



## Participant Overview Guide

Your **journey** begins here.

Welcome to **MidAmerica Journey**, your new Participant Portal. This one-stop portal gives you 24/7 access to view information and manage your Flexible Spending Accounts (FSAs) and/or Health Reimbursement Arrangements (HRAs).

The Participant Portal is convenient and easy to use. Anytime access to the portal allows you to:

- File a claim online
- Upload receipts and track expenses
- View account balances
- View your account activity, claims history and payment (reimbursement) history
- Report a lost/stolen Card and request a new one
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms and notifications


The portal is designed to be easy to use and convenient. You have your choice of two ways to navigate this site:

1. Work from sections within the Home Page, or
2. Hover over or click on the four tabs at the top.

## 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**.

#### Existing User?

Login to your account

Username  [Forgot Username?](#)

Password  [Forgot Password?](#)

☐ Remember Me

[Login](#)

#### First time here? Register today!

[Create your new username and password](#)

## Understanding your homepage

Here's a quick glance at what you can quickly access once you log in:

### *I Want To* Section

- Quickly access the claims submission form, expense management as well as plan activity details that include investment information and investment management (if applicable)

### Tasks

- Alerts and relevant links that enable to you keep current on your accounts

### Recent Transaction

- Snapshot of recent transaction history and the status

Home Accounts Tools & Support Message Center 20

## Take control of your health care spending.

**I Want To:**

[Submit a Claim](#) [Manage My Expenses](#) [View Plan Activity](#)

**Tasks 1**

[To get your money faster, set up a bank account for direct deposit](#)

**Recent Transactions**

DATE	EXPENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	SUBMITTED AMOUNT	STATUS
1/1/2020	Medical	Wextest Testparticip...	ABC Insurance Compa...	\$150.00	\$
1/1/2020	Medical	Wextest Testparticip...	ABC Insurance	\$150.00	\$

[View full table](#)

## Understanding your homepage, cont.

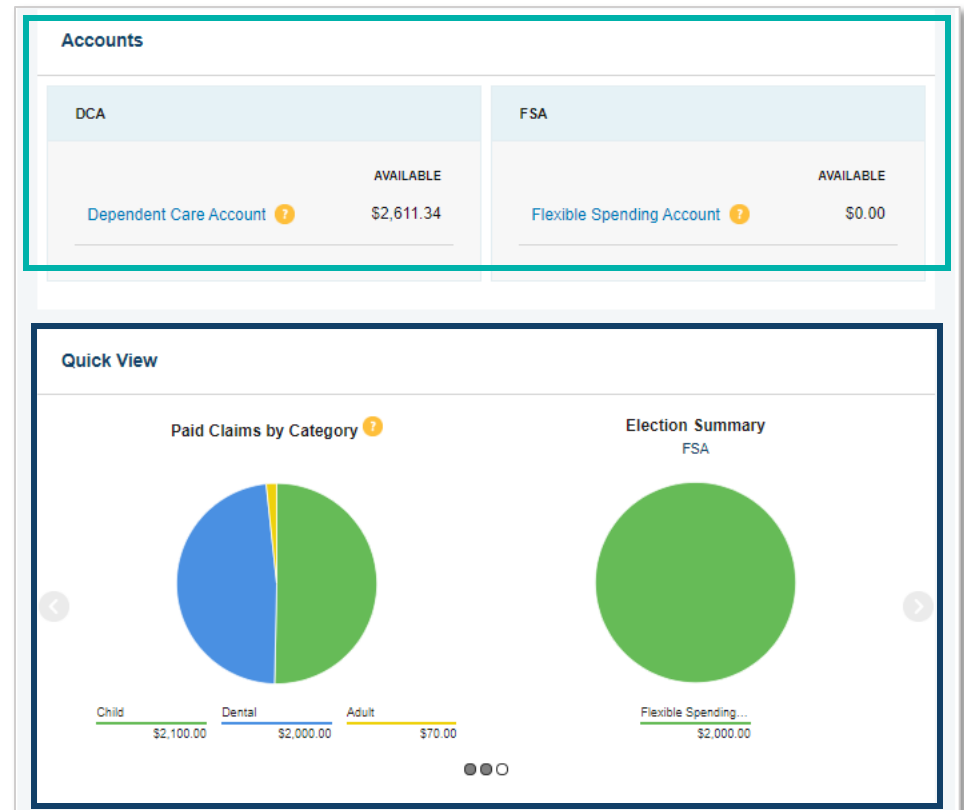
### Accounts

- Snapshot of your available account balances
- Click each account type to view claim details for that account

