



Flexible Spending Account User's Guide-State of Oklahoma





Managing your Flexible Spending Account online

Welcome to HealthSCOPE Benefits!

We are proud to be your FSA administrator; providing friendly, quality service to you and your family is our top priority. This document outlines our user-friendly tools for filing FSA Healthcare and Dependent Care claims along with managing your CDH Account online. If you would rather file your claims via US mail, fax, or email, use the following:

By US Mail

HealthSCOPE Benefits
P.O. Box 350
Little Rock, AR 72203

By Fax

1-877-240-0135

By Email

CDHAdmin@healthscopebenefits.com

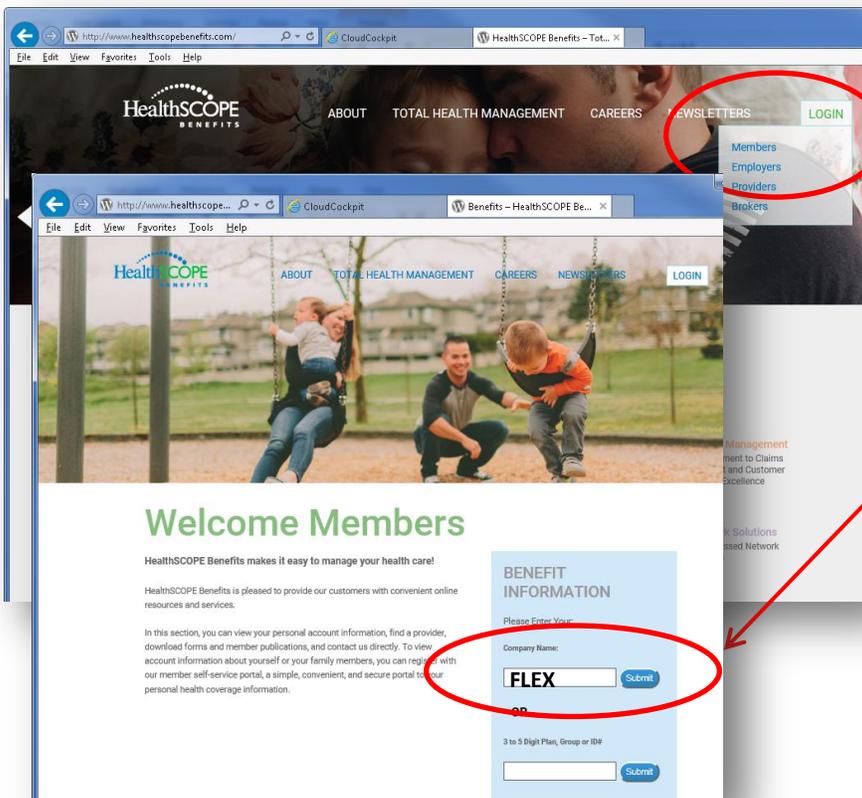
If you have questions, please feel free to contact us via email or by calling 1-877-385-8775.

Contents of this document

Here you will find instructions for the following:

- Accessing your Flexible Spending Account online
- How to file a claim online
- How to view your FSA account information
- Viewing Plan Information, IRS rules, and important Documents & Forms

Accessing your Flexible Spending Account online



Step 1: Log on to www.healthscopebenefits.com.

Step 2: Hover your mouse over the Login button to drop down the menu. Then click Members.

Step 3: At the Welcome Members screen, in the Company Name field, enter the word **FLEX** and click Submit.

Step 4: You will see a screen like this. Click the hyperlink for Flexible Spending Account (FSA).

Step 5: At the Login screen, enter your Username and Password (as explained below) and click Login.

