



# WealthCare Portal Employee User Guide



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BENEFIT SOLUTIONS

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## Getting started

The **WealthCare Portal** can be accessed by navigating to the following URL:

<https://medcom.wealthcareportal.com>

### Registration

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

**Step 2.** After clicking the *register* button, complete the registration form (as shown in the lower right below). Choose a username and password. Enter the required demographic information. You can obtain your *employee ID* and *employer ID* from **Medcom's Customer Service at (800) 523-7542 Option 1 Monday-Friday 8:30am-5pm ET.**

If you already have a benefit debit card, the card number can be used in place of the *employer ID* in the *registration ID* field.

Before clicking *register*, be sure to view and accept the terms of use.

**Step 3.** After successfully completing the registration form, click register. The process may take several seconds. Do not click your browser's back button or refresh the page.

### Secure authentication

The next part of the registration process involves setting up your secure authentication. This important step helps ensure your account is secure and private.

After the registration form is successfully completed, you're prompted to complete the secure authentication setup process.

**Step 1.** Select security questions.

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

Once complete, click *next*.

**Step 2.** Verify your email address.

ConsumerFunding SOLUTIONS 800-111-3333 wcp.qa.user@gmail.com

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

Sign in

Username

Forgot your Username? [Let us help](#)

SIGN IN

To protect your personal information, we collect your password on a separate page.

Don't have an account?

REGISTER

Username \*

Password \*

Password Strength

Confirm Password \*

First Name \*

Initial

Last Name \*

Email \*

Employee ID \*

Registration ID \* Employer ID

I accept [Terms of Use](#)

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

Register - Secure Authentication

STEP 1 > STEP 2 > **STEP 3** > STEP 4

First Name: Test

Last Name: Account

Confirm Email \*: hjones@alegeus.com

The email address entered is used for security encryption only. It is not used for solicitation purposes.

CANCEL NEXT

### Step 3. Submit setup information.

On the next page, you're asked to verify all of the information you've entered during the secure authentication process. After you've reviewed and confirmed the accuracy of the information, please click *submit setup information*.

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

## > 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.

Flexible Spending Account (01/01/2016-12/31/2016)

Account Balance

Available Balance: \$589.<sup>49</sup>

Spent: \$866.<sup>51</sup>

Account Summary

Annual Election	\$1,456. <sup>00</sup>
Payroll Deposits YTD	\$1,568. <sup>79</sup>
Spent	(\$866. <sup>51</sup> )
Balance	\$589. <sup>49</sup>

Deadlines

Plan Start	Jan 1, 2016
Plan End	Dec 31, 2016
Last Day to Submit Claims	Mar 31, 2017
Last Day for Spending	Dec 31, 2016

VIEW DETAILS TRANSACTIONS SUBMIT 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.

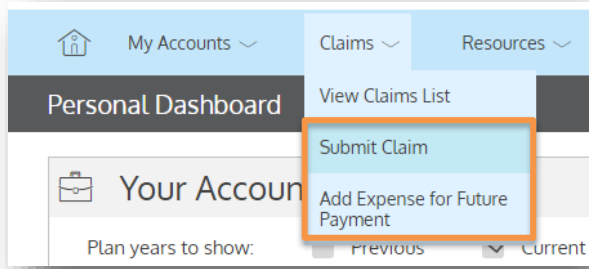
Buttons provide quick links to additional account details, a list of account transactions, and an electronic claim form, so you can immediately submit a claim.

## ➤ 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. Depending on your administrator's configuration, these expense items can be entered by you, or automatically populated and matched to your profile via an electronic feed from your carrier. Once entered, eligible expenses can be submitted for reimbursement, similar to claims. They can be submitted now, or at a later date of your choosing.



## ➤ Submitting a claim

To enter a claim and request reimbursement, open the *submit claim* page and complete the form. Be sure to upload a receipt if you have one. You can click browse to navigate to the receipt file, or drag & drop. Click 'submit' to send the request to your administrator for processing.

 A screenshot of the 'Submit Claim' form. The form is titled 'Submit Claim' and includes a legend for '\* - Required Field'. The fields are:
 

- Claim Amount \***: Text input with '\$ 50.00' entered.
- Service Start Date \***: Date picker showing 'Feb 24, 2017'.
- Service End Date \***: Date picker showing 'Feb 24, 2017'.
- Claimant**: Dropdown menu with 'NewApp Two' selected.
- Reimbursement Method**: Dropdown menu with 'Check' selected.
- Pay provider? \***: Radio buttons for 'Yes' and 'No', with 'No' selected.
- Account Type**: Dropdown menu with 'Flexible Spending Account' selected.
- Provider Name**: Text input field.
- Comments**: Text area.
- Upload Receipt**: A 'BROWSE' button next to a file input field.
- DRAG & DROP**: A dashed box with the text 'DRAG & DROP your receipts here' and a plus sign icon.
- Receipt.PNG**: A small thumbnail of a receipt file with a trash icon next to it.

