UMB Healthcare Services

Benefit Spending Accounts

Consumer Portal Guide

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Benefit Spending Accounts Consumer Portal Guide

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Welcome to the UMB Healthcare Services Benefit Spending Accounts Consumer Portal.
This one-stop guide for your portal will help you find the information you need to manage your account(s).
Within the UMB Benefit Spending Accounts Consumer Portal you can:

- **View account balances**
- **Access online, monthly account summary reports**
- **Reimburse yourself to a personal bank account or pay your provider**
- **Use the Expense tab to organize, manage and track expenses**
- **Update your contact information**
- **And much more!**

If you have questions about your account(s), contact UMB Consumer Services:

Phone:	**1.877.743.9482** Monday-Friday, 7 a.m. - 7 p.m. CT ***Note:*** *if you have trouble or need assistance logging in, please call 866.520.4472 and select Option 0 to speak to a Representative.*
Fax:	1-833-507-1082
Email:	UMBCS@service.healthaccountservices.com
Mail:	UMB | PO Box 2307 | Fargo, ND 58108-2307

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Getting Set-Up and Logging in to View Your Account

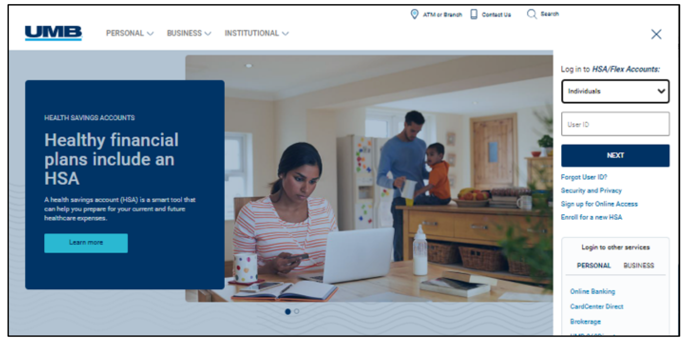
Go to UMB.com/benefit-accounts. For your first-time login, if you have never had an account at UMB, click Sign-up for Online Access under the Log in button and follow the steps below. If you already have an HSA with UMB, log into the website as you normally would.

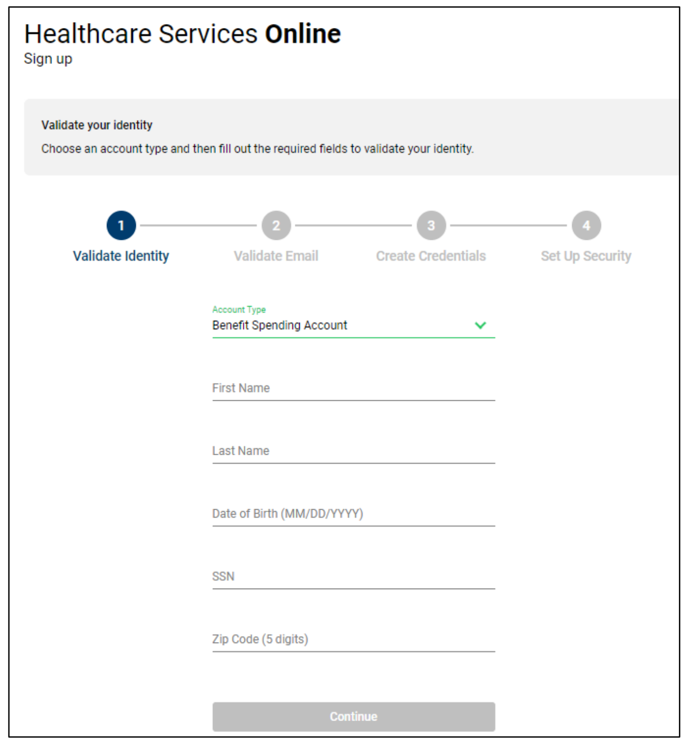
Step 1: The Sign up for Online Access screen will appear and the first step is to select an account type and validate your identity. Click Account Type dropdown menu and select Benefit Spending Account. The following fields will show on the screen: First Name, Last Name, Date of Birth, your Social Security Number and Zip Code. Fill out the information to validate your Identity and select Continue.

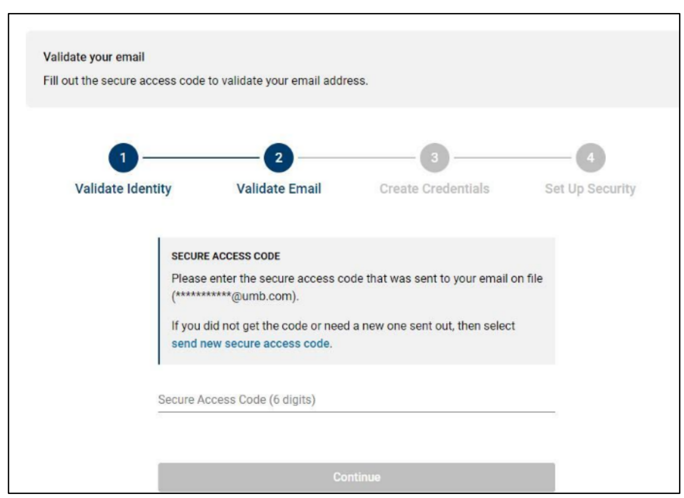
A new screen will open up and say Please enter the Secure Access Code sent to your email on file. You will receive an email from UMB, sent to the email address we have on file for you. The email will have a 6-digit code which you will need to key into the field that says: Secure Access code (6-digits). Then click Continue.