Important note: Your group may have selected a username/password format that is specific to you. If so, you would be notified of this and would have received the login credentials. If not, follow the instructions below:

Your Username: Your username is as follows:

- the first four letters of your last name (capitalize the first letter)
- the last 4 digits of your Social Security Number
- an **underscore** and the letters **soo** (like this **_soo**)

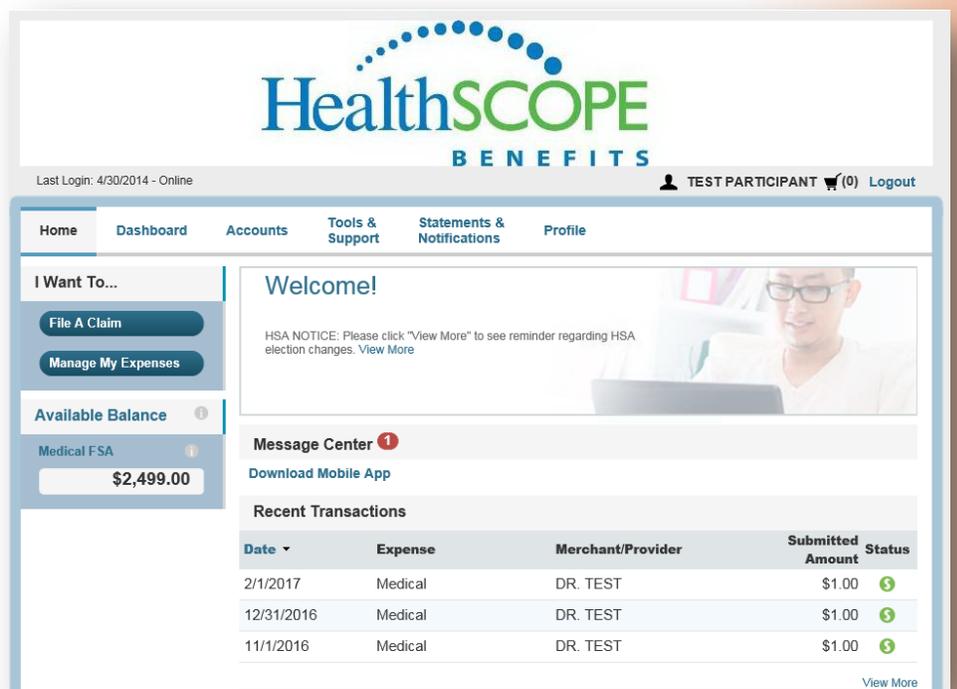
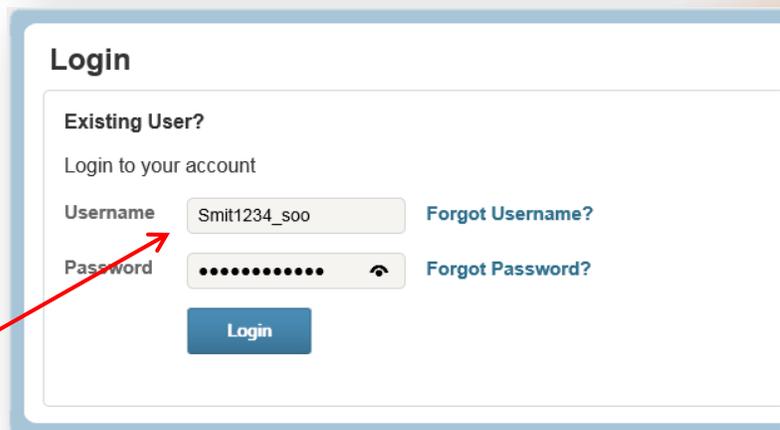
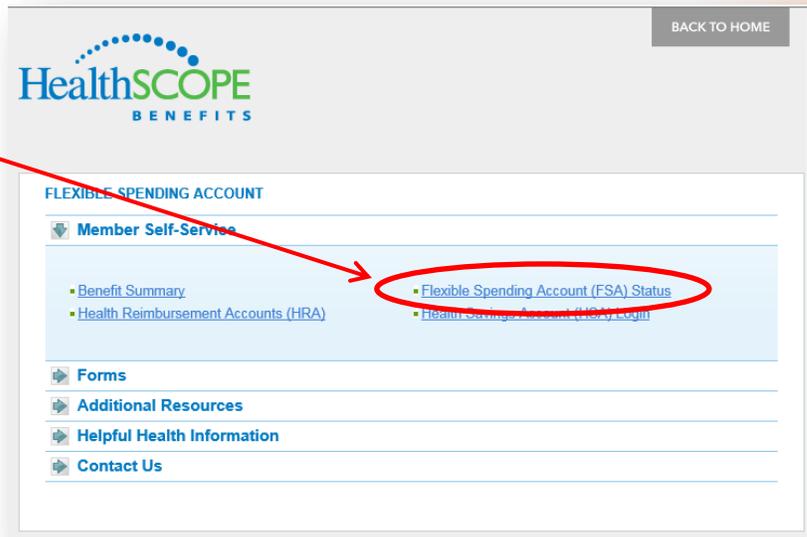
For example: John Smith with a SSN number of 789-45-1234 would be user **Smit1234_soo**.