### Quick View

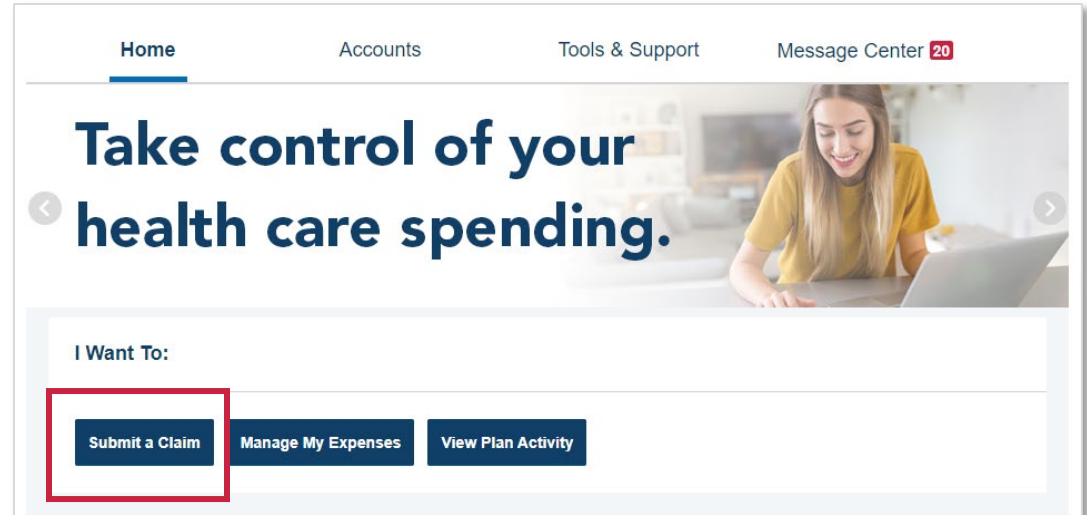
- Graphically displays some of your key account information.

You can also hover over the tabs at the top of the page for more in-depth account information.



## 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

Cancel

Previous **Next**

- 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	Meals & Lodging	Adult Caregiver -	\$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

**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 ?

Flexible Spending Acco... <span style="color: orange;">?</span>	\$0.00
Dependent Care Account <span style="color: orange;">?</span>	\$2,219.64

### Confirmation

[Print Confirmation](#)

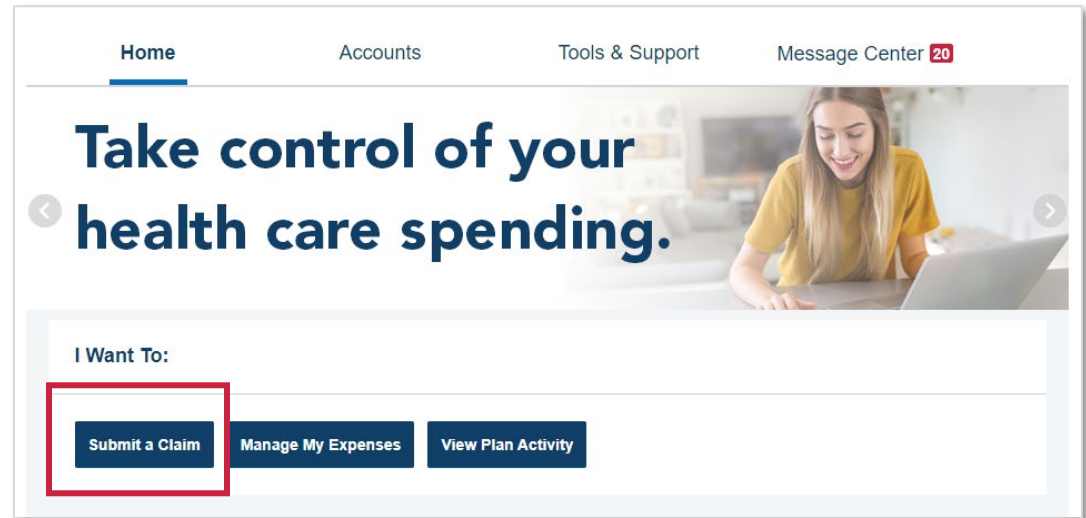
Please click the "Receipts Needed" link below and upload your receipt(s).