Step 2: After validating your identity, you will be prompted to create your credentials (User ID and Password) to use for log in followed by Security Questions and answers. After creating your security profile, you will receive a success page that restates your User ID and gives you a link to Log In.

Step 3: After selecting Log In, you will be taken to the main landing page. Input your User ID, answer security questions and input your password to successfully authenticate into Healthcare Services Online.







Note: if you have trouble or need assistance logging in, please call 866.520.4472 and select Option 0 to speak to a Representative.

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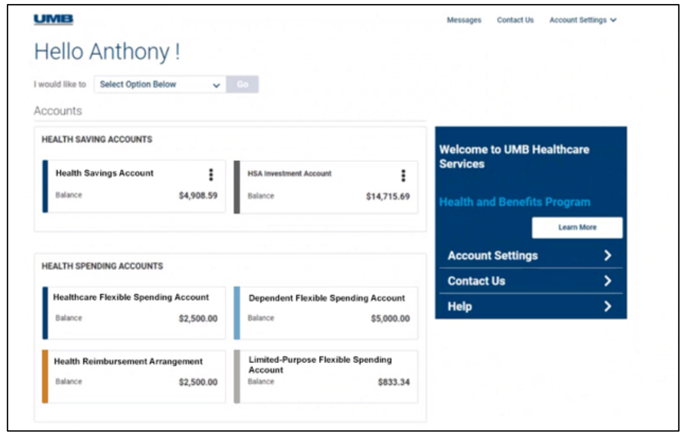
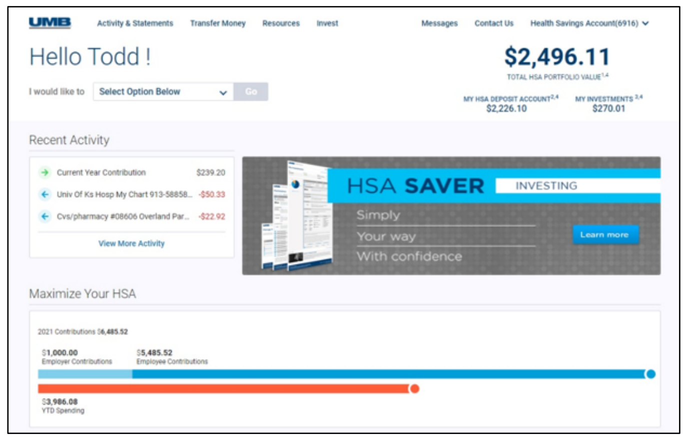
Getting Set-Up and Logging in to View Your Account CONTINUED

Once properly authenticated, you will land on the Account Dashboard. You will see your Benefit Spending Accounts (and Health Savings Account if applicable) with current balances. To view details on your Accounts, select the account card for the account you want to view.



Selecting an Account Tile for Benefit Spending Accounts will bring you to the HOME page for those products.



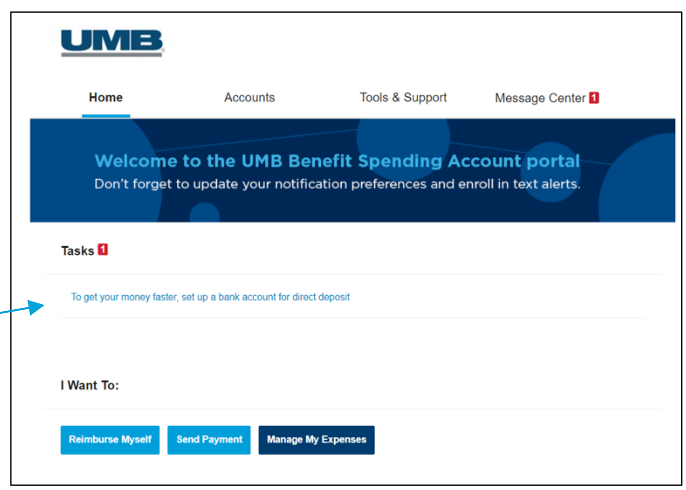
Selecting an Account Tile for the Health Savings Accounts and/or HSA Investment Account will bring you to the HOME page for those products.

Home

The Benefit Spending Accounts Home Page provides tabs for easy navigation. You can view quick graphs, as well as see your available balances for your accounts and Recent Transactions.