Your Password: The first time you login, your password is the same as your username. You will be prompted to change your password as well as set up a Security Question.

Your Welcome Page will display, similar to what is shown here.

From this screen you can:

- File an FSA claim
- Check your account balances
- Check claim history
- Update your profile
- Get plan descriptions and other documentation
- Retrieve downloadable forms
- Submit a customer service inquiry



How to file a claim online

Step 1: Once you have accessed your Flexible Spending Account from the HealthSCOPE Benefits website, click the Accounts tab.

Step 2: Click the arrow on the I Want To button to drop down the menu.

Step 3: Then click File A Claim.

The screenshot shows the user interface of the HealthSCOPE Benefits website. The 'Accounts' tab is selected in the top navigation bar. The 'I Want to...' dropdown menu is open, showing 'File A Claim' and 'Manage My Expenses' buttons. The main content area displays the 'Accounts / Account Summary' page for a Health Savings Account, including a table with columns for Account, Eligible Amount, Submitted Claims, Paid, Pending, Denied, and Available Balance.

Account	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
Medical FSA	\$2,500.00	\$1.00	\$1.00	\$0.00	\$0.00	\$2,499.00

Step 4: When filing a claim, you will be creating a reimbursement. Select the account to "Pay From."

Step 5: Then select the account to "Pay To."

Step 6: Click the Next button.

The screenshot shows the 'Accounts / File A Claim' page. The 'Create Reimbursement' form is displayed with 'Medical' selected for 'Pay From' and 'Me' selected for 'Pay To'. The 'Next' button is highlighted. The page also shows the available balance for the Medical FSA account as \$2,499.00.

Step 7: If you have documentation, such as receipts, that you can attach to the claim, click Upload Valid Documentation. You will be prompted to browse to the location on your computer and upload the document(s). Valid file types are JPG, GIF, PNG, or PDF and cannot exceed 2 Megabytes.

Step 8: When finished with this screen, click Next.

This screenshot shows the 'Accounts / File A Claim' interface. On the left, there is a sidebar with 'Available Balance' for Medical FSA at \$2,499.00 and 'Plan Filing Rules' for 01/01/2017 - 12/31/2017. The main content area is titled 'Accounts / File A Claim' and has a sub-section 'Receipt / Documentation'. Below this, there is a 'Receipt(s)' section with an 'Upload Valid Documentation' link. A 'Summary' section shows 'Pay From: Medical' and 'Pay To: Me'. At the bottom right, there is a '* Required' note. Navigation buttons 'Cancel', 'Previous', and 'Next' are at the bottom.

This screenshot shows the 'Accounts / File A Claim' interface with the 'Claim Details' section expanded. The 'Start Date of Service' is 3/1/2017, 'End Date of Service' is 3/1/2017, and 'Amount' is \$ 500.00. The 'Provider' is 'Heritage Medical' and the 'Category' is 'Medical Expenses'. The 'Type' is 'Medical Equipment'. The 'Description' field is empty, with a note: 'If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.' The 'Recipient' is 'TEST PARTICIPANT' with an 'Add Dependent' link. The 'Did You Drive To Receive This Product/Service?' question has 'No' selected. The 'Summary' section shows 'Pay From: Medical', 'Pay To: Me', and 'Documentation Uploaded: No'. Navigation buttons 'Cancel', 'Previous', and 'Next' are at the bottom.