### Successfully Submitted

FROM	TO	AMOUNT	APPROVED AMOUNT	RECEIPT STATUS
Dependent Care Account	Me	\$20.00	\$20.00	<div style="border: 2px solid red; padding: 2px;"> <a href="#" style="color: #0070C0; text-decoration: none;">Uploaded(1)</a>  <a href="#" style="color: #0070C0; text-decoration: none;">Upload another Receipt</a> </div>
<b>TOTAL APPROVED AMOUNT</b>			\$20.00	

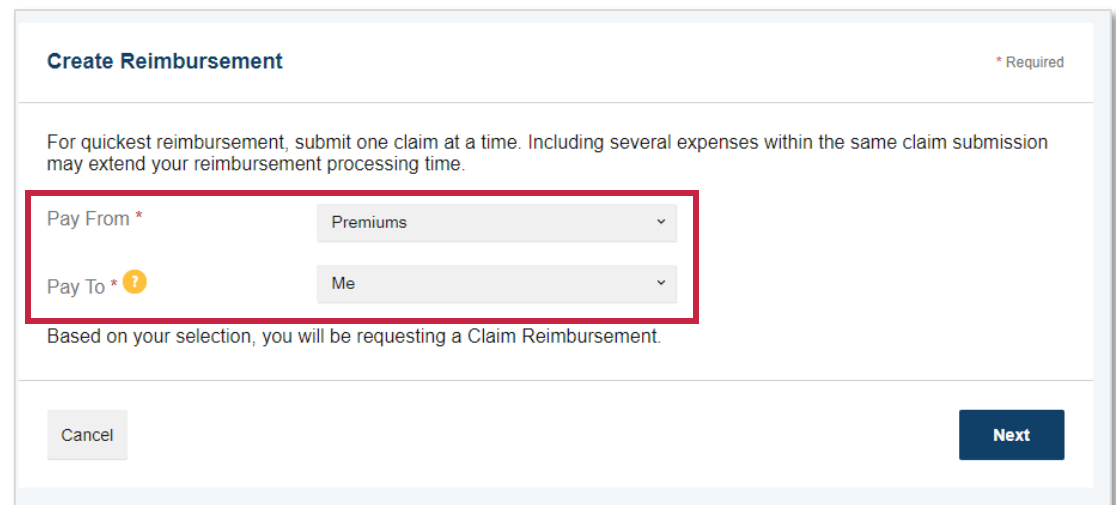
## Submitting Recurring Premium Claims

- 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.



The screenshot shows the homepage of a health insurance portal. The navigation bar includes 'Home', 'Accounts', 'Tools & Support', and 'Message Center' with a notification badge '20'. The main heading is 'Take control of your health care spending.' Below this, the 'I Want To:' section contains three buttons: 'Submit a Claim', 'Manage My Expenses', and 'View Plan Activity'. The 'Submit a Claim' button is highlighted with a red box.

- 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**



The screenshot shows the 'Create Reimbursement' form. The title is 'Create Reimbursement' with a '\* Required' note. Below the title, there 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 has two dropdown menus: 'Pay From \*' with 'Premiums' selected, and 'Pay To \* ?' with 'Me' selected. These two dropdowns are highlighted with a red box. Below the dropdowns, a message states: 'Based on your selection, you will be requesting a Claim Reimbursement.' At the bottom, there are 'Cancel' and 'Next' buttons.

- 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

☒

### Summary

Pay From	Premiums
Pay To	Me
Documentation Uploaded	Yes

Cancel

Previous

Next

- 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 ?	
+ Available: Full Medical	Me	Health	\$150.00	\$150.00	Remove Update
Total Amount			\$150.00	\$150.00	