There will be an I Want To section, otherwise it can be accessed by clicking on Accounts or Tools & Support. In this section you may see the following options:

- Reimburse Myself
- Send Payment
- Manage My Expenses



The Tasks section towards the bottom is a notification area where a course of action is needed. An example would be: you submitted a claim and still need to upload a receipt, you will get a notification here letting you know.

Accounts

The Accounts tab at the top makes managing your healthcare finances easy. Within the tab are multiple ways to keep track of your expenses and accounts. Below are a few options you may find within the Accounts tab.

Account Summary **-** the information displayed on this page will vary depending upon your specific healthcare benefits and if you have multiple plans. The Accounts tab allows you to view the status of all your accounts, including available balance, and pending amounts.

01/01/2024-12/31/2024

ACCOUNT	ELIGIBLE AMOUNT	SUBMITTED CLAIMS	PAID	PENDING	DENIED	AVAILABLE BALANCE
+ Medical FSA 01/01/2024-12/31/2024	$600.00	$28.84	$11.84	$0.00	$17.00	$571.16
+ Dependent Care FSA 01/01/2024-1…	$1,800.00	$0.00	$0.00	$0.00	$0.00	$300.00

Clicking on the name of the account ‘Medical FSA 01/01/2024-12/31/2024’ for example, in the picture above, will provide a popup showing the Filing Rules, Debit Card Rules, and Claim Summary.

Each account will include the following:

- *Eligible Amount* is the amount you can access to spend for the year.
- *Submitted Claims* will show you what claims have been submitted to be processed.
- *Paid* will show you the dollar amount of the claims that have been paid to you or a provider.
- *Pending* will show you the amount that currently is waiting to be processed or is pending payment.
- *Denied* will let you know if your claim has been denied and for what amount.
- *Available Balance* will reflect the balance that is currently available for spending.

The bottom of the account summary page will include the option to Change Payment Method. The Change Payment Method link will route you to the Profile tab where you can update how you prefer to receive payments. You can choose either between Direct Deposit or Check; once your selection has been completed, select Submit.

Under the Account tab, in the account section you will find the following additional links:

Account Activity view your pending and processed transactions. You can also Export your transactions, if you wish to access these in a Spreadsheet. ***Note****: This cannot be partnered with QuickBooks*

Expenses view expenses, add expense, and pay expenses.

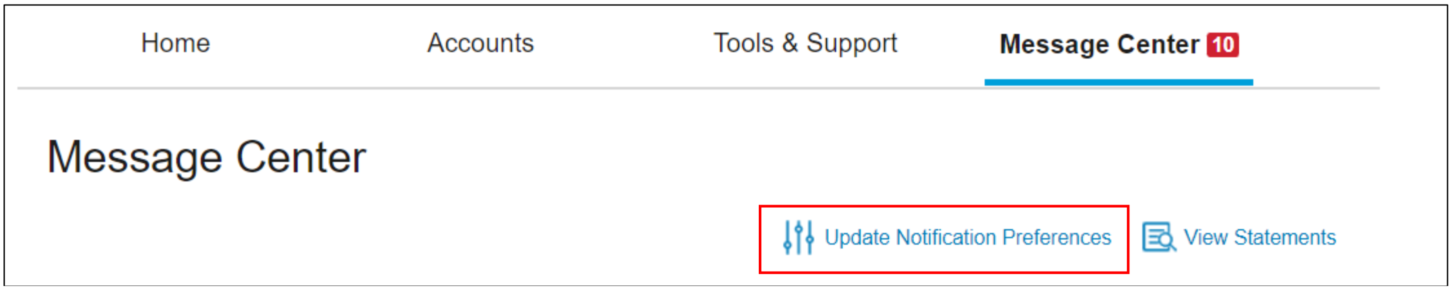
Claims shows a list of the claims that have been filed. Claims can be filtered by Date, Account, Merchant/Provider, Claim Status and Amount. *For additional information, please view the ‘File a Claim’*.

Payments view a list of all transactions for your accounts. Payments can be filtered by Date, Transaction Number, Method of Payment, Status, and by Amount.

Statements here you can view your account statements. *For more information see the Statements section within the Accounts Tab*.

Statements

In the Accounts tab, under the Accounts section is the option to view Statements. The statement section shows Account Summaries and Tax Statements. You can update your notification preferences by clicking on the Message Center tab, and then by clicking on Update Notification Preferences.



When you Update Notification Preferences you will be prompted to update contact information such as your mobile number and time zone. You can also update notification options for your statements, claims, payments, and debit card. You can select an **online/email/text** notification. These options will be dependent upon your preference.

Note: *When you select an amount for the Contributions section, you can enter any number from 0.01-99,999,999.00.*

How to Create an Account Transaction

Advantages of the debit card:

- Pay directly from your account(s) at the point-of-sale for qualified medical expenses
- Charges are paid directly to the provider/retailer
- No waiting for reimbursement

Eligible expenses:

The IRS determines what expenses you can pay for. For more information, see IRS Publication 502 at http://www.irs.gov/pub/irs-pdf/p502.pdf.

