

New Participant Guide for Online Repayments

Consumer Driven Health Plans

Step-By-Step Guide for Online Repayments

Online repayment is available to set up a payment from your bank account (credit and debit card payments are currently unavailable).

When there are ineligible transactions, a message will appear on the dashboard showing the total of the ineligible expenses with an option to pay now.

☐ (800) 523-7542, option 1 △ MedcomReceipts@medcombenefit:	_{is.com} Personal	Dashboard				PS	SA Score Marketplace 2 Notifications	Hi, Tony Stark \sim
	Tony Stark	YOUR PROFILE IS 60% COMPLET? Complete your profile and take advantage of all our capabilities.	MOBILE PHONE	EMAIL	REIMBURSEMENT METHOD	ALERTS () YOU HAVE OFTED INTO 4 ALERTS		
	(j) Balance	Due Amounts - Repay Online	2 99. Click "Pay Now" to make	e a payment to resolve this l	palance due.	PAY NOW		

A bank account must be added to your account for the repayment option to be available. If one is not set up, a message will appear indicating a bank account must be added, along with a link to add a bank account.

Online payment is not possible without a bank account. Please setup your bank account in your profile					
\$59.99	Balance Due			PAY NOW	
\$34.99	Flexible Spending Account Ineligible	Card PEARLE VISION	Apr 21, 2022	ADD RECEIPT	
\$25.00	Flexible Spending Account Ineligible Partially Offset	Card BAPTIST MEDICAL CENTER	Apr 21, 2022	ADD RECEIPT	
	Balance update	s may be delayed while pay	ments are processing		

Medco الس



Click on the link to the "Profile" page, then click "Edit" in the "Reimbursement Method" section.

change picture	Phone Mobile Phone Email Address <u>edit</u> c***W@medcombenefits.com	Home Address 1 Road Way Jacksonville FL, 32206 US	EDIT PROFILE <u>change password</u> <u>delete account credentials</u>
Daffy DUCK Date of Birth Jan 1, 1990 Marital Status None Gender None	Employer A Sample Employer Employee Status New	edit Reimbursement Method Check	-

Select "Direct Deposit," and a form will appear to enter banking details.

	Reimb	ursement Me	thod		;	×
Rein	bursement Method					
\bigcirc	Check	\bigcirc	Direct Deposit			
			X CANCEL	\checkmark	SAVE	

Click "Edit" at the bottom of the form, then complete the form with your banking information, then click "Save."

📲 Bank Name *	Financial Institution	Check example	
Account *	987654231	Address	Date
Re-enter Account *	987654231	Pay to the order of:	
Es Account Routing *	263079276	Your bank	123456789123
Ee-enter Routing *	263079276	Routing Number Check #	Account Number
Bank Account Type	Checking	Please note: The order of Routing numbers will vary from financial i institutions and will not necessar	, Account and Check nstitution to financial ilv be in the same order
By providing my bank account agree to allow my administrat reimbursements into my accou change this directive at any tim	and routing numbers, I * or to direct deposit plan unts. I understand that I can ne.	as shown above.	,

Reimbursement Method

Contact Us: (800) 523-7542, option 1 MedcomReceipts@medcombenefits.com www.medcombenefits.com



A page will appear summarizing the account details for your review. If everything was entered correctly, click "Save." If edits need to be made, click "Cancel" and make the appropriate updates.

Reimbursemen	t Method
() Please Review Bank Acc	ount Details
Bank Name Account number Routing number Bank account type	Financial Institution 987654231 263079276 Checking
	/ SAVE

Return to the "Home" page by clicking "Menu" and then "Home."





When clicking "Pay Now," the below screen will pop up to specify which transaction(s) will be repaid.

Selecting "Repay full amount" will repay the full amount due.

Selecting "Repay partial amount" will allow a specific amount to be entered. Note: this option will apply the payment to the oldest transaction(s) first.

Selecting "Repay individual transactions" will allow specific transactions to be chosen for repayment.

	Repay Your Overpayment	Now		×
Repayment Amount Repay full amount \$59.1 Repay partial amount [Repay individual transa	99 \$ 0.00 ctions			
\$34.99	Flexible Spending Account	Tony Stark	Apr 21, 2022	
\$25.00	Flexible Spending Account	Tony Stark	Apr 21, 2022	
Your Bank Information	on			
Repay from Account	Financial Institution(****423	1) <u>View or Chan</u>	<u>ge Account</u>	
l authorize a payment of \$59.99	to be taken from Financial Institution to pay my out	standing balance.		
			V SUBMIT	

Once the box is checked authorizing the payment, the "Submit" button will be available.

Once the repayment is submitted, a confirmation will appear showing the amount repaid and the last four digits of the bank account that was set up for drafting.

	Submitted Successfully	
Repayment Amount: \$59.99		
Your Bank Information		
Paid from Account Financial Institution(*****4	231)	
You have successfully paid \$59.99. Please note i reflected in your transaction history/balance.	t may take a few days before you see the amount deducted from your bank acco	ount and
		DSE

Once the payment is successfully processed, an email confirmation will be sent if there is an email on file and you have not previously opted out of receiving these communications.

Please keep in mind that the repayment is not posted to your account until the payment has been successfully received from your bank account, which may take up to two (2) business days.

If the payment is unsuccessful, the funds will not be credited to your account, the balance due will still be owed, and you will receive an email notification confirming the failure (if an email address is on file and you have not opted out of receiving this notification).

> Contact Us: (800) 523-7542, option 1 MedcomReceipts@medcombenefits.com www.medcombenefits.com



Sample success message:

From:	MedcomReceipts@notification.medcombenefits.com
To:	participant@emailaddress.com
Subject:	Online Repayment Confirmation
Thank you for making yo reflect on your account(s	ur online payment of [PAYMENT]. Please note, it may take up to two (2) business days for this payment to fully s), and for debit card access to be restored (if applicable).
If you have any question	s or concerns, please do not hesitate to contact us at (800) 523-7542, option 1.
Sincerely,	
Medcom Benefit Solutio	ns
Consumer Driven Health	Plans (CDHP) Division

Sample failure message:

From:	MedcomReceipts@notification.medcombenefits.com
To:	participant@emailaddress.com
Subject:	Online Repayment Failure
We regret to inform you	that your recent payment of [PAYMENT] was unsuccessful for the following reason:
[ERROR_DESCRIPTION].	
We apologize for any inc following actions before	onvenience this may have caused. Depending on the reason listed above, we recommend taking one or both of the submitting another payment.
 Log into the part Verify your account 	icipant portal at https://medcom.wealthcareportal.com to review the banking information we have on file for you Junt status with your bank
If you need further assist (800) 523-7542, option 1	tance to resolve this issue, please contact our customer care center Monday through Friday, 8:30 am to 5 pm ET at I.
Medcom Benefit Solutio	ns
Consumer Driven Health	Plans (CDHP) Division