Claims Terms and Conditions
✓ Agreed ^

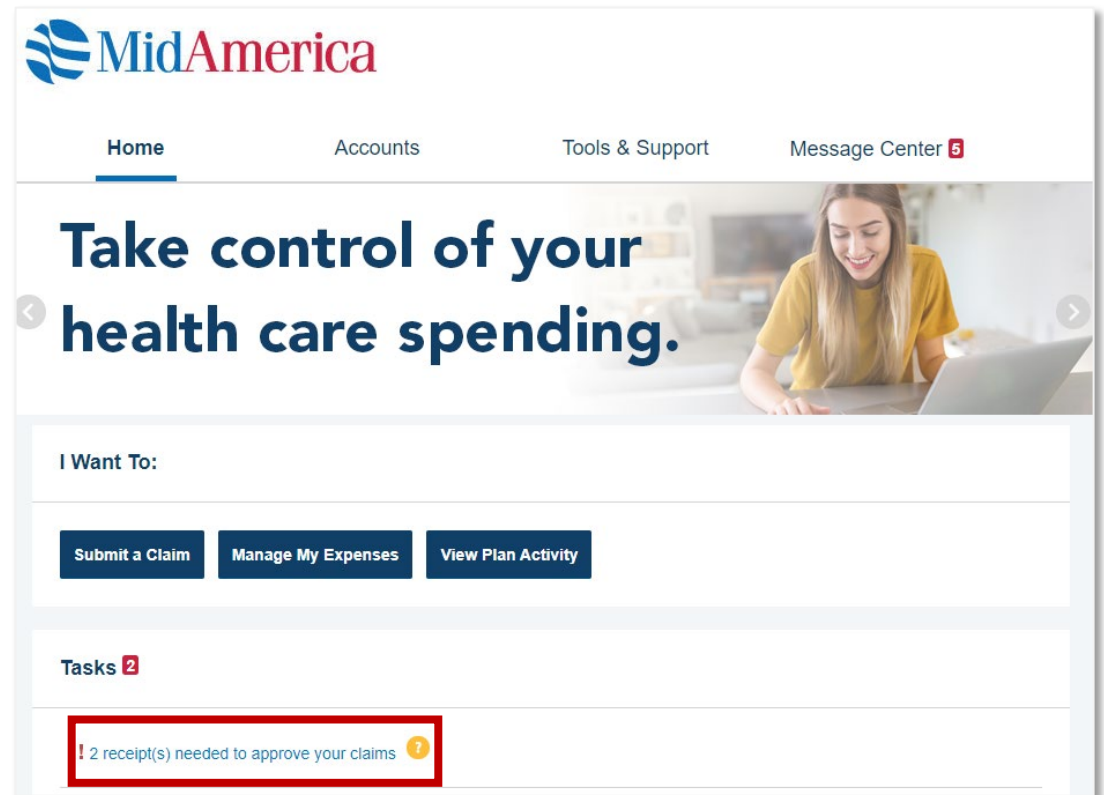
☒ I have read, understand, and agree to the Terms and Conditions.

Cancel
Save for Later
Add Another
Submit

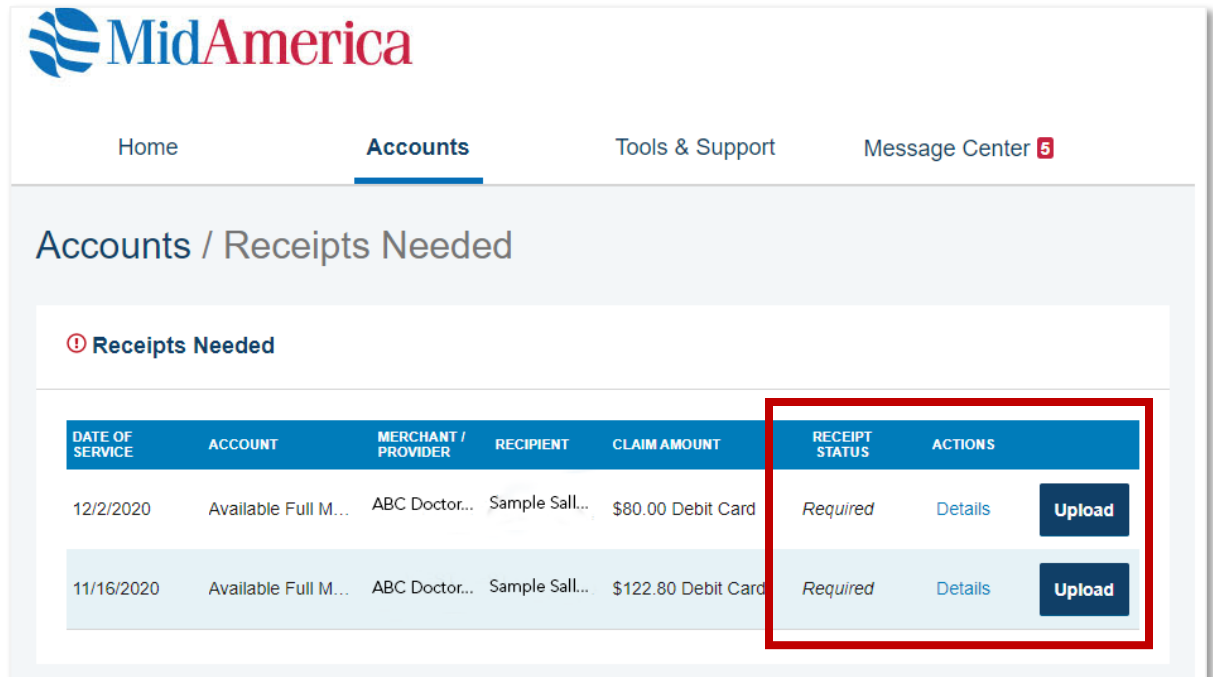
**Need to cancel an existing recurring claim?** If you have a recurring claim on file that you'd like to cancel, please contact our Participant Services team at (855) 329-0095 or at [healthaccountservices@myMidAmerica.com](mailto:healthaccountservices@myMidAmerica.com).