Using the card:

To activate your debit card, call the activation line at: 866.898.9795 and if you have any issues, you can contact UMB Consumer Services.

Some accounts may not require you to submit documentation for purchases made at retailers that use an inventory information approval system (IIAS). These merchants will approve eligible expenses at the point of purchase. **Any consumers with notional accounts should save their receipts.** For a complete list of IIAS merchants, visit https://www.sig-is.org/. When using your card at these merchants, you will swipe your card for the entire purchase amount. Eligible expenses will be charged to your debit card. You'll need to use another form of payment for any ineligible items. **Documentation may be required if eligible items are not verified at the point of sale. You will receive an email or mailed notification if documentation is required.**

Note: *Debit card usage for FSA accounts without a Grace Period will only be for the current calendar year. Claims that need to be filed outside of the current calendar year will need to be done manually.*

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Documentation Requirements

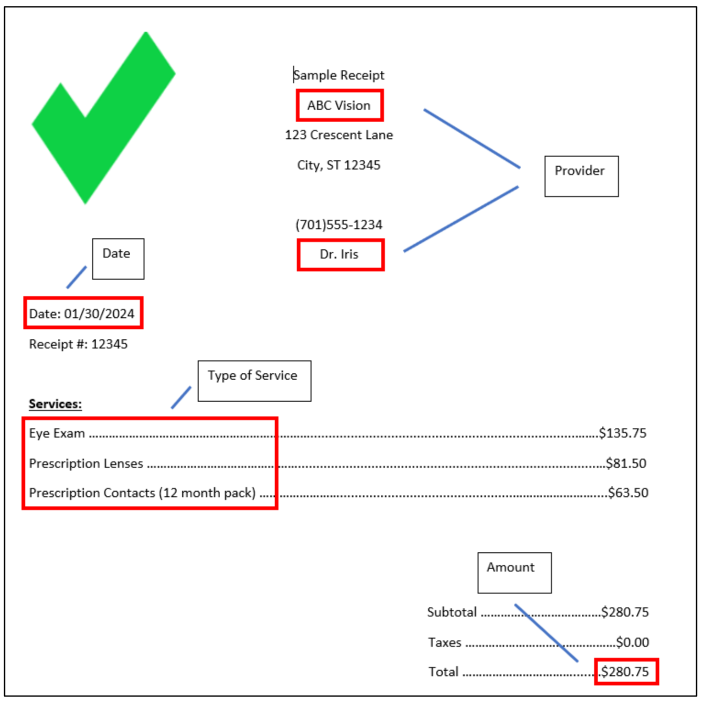
You may be required to submit documentation for a debit card transaction. All claims submitted via paper form or submitted through the Consumer Portal or Mobile App will require documentation. For more information on how to submit a claim, please view 'File a Claim'.

Your documentation will need to contain the following:

- Date(s) of service
- Type(s) of service
- Cost of service(s)
- Merchant name/information

An Explanation of Benefits (EOB) will contain all of these if you are unable to obtain a receipt with these fields.

An example of incorrect documentation would include a summary receipt that doesn't include all the needed information listed above.



Sample Receipt

ABC Vision

123 Crescent Lane

City, ST 12345

(701)555-1234

Dr. Iris

Date: 01/30/2024

Receipt #: 12345

Services:

Eye Exam $135.75

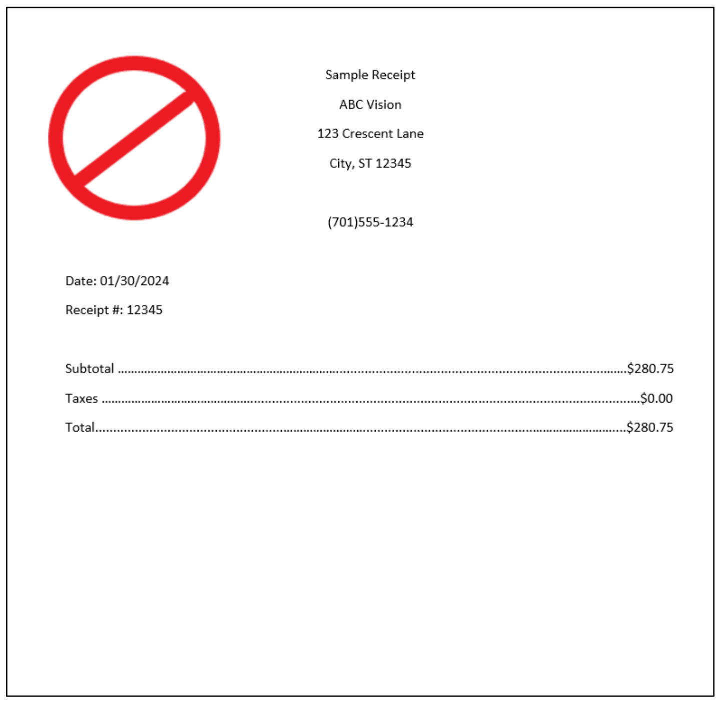
Prescription Lenses $81.50

Prescription Contacts (12 month pack) $63.50

Subtotal $280.75

Taxes $0.00

Total $280.75



Sample Receipt

ABC Vision

123 Crescent Lane

City, ST 12345

(701)555-1234

Date: 01/30/2024

Receipt #: 12345

Subtotal $280.75

Taxes $0.00

Total $280.75

Documentation may be needed for debit card transactions due to IRS regulations.