Step 9: Complete the fields on the Claim Details screen and click Next.

A screen will display that summarizes the claim you are submitting.

Step 10: Check the information to verify accuracy. If you need to remove the information or update it, there are buttons/links you can click to do so.

Step 11: When you are ready to submit your claim, click Submit.

Last Login: 4/30/2014 - Online TEST PARTICIPANT (1) Logout

Home Dashboard Accounts Tools & Support Statements & Notifications Profile I Want to... ▼

Available Balance ⓘ
Medical FSA ⓘ
\$1,999.00 **
** Balance reflects claims not yet submitted

Accounts / Transaction Summary

Transaction Summary (1)

From	To	Expense	Amount	Approved Amount ⓘ		
Medical FSA	Me	Medical Equipment	\$500.00	\$500.00	Remove	Update
Total Amount			\$500.00	\$500.00		

Cancel Save for Later Add Another Submit

A confirmation screen will indicate successful submission. If you are mailing or faxing your receipts instead of attaching them to this submission, click the link on this screen called Claim Confirmation Form. Print that form and send it along with your receipts.

Step 12: When complete, use the tabs across the top of the screen to navigate to other areas of the web portal, or if you are finished using the system, click "Logout."

Last Login: 4/30/2014 - Online TEST PARTICIPANT (0) Logout

Home Dashboard Accounts Tools & Support Statements & Notifications Profile I Want to... ▼

Available Balance ⓘ
Medical FSA ⓘ
\$1,999.00

Accounts / Transaction Confirmation

Confirmation

Successfully Submitted

From	To	Amount	Approved Amount	Receipt Status
Medical FSA	Me	\$500.00	\$500.00	Required Upload Receipt
Total Approved Amount			\$500.00	

Additional Receipt Submission Options

Print the **Claim Confirmation Form** to submit with receipts if faxed or mailed.