## 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.



- 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.



**MidAmerica**

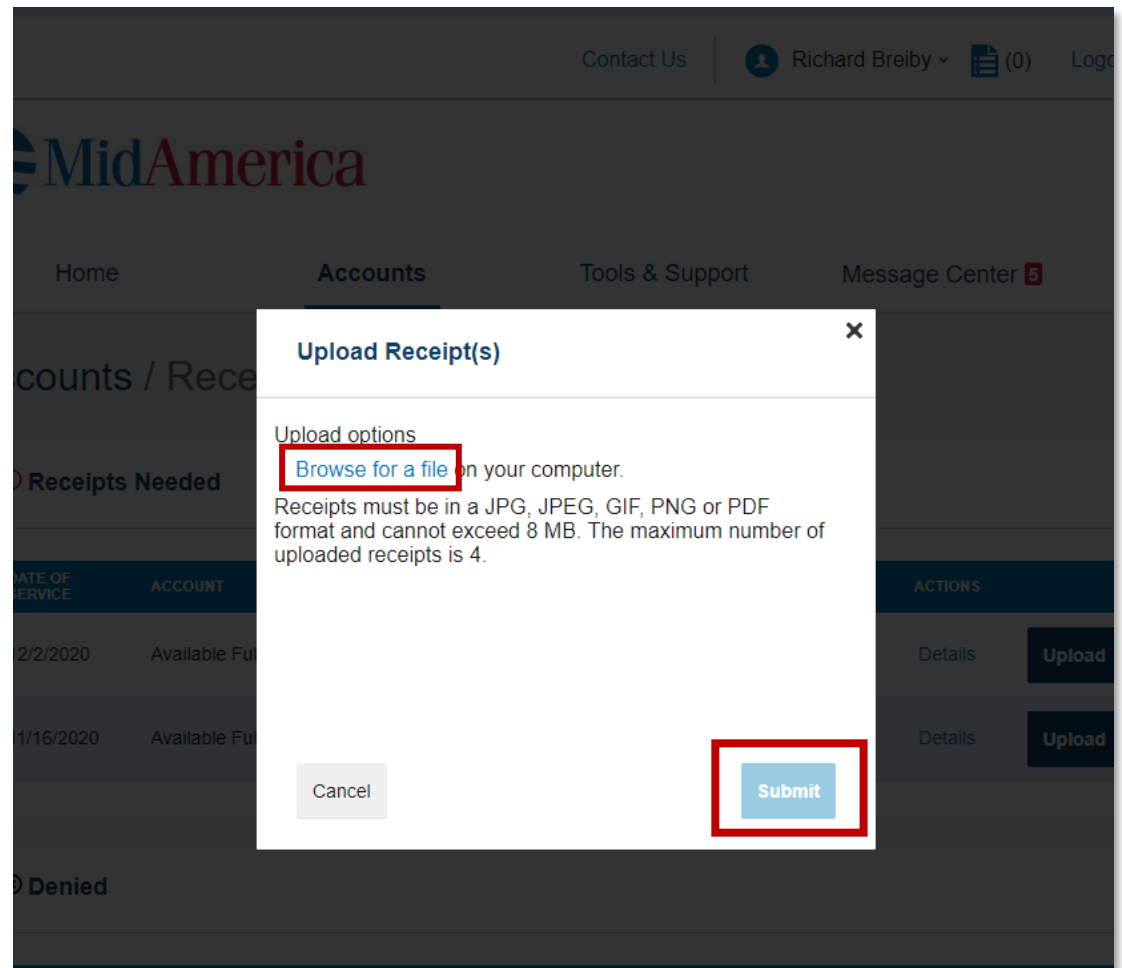
Home Accounts Tools & Support Message Center **5**