- When you make a purchase that requires you to provide documentation, we will send you automated receipt reminders via mail or email. Once we receive your documentation, you will no longer receive reminders. To receive reminders by email, see the Statements section.
- If we do not receive and process documentation within 60 days after your card transaction, your debit card will be inactivated and placed in a temporary hold status. You will be asked to send us appropriate documentation or reimburse your account. Your debit card will be reactivated within one business day of processing your documentation or repayment (for instructions on making repayments please see 'Submit a Repayment').
- The claim number must be included if you are sending in documentation for a debit card transaction.

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File a Claim (for FSAs, HRAs, and/or Commuter)

When filing a claim, you will want to ensure the expense has been paid out of pocket. You can submit the claim either via the online portal, the mobile application, or the Reimbursement Request Form (accessible from your online portal). Once the claim has been approved, funds will be issued directly to you via check or direct deposit (depending upon accounts linked). Should your claim be denied, you will receive a communication advising what further information is needed, which can be found under the Message Center tab.

1. Click Accounts from the top navigation and then under I Want To select Reimburse Myself.
   You will be brought to a new page where you will select an account and a payee.

2. To file a claim and request reimbursement, select the plan you choose to Pay From.
   Choose whether you want the reimbursement sent to yourself (via direct deposit to your personal bank account that you have set up, or via check issued to yourself) or to someone else, via check. Click Next.

3. Then you will have to upload a receipt with the following to validate your claim for FSA's and HRA's:

   ***Note**: Receipts must be in a JPG, JPEG, GIF, PNG or PDF and cannot exceed 8MB.*
   There can also only be 4 documents uploaded at one time.

   - Date(s) of service
   - Types(s) of service
   - Cost of service(s)
   - Merchant name/information

Note: If the transaction is a Co-pay, this will need to be noted on the receipt by the provider's office.

4. The next step will be to provide the claim details:

   - Start date of the service
   - End date of the service
   - Amount
   - Provider
   - Category
   - Type of service
   - Recipient
   - Answer yes or no to whether you drove to receive your product/service or not
     — If Yes, enter how many miles you drove

5. Review the transaction summary to make sure that all the information was entered correctly.
   Next, you'll be asked to agree to the Terms and Conditions and hit the submit button.

   - Add Another allows you to file multiple claims together without having to submit each one individually.

6. Lastly, if you click Submit this will indicate Confirmation towards the top and you are given the option to print the page for your records if you would like.

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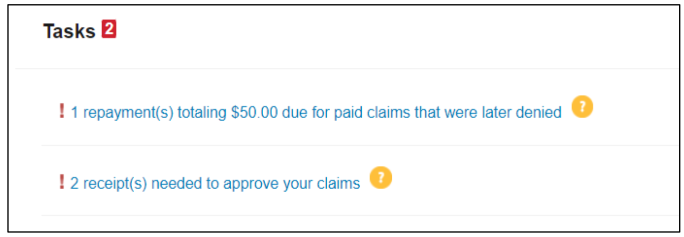
Submit a Repayment



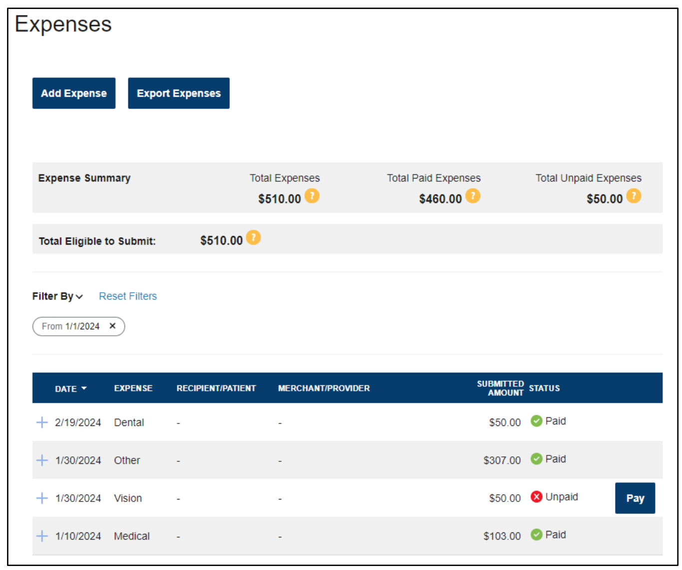
We will request repayment from you for any paid claims for which we have not received sufficient documentation. If you need to make a repayment, you will see a message under Message Center tab or in the Tasks section on the home page.