Fax (866) 790-0051

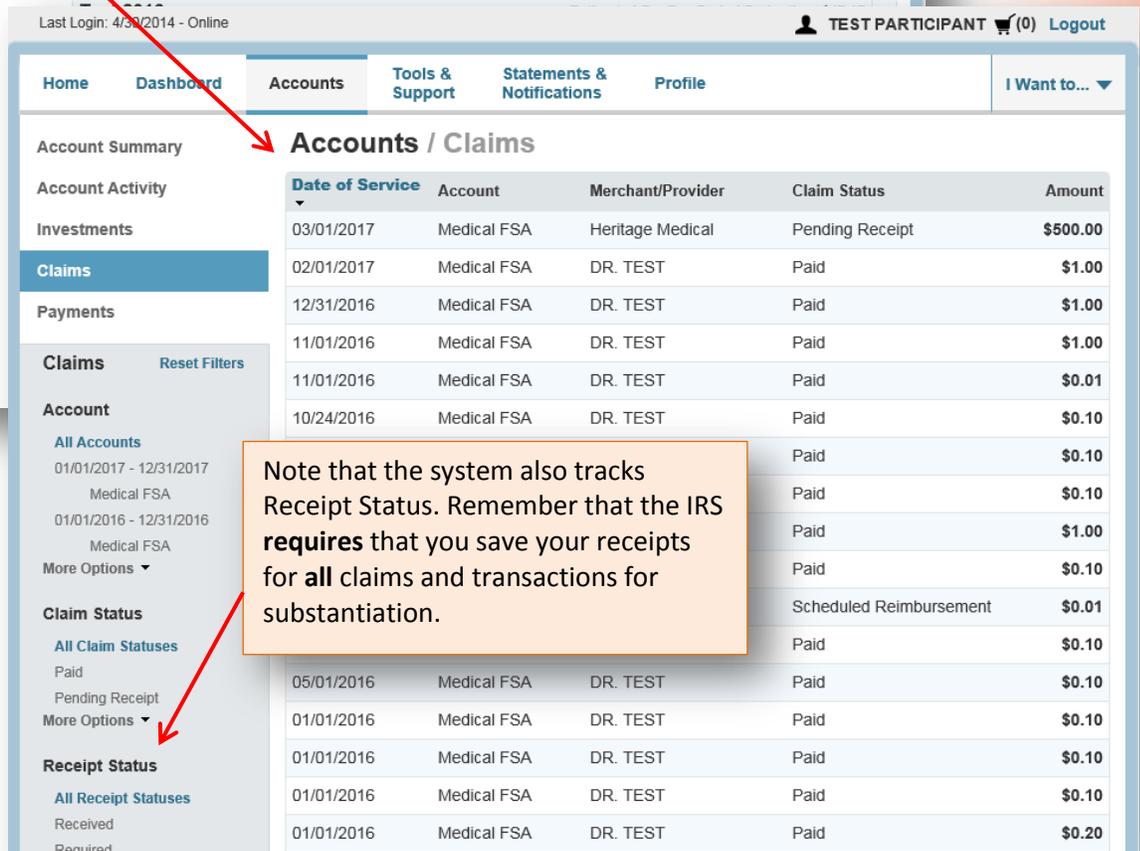
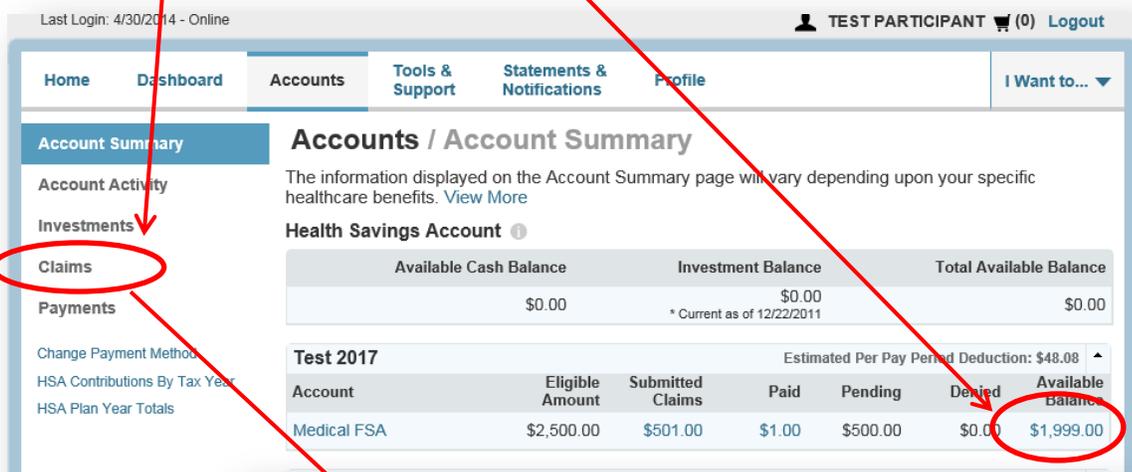
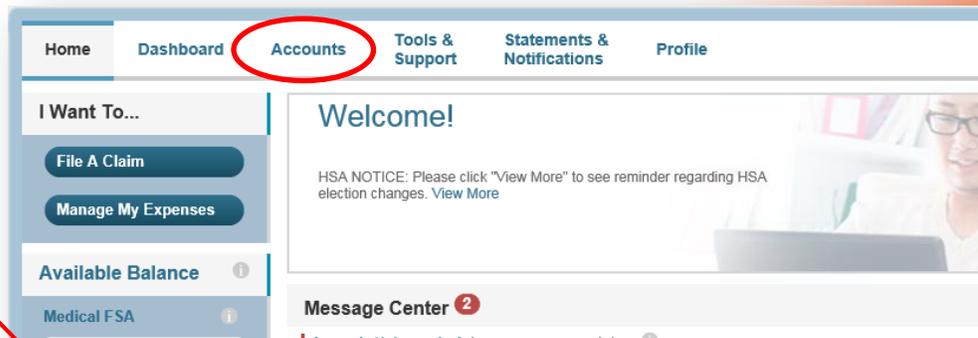
Mail P.O. Box 350
Little Rock, AR 72203

How to view your Account Information

Step 1: From the Home screen, click Accounts.