## 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	<a href="#">Details</a> <a href="#">Upload</a>
11/16/2020	Available Full M...	ABC Doctor...	Sample Sall...	\$122.80 Debit Card	Required	<a href="#">Details</a> <a href="#">Upload</a>


- 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.						

## Viewing Account Balances

- To view account balances, select **Account Summary** from the Accounts drop-down menu.
- From the next page, you can view the details of your plans at an account level.
- To learn more about a particular account, select the “plus” symbol next to the plan.

### Accounts / Account Summary

The information displayed on the Account Summary page will vary depending upon your specific health care benefits. If you have questions regarding these balances, please contact Participant Services.

#### FSA

ESTIMATED PER PAY PERIOD DEDUCTION: \$37.74

ACCOUNT	ELIGIBLE AMOUNT	SUBMITTED CLAIMS	PAID	PENDING	DENIED	AVAILABLE BALANCE
+ Flexible Spending Account	\$2,000.00	\$2,050.00	\$2,000.00	\$0.00	\$50.00	\$0.00

#### DCA

ESTIMATED PER PAY PERIOD DEDUCTION: \$94.34

ACCOUNT	ELIGIBLE AMOUNT	SUBMITTED CLAIMS	PAID	PENDING	DENIED	AVAILABLE BALANCE
+ Dependent Care Account	\$5,000.00	\$2,245.00	\$2,170.00	\$30.00	\$45.00	\$2,611.34

#### DCA

ESTIMATED PER PAY PERIOD DEDUCTION: \$94.34

ACCOUNT	ELIGIBLE AMOUNT	SUBMITTED CLAIMS	PAID	PENDING	DENIED	AVAILABLE BALANCE
— Dependent Care Account	\$5,000.00	\$2,245.00	\$2,170.00	\$30.00	\$45.00	\$2,611.34

Election  
Details

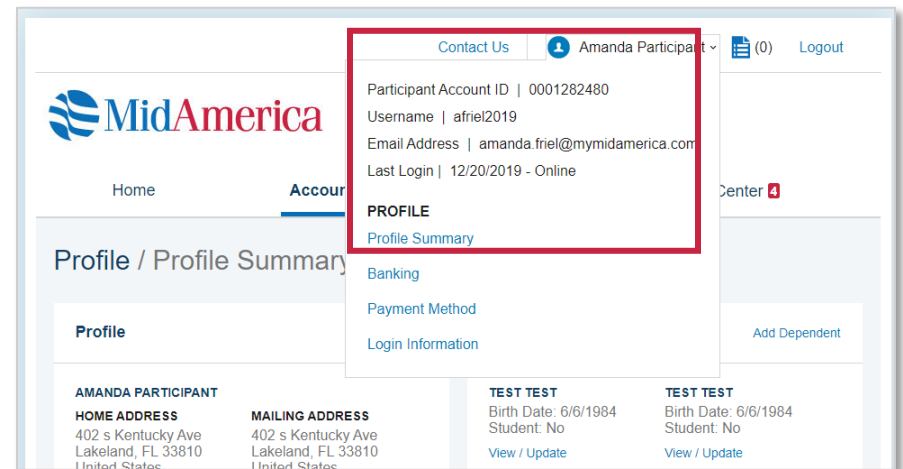
Effective: 1/1/2019  
My Annual Election: \$5,000.00  
Company Contribution to Date: \$0.00

My Contributions to Date: \$4,811.34  
Estimated Payroll Deductions: \$94.34  
Plan Year Balance: \$2,800.00

## Updating Profile, Banking, Payment Method and Login Information

### Updating Census Information and Adding Dependents

- Select your name in the top right-hand corner.
- Next, select **Profile Summary**
- From here, you can update your address, phone number, and email address, as well as add dependents.