To repay a claim you can utilize either of the two options below:

1. Click Repay to repay the claim(s) via a transaction directly from your personal bank account you have on file.
   If you do not have a bank account linked to your portal, visit the [‘Add bank account’] for instructions.
2. Print a Denial Letter with Repayment and send in a personal check with this notification to the mailing address shown at the bottom of the notification.

***Note**: If you have sufficient documentation for the claim that has been denied and is pending repayment, you can select the Upload Receipt option if it’s available instead of repaying the claim.*

Expenses



Expenses can be accessed by clicking on Accounts and then Expenses. In the Expenses section you can add an expense, export expenses, and find detailed reports of your medical expenses.

Add Expense button in the top left corner.
To add an expense there are 3 required sections:

- Expense Description
- Date of Service
- Expense Amount

Option fields for your records include:

- The total billed amount (which is the total amount billed before insurance and provider discount deductions)
- The provider
- Expense type (medical/vision/dental/pharmacy etc.)
- The recipient/patient (in case there is a dependent(s) on the account)
- Upload a receipt for recordkeeping (must be a JPG, JPEG, GIF, PNG, or PDF and cannot exceed 8 MB)
- Lastly, there is a box at the bottom for you to leave notes for future reference.

At this time, you can decide to Pay Expense Now or Save for Later. By clicking Pay Expense Now consumers will be prompted with additional questions about their submitted expense as well as how to initiate money movement. By clicking Save for Later, the expense will be added to the expense page and can be paid later by clicking on the Pay button by a specific expense.

***Note**: Any expense added will not initiate any money movement.*

The Export Expense button will export a detailed list of all your expenses into an excel spreadsheet.

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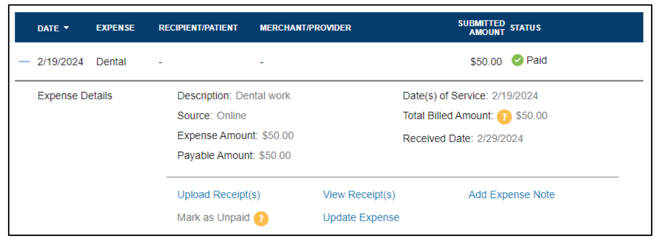
Expenses CONTINUED

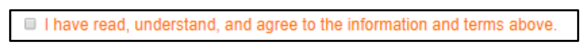


On the Expense page, you may view your claims by category, status, year, recipient, or by merchant/provider. The table can be filtered down further by selecting Filter By at the bottom of the graph. Should you want to go back to the main graph, simply select Reset Graph in the top left corner of the graph.

The bottom of the expense page shows options for each individual expense. By clicking on an expense there are options such as upload a receipt, add a note about the expense, mark an expense as paid if you paid the expense from an outside source, remove the expense, and update an expense.

A payment can be made by:

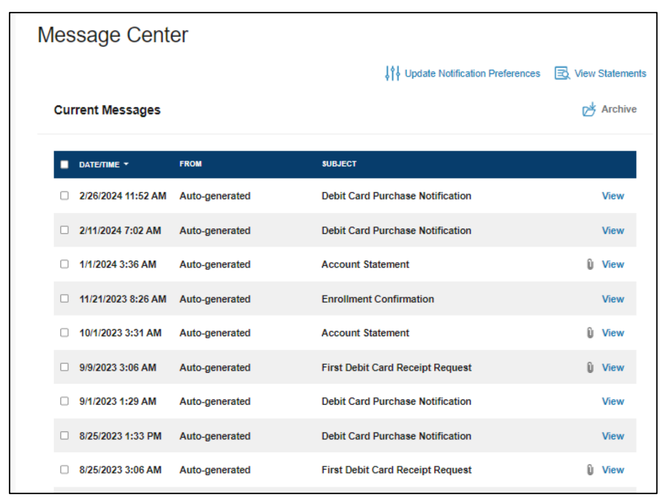
1. Clicking on the Pay button by an expense in the listed chart.
2. You will then be brought to a new screen where you will select an account to Pay From and an account to Pay To.
   a. If you select to pay to someone else then you can either add their credentials, if they are new, or choose a provider you have already saved. You will need to click Select a Payee to add a new provider, which will then require you to add the provider's Name, Account Number, and Address. You can also add the recipient information, but it's not required.
3. Next will be the Transaction Summary screen, where you can verify the amount is correct.
4. You will see a Transaction Summary next, where you, again, can make sure that your total amount is correct, and you are prompted to read a Normal Distribution Disclaimer. After you have read the complete document, you will be asked to select that you have read, understand, and agree to the terms. Once the box is selected the Submit option will be available to select.



5. The last step will be to answer a security question for verification. Once the security question is answered correctly, you are given the option to print the page for your records if you so choose.

Message Center

The Message Center tab will be where you receive notifications for actions such as a receipt reminder, request for more information, denial letter, and more.



When there are new notifications in the Message Center, a red box with a number inside, indicating how many new notifications have accrued will be present.