The Account Summary screen will show details regarding balances on your FSA account. If any of the totals appear in blue, you can click that number for more detail.

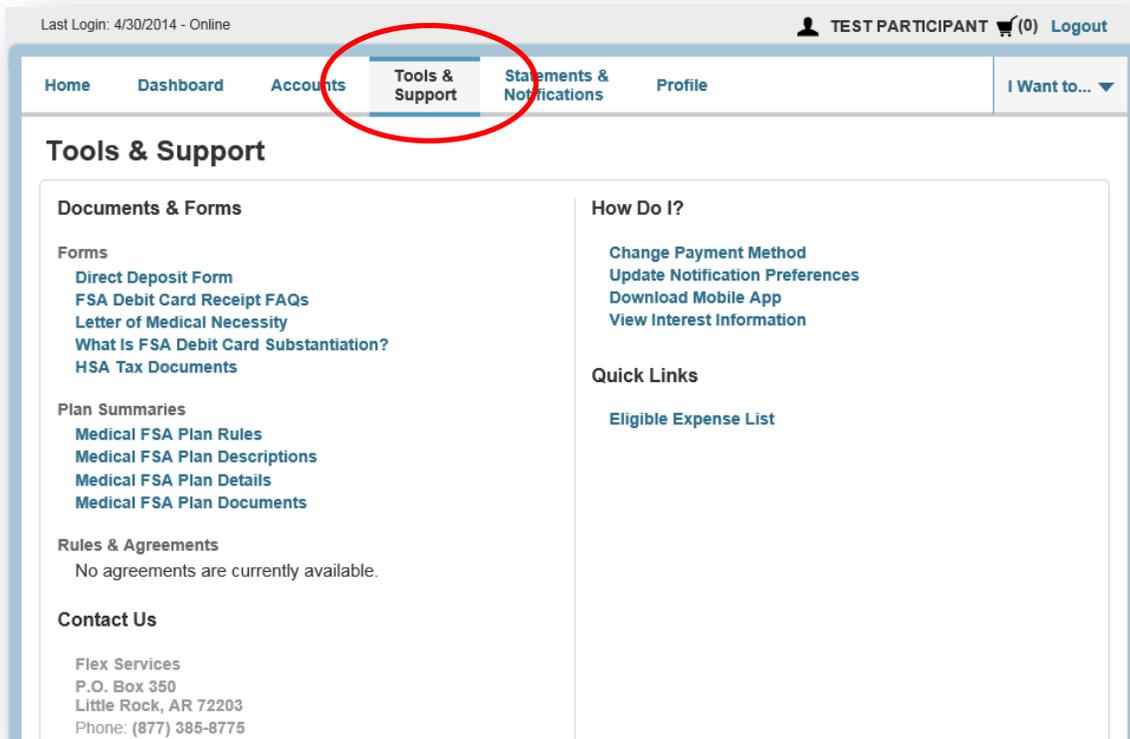
To see your entire claims history, click the Claims link.



Note that the system also tracks Receipt Status. Remember that the IRS **requires** that you save your receipts for all claims and transactions for substantiation.

Viewing Plan Information, IRS Rules, and Important Documents & Forms

From anywhere within the portal, click Tools & Support to view various documents and forms, like shown here.



1-877-385-8775
www.healthscopebenefits.com

HealthSCOPE Benefits is excited to be your FSA administrator. If you have any questions, please do not hesitate to contact us.