### Profile / Profile Summary

Profile	Update Profile	Dependents	Add Dependent
<b>AMANDA PARTICIPANT</b> <b>HOME ADDRESS</b> 402 s Kentucky Ave Lakeland, FL 33810 United States <b>MAILING ADDRESS</b> 402 s Kentucky Ave Lakeland, FL 33810 United States <b>HOME PHONE</b> <b>MOBILE NUMBER</b> <b>EMAIL ADDRESS</b> <b>GENDER</b> Female <b>MARITAL STATUS</b> Single <b>USERNAME</b> afriel2019 <b>PARTICIPANT ACCOUNT ID</b> 0001282480		<b>TEST TEST</b> Birth Date: 6/6/1984 Student: No View / Update	<b>TEST TEST</b> Birth Date: 6/6/1984 Student: No View / Update

## Add a Bank Account

- Select your name in the top right-hand corner.
- Next, select **Banking**.
- From here, you can add a new bank account or manage an existing account. Please note, to establish direct deposit, you must first add your bank account.

## Banking

### Bank Accounts

[Add Bank Account](#)

No bank accounts exist

## Banking / Add Bank Account

### Bank Account Information

\*Required

Routing Number * ?	<input type="text"/>
Account Number *	<input type="text"/>
Confirm Account Number *	<input type="text"/>
Account Type *	<div>Checking ▾</div>
Account Nickname * ?	<input type="text"/>

### Bank Institution Information

Bank Name *	<input type="text"/>
Bank Address *	<div>Address Line 1<input type="text"/></div> <div>City<input type="text"/></div> <div><div>Select a state... ▾</div><div>Zip Code<input type="text"/></div></div>

[Cancel](#)[Submit](#)

## Managing Payment Methods

- Select your name in the top right-hand corner.
- Next, select **Payment Method**.
- From here, you can choose how you wish to be reimbursed from each of your benefit accounts.

### Profile / Payment Method

#### Current Payment Method

PLAN YEAR	ACCOUNT(S)	PRIMARY	ALTERNATE	
01/01/2019 - 12/31/2019	Flexible Spending Account	Direct Deposit	-	<a href="#">Update</a>
01/01/2019 - 12/31/2019	Dependent Care Account	Check	-	<a href="#">Update</a>

### Payment Method / Update Payment Method

#### Primary Payment Method

☒ Direct Deposit

Signing up for direct deposit will allow your disbursements to be deposited in your designated bank account.

☐ Check

A reimbursement check will be sent via U.S. mail based on your normal reimbursement schedule.

[Cancel](#)

[Submit](#)

## Updating Login Information

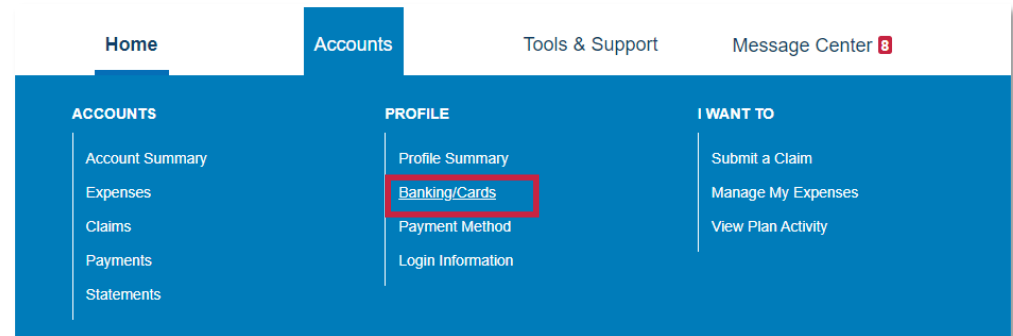
- Select your name in the top right-hand corner.
- Next, select **Login Information**.
- From here, you can update your username, password, and your security questions.