When messages are present, you will be able to see the following:

- The date and time the message was sent
- Who the message is from?
  — For notifications, this will be 'Auto-generated'
- The subject of the message
- Message attachments

When a new message appears, it will be bolded. After messages have been read, it will appear in normal font and you will have the option to archive the message(s). On the main page, you will have the option to see both Current Messages and the option to view Archived Messages. You have the option to hide archived messages by clicking Hide Archived Messages if archived messages are open. When archiving a message, you can select one or multiple at a time. If you select a message that hasn't been read yet, (one that is bolded) it will automatically be marked as 'read' and will not be bold anymore. Messages will be stored for a period of 3 years.

Note: *Once a message has been moved to the archive section, it cannot be moved back or be permenently deleted.*

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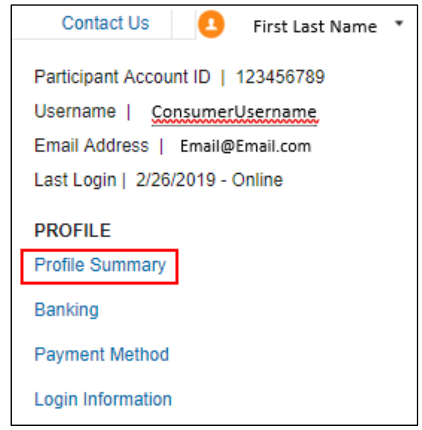
Account Updates

Update Your Profile



If you want to change your phone number, email address (for example, from your work email to your personal address) or mailing address, select your name at the top, then click Profile Summary in the drop down.

Note: Be sure to tell your employer if your mailing address or name changes so they can update it for their records.

Update the information as needed and select Submit.

Note: *To update your name, please submit a Name Change Request Form, which is found under Tools & Support.*

Add Dependent

You can add a dependent to your account by following the steps below.

Select your name at the top, then click Profile Summary in the drop down. In the profile summary you can add a dependent by clicking Add Dependent, you will need to enter the following information to add a dependent:

- Full Name
- Birthday
- Gender
- Student Information
- Relationship to account holder

NOTE: *For HRA plans, please contact your employer or the UMB Consumer Services team to add a dependent.*

Complete the required fields and select Submit.

Add an Authorized Representative

Adding an Authorized Representative to your account will allow you to designate an individual that will have access to your account information when speaking to a representative. You may add an Authorized Representative to your account by hovering your mouse over the Accounts tab, then under Profile, selecting Profile Summary. Near the bottom of the page, select Add Authorized Rep/HIPAA contact.

You will need the following information to successfully add an Authorized Representative:

- Full Name
- SSN
- Birth Date
- Address
- Phone Number

NOTE: *If you wish to revoke or end this authorization, you must do so by submitting the Authorized Representative/HIPAA Form noting the revocation in Step 3.*

Complete the required fields and select Submit.

Account Updates CONTINUED

Reporting a Debit Card as Lost or Stolen

To report a card as Lost/Stolen:

Select the Profile Tab**,** then Banking/Cards. Your debit card information will display on the right side of the screen. Select Report Lost/Stolen. Your debit card(s) will immediately be inactivated and your new one will be mailed to the address on file within 7-10 business days.

Note: *If you do not recognize any of the transactions, please complete the Transaction Dispute Form**,** which can be found under the Tools & Support tab, and mail or fax the form to the contact information provided on the form.*

Add a Bank Account

To add a bank account:

A personal bank account to your UMB account(s) can be linked by selecting Accounts and then under Profile, select Banking. Select Add Bank Account**.** You can use your linked bank account to reimburse yourself from your FSA, HRA and/or Parking Account for expenses paid out of pocket.

Complete the required fields and select Submit.

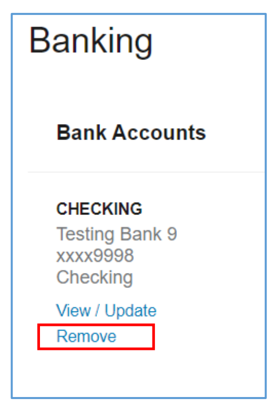
Review the pop-up message and click Submit.

A Micro- deposit ranging from $0.01 - $0.99 will be made to your personal bank account in the next 1-3 business days for security purposes. You can confirm the deposited amount by visiting the UMB Benefit Spending Accounts Consumer Portal at umb.com/benefit-accounts. After logging in, click on the link in the task section on the Home page. The link will read One or more bank accounts require activation.

Click on Activation.
Enter the amount that was deposited in your personal bank account and click Submit.

Remove a Bank Account

To remove a bank account, you must go to Accounts then Profile and select Banking, from there you will see your account(s) you have added. Underneath the account will be the option to View, Activate, or Remove. The Remove button will only be visible when the bank account updates are allowed for the consumer.



