36 | \$305.64 N/A | N/A |

> Changing your message preferences

You can change whether you receive certain message types, as well as how you receive them from the communication settings page. This page can be accessed by clicking the down arrow next to your name in the upper right corner of the page.

For each alert type, you may choose whether you receive it via mobile, email, both, or neither. Click 'save' when you are done editing your preferences. You can also use this page to update your email address and register your mobile phone for SMS text messages.





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| Assigned Notifications | Email Address |
|--|---|
| The notifications below are available to you. Please define the delivery method for each notification you wish to receive. Please ensure you have an email address and/or registered mobile in order to receive these notifications. | |
| mblie email both none | Phone Registration Status 12: Pending |
| mobile email both none Account Balance Statement image: sent on a Monthly basis. image: sent on a Monthly basis. Card Lost/Stolen image: sent on a Monthly basis. image: sent on a Monthly basis. Card Mailed image: sent on a Monthly basis. image: sent on a Monthly basis. Card Mailed image: sent on a Monthly basis. image: sent on a Monthly basis. Card Mailed image: sent on a Monthly basis. image: sent on a Monthly basis. Card Mailed image: sent on a Monthly basis. image: sent on a Monthly basis. Card Mailed image: sent on a Monthly basis. image: sent on a Monthly basis. Card Mailed image: sent on a monthly basis. image: sent on a monthly basis. Card Transaction Denied image: sent on a monthly basis. image: sent on a monthly basis. Card Transaction Denied image: sent on a monthly on account is created. image: sent on a monthly on account is created. Online Balance Repayment image: sent on a monthly on a control is created. image: sent on a monthly on a control is sent for a balance due. Online Balance Repayment Failure image: sent on a monthly base when a payment for paying back the balance due fails. Password Change image: sent on a monthly bassword has | 12: Pending Image: Complete the registration process. Once registered, your phone's status will show as Registered instead of Pending. If your number remains in Pending status or if you never receive the registration text, please contact support for assistance in resolving the issue. Once registered, txt BAL to 97487 to receive your current year account balances. You can opt-out at anytime by texting STOP. For help with text commands, please text HELP to 97487. |
| Year End Reminder | |

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