### Login Information

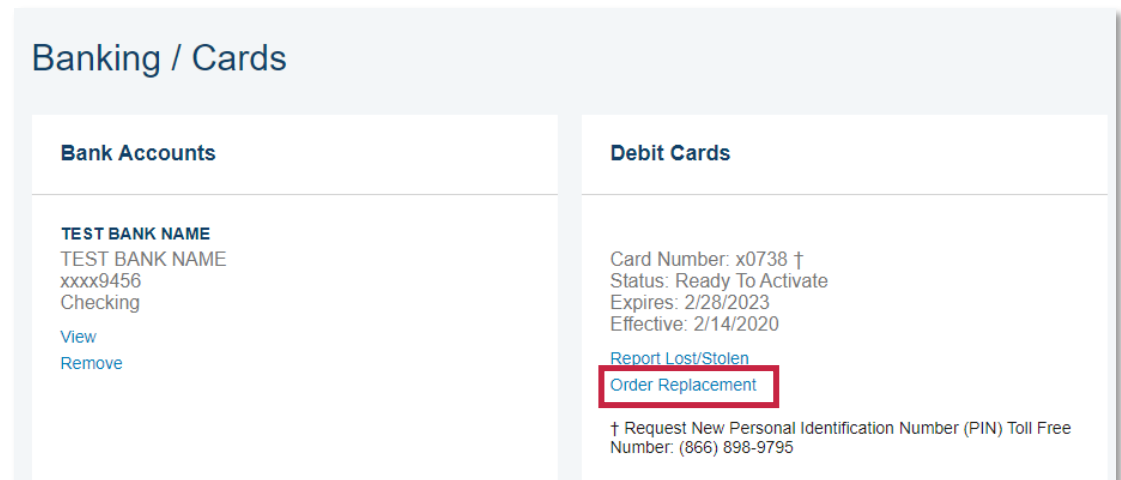
Password	<a href="#">Change Password</a>
Username	<a href="#">Change Username</a>
Security Questions	<a href="#">Change Security Questions</a>

## Requesting Additional Debit Cards

- Select **Banking/Cards** from the Accounts dropdown menu



- Next, select **Order Replacement**



## Requesting Additional Debit Cards, Cont.

- From the next page you can review your request before finalizing.
- Once satisfied, select **Submit**.
- **Important Note!** Although the online process for requesting additional debit cards is referred to as “ordering replacement cards,” your current cards will not be deactivated and your new card will have the same card number. If your card was lost or stolen, please select the **Report Lost/Stolen** option to deactivate your existing card number.

### Cards / Order Replacement Card

#### Card Information

Selected Card

Current Status ReadyToActivate

#### Replacement Card

Issuance Fee \$5.00

Your Mailing Address  
2855 Interstate Drive  
Suite 115  
Lakeland, FL 33805  
United States

[Update Your Mailing Address](#)

\* A new card with the same card number will be issued and mailed to the primary cardholder's address to replace the card within 5-7 business days.

\* The cardholder must have a United States mailing address to receive a new card. If a card is requested and the cardholder has an international mailing address, a card will not be generated.

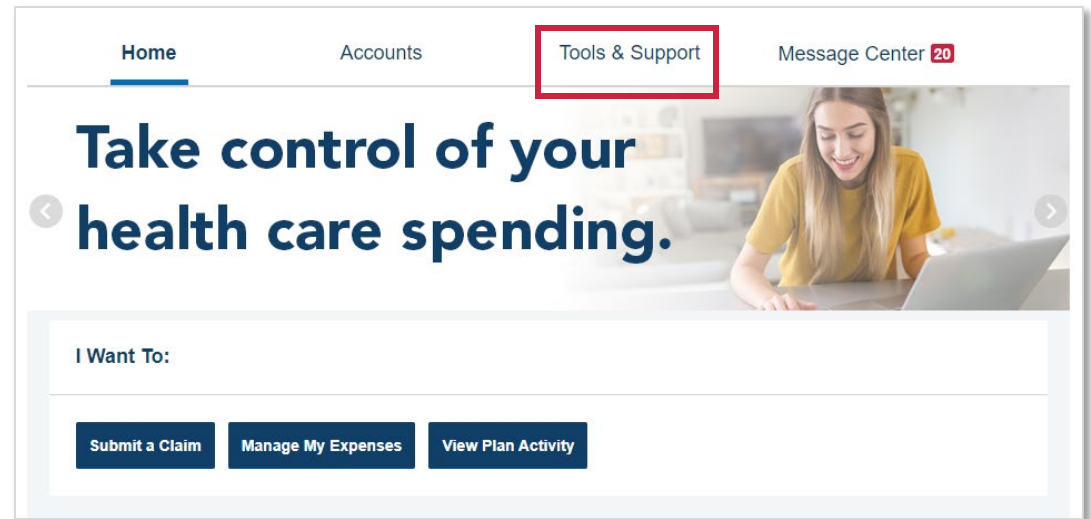
Cancel

Submit



## Download Plan Forms and View Plan Information

- Select **Tools & Support** from the top navigation
- From this page, you can view high-level details about your benefit, download relevant plan forms and access contact information if you need help.



### 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.