Available Consumer Forms

Form Name	Account Type	Description
Authorized Representative/ HIPPA Form	All	Used to document the designation of an Authorized Representative for a consumer. This form authorizes the release of medical information to the named representative(s). Only valid for one year after submission for FSA/HRA/DCA. ***Note****: This form allows information to be provided to the authorized representative but does not allow them to make any changes.*
Automatic Orthodontia Request Form	FSA/HRA	Complete this form if you would like to receive automatic reimbursement for orthodontia expenses. A new form must be submitted at the start of each new plan year.
Claims Terms and Condition	FSA/HRA/Commuter	The terms and conditions of a reimbursement request
Medical Necessity Form	FSA/HRA	Completed when a consumer is submitting "dual-purpose" expenses. Dual-purpose expenses are expenses that are only eligible with a Medical Necessity letter or signed doctor's note.
Power of Attorney Form	All	Used by the consumer to legitimize someone else as an authorized user on their account. This form is valid for the lifetime of the account holder. By selecting a power of attorney, a consumer is agreeing that the power of attorney can make decisions for the consumer.
Recurring Dependent Care Request Form	DCFSA	Completed each plan year and as changes occur when the consumer wants to receive recurring reimbursement of dependent care expenses. A new form must be submitted each year.
Reimbursement Request Form	FSA/HRA	Used for the consumers to submit any out-of-pocket expenses for reimbursement.
Transaction Dispute Form	All	Used when consumers wish to dispute a transaction in the case of suspected fraudulent debit card activity.

UMB Benefit Spending Accounts Mobile App

Save time and gain the insight you need to manage your account. Our secure mobile application makes managing your account easy through quick access and intuitive navigation to all your important account information while you are on the go! This app is designed for your Apple device (including iPhone®, iPad®, and iPod touch®) version 6.0 and higher or Android device, version 2.2 or higher.

Powerful features of the UMB Benefit Spending Accounts Mobile App include:

Easy, Convenient and Secure

- Simply log in to the intuitive app to begin managing your account quickly and easily
- No sensitive account information is ever stored on your mobile device; secure encryption is used to protect all transmissions

Connects You with the Details

- Quickly check available balances
- Access account details
- Click to call or email UMB Consumer Services with questions
- View notifications and messages about your account

Provides Additional Time-Saving Options

- View transaction details
- File a Claim and upload receipt documentation with your mobile device's camera
- Use Expense tab to enter medical expense information and upload receipts to store for personal recordkeeping
- Eligible Expense Scanner
- Scan the bar code of a product to determine if it is an eligible expense for your account(s)
- Real-time product look-up to display whether the product is eligible, ineligible, or not found
- Consumer must have a medical plan (FSA/LPFSA, HRA)
- Available post login only

FAQs

How do I change my FSA/DCA payroll deduction amount?

FSA/DCA plans only allow changes to your election (that would in turn update your payroll amount) with a qualifying life event such as the addition or loss of a qualifying dependent. Contact your employer for more information.

What do I do if a provider or my health insurance refunds me for an expense I paid for with my benefit account or I requested funds in error?

For an FSA/HRA this can be submitted via check along with the claim number to the standard PO Box on claim notifications, or you may contact our call center to have the corresponding claim denied so that you can repay the claim within our online portal. If the provider refunds your debit card the account will be repaid, but you may need to contact the call center if the corresponding claim is still asking you to take action and we can have the refund applied to that claim.

Once I request a transaction, how long does it take for my funds to be available?

This will be dependent upon if the claim documentation is approved. If you have a bank account added to your account this can take as little as 3 business day. However, a check can take up to 7 business days to arrive.

What do I do if my debit card declines or doesn't work?

Within your profile, confirm you have the correct and most recent card by verifying the last four digits. Check your balance and verify via your activity that there are no pending transactions you have not accounted for. If using the card at the retail pharmacy, ensure the item is coded as FSA eligible. Still unable to determine the cause? Call our customer service team who can verify the cause and best solution.

Who qualifies as a dependent?

A person generally qualifies as your dependent if you claim them as an exemption on your Federal tax return. Please see IRS Publication 502 for exceptions. www.irs.gov/pub/irs-pdf/p502.pdf

How can I grant my spouse access to my account?

You may submit a Power of Attorney Form or an Authorized Representative Form. These forms can be found via the consumer portal or your employer.

Can I use my FSA to pay for medical expenses for a spouse or dependent?

Yes, you may use your FSA funds without penalty to pay for qualified medical expenses for yourself, spouse or dependent even if they are covered under another health plan.

Can I enroll in both an HSA and an FSA?

If you enroll in both an HSA and an FSA or HRA, you cannot make deductible contributions to the HSA for that coverage period if the FSA or HRA are “"general purpose” arrangements that pay or reimburse for qualified medical expenses. However, you still may be able to make deductible contributions to an HSA even if you are also covered under an FSA or HRA if those arrangements are “limited purpose” FSAs or HRAs that restrict reimbursements to certain “permitted benefits” such as vision, dental or preventive care benefits. Other permissible combinations include “suspended HRAs” and “post-deductible” FSAs or HRAs. Contract your legal or tax adviser to review these situations.