 At the bottom right, there are two buttons: a green 'SUBMIT' button and a grey 'CANCEL' button.

Pay provider? \*

Yes  No

Provider Name \*

**Send payment to your service provider**  
 When entering a claim, you can choose to have reimbursed funds sent to you, or you can have payment sent directly to your provider on your behalf.

If you select to pay a provider, choose your provider name from the dropdown menu. If you do not see your provider listed, select 'add a new provider record' to add it to the dropdown menu.

Provider Name \*

Address 1 \*

Address 2

City \*

State \*

ZIP \*

Phone

**➤ Adding an expense for future payment**

Similar to submitting a claim, to enter an expense, open the *add expense for future payment* page and complete the form. Be sure to include a receipt if you have one.

\* - Required Field

Service Start Date \*

Service End Date \*

Claimant \*

Provider

Description

Billed Amount \*

My Responsibility

Insurance Allowed Amount \*

Reimbursed from My Accounts

Insurance Paid Amount \*

My Remaining Responsibility

Paid Non-Reimbursable

Comments

Upload Receipt


DRAG & DROP your receipts here

Receipt.PNG

- **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 are 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).
- **My remaining responsibility:** This is the remaining amount that you can submit for reimbursement.

### > Viewing claims and expenses

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

Action Needed		
\$100. <sup>00</sup>	Eligible for Reimbursement	<b>Claim</b> Date of Service: Oct 26, 2016 <a href="#">REQUEST REIMBURSEMENT</a>
Approved/Paid/Submitted		
(\$32. <sup>99</sup> )	Paid	<b>Claim</b> Date of Service: Nov 4, 2016 Date of Transaction: Nov 9, 2016
(\$43. <sup>99</sup> )	Paid	<b>Claim</b> Date of Service: Nov 3, 2016 Date of Transaction: Nov 9, 2016
(\$54. <sup>00</sup> )	Paid	<b>Claim</b> Date of Service: Nov 9, 2016 Date of Transaction: Nov 9, 2016
(\$8. <sup>00</sup> )	Paid	<b>Claim</b> Date of Service: Nov 7, 2016 Date of Transaction: Nov 9, 2016
\$100. <sup>00</sup>	Submitted	<b>Claim</b> Date of Service: Oct 26, 2016 <a href="#">ADD RECEIPT</a> 
Page 1 of 1		
Denied		
\$34. <sup>00</sup>	Denied	<b>Claim</b> Date of Service: Nov 9, 2016 Date of Transaction: Nov 9, 2016

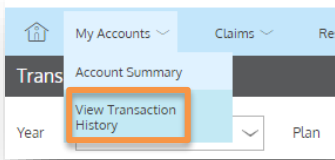
### > Resolving pending debit card transactions

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 *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.

Year: 2017 Plan: Dependent Care FSA (Curr) Type: All

Which transactions do you want to see? Select here

Approved/Posted  Pending/Processing  Denied

SEARCH FOR TRANSACTIONS

(\$40.00)	FSA Pending	Card	Feb 27, 2017	
Date Of Service	Feb 27, 2017		RECEIPTS	
Description	DR. SMITH		No receipts to display.	
Claimant	NewApp Two			
Account Type	DCA			
Plan Start Date	Jan 1, 2017			
Plan End Date	Dec 31, 2017			
Merchant Name	DR. SMITH			

## ➤ Viewing and making updates to your user profile

To access and edit your user profile, click the username hyperlink on the right side of the navigation bar. From this page, you can:

1. Update your phone number and address.
2. Change your password
3. Update your reimbursement method
4. Add a new dependent
5. Update an existing dependent



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



The screenshot shows a user profile page for 'NewApp Two'. The profile information is organized into three columns. Callout 1 points to the 'EDIT PROFILE' button in the top right. Callout 2 points to the 'change password' link below it. Callout 3 points to the 'edit' button next to the 'Reimbursement Method' field. Callout 4 points to the '+ ADD FAMILY MEMBER' button in the 'Family Members' section. Callout 5 points to the 'EDIT DEPENDENT' button next to the spouse's information.

**User Profile: NewApp Two**

- Phone:** 555-444-1234
- Email Address:** [edit](#) [delete](#) [hjones@alegeus.com](#)
- Address:** 1 Main Street, Beverly, MA, 00000, US
- Alternate Address:** 40 Elm St, Orlando, FL, 32801, US
- Employer:** New Mobile App One
- SSN:** XXX-XX-5678
- Employee Status:** New
- Reimbursement Method:** Direct Deposit
- Bank:** Eastern Bank
- Account Number:** \*\*\*\*2356
- Routing Number:** \*\*\*\*1798
- Checking:** [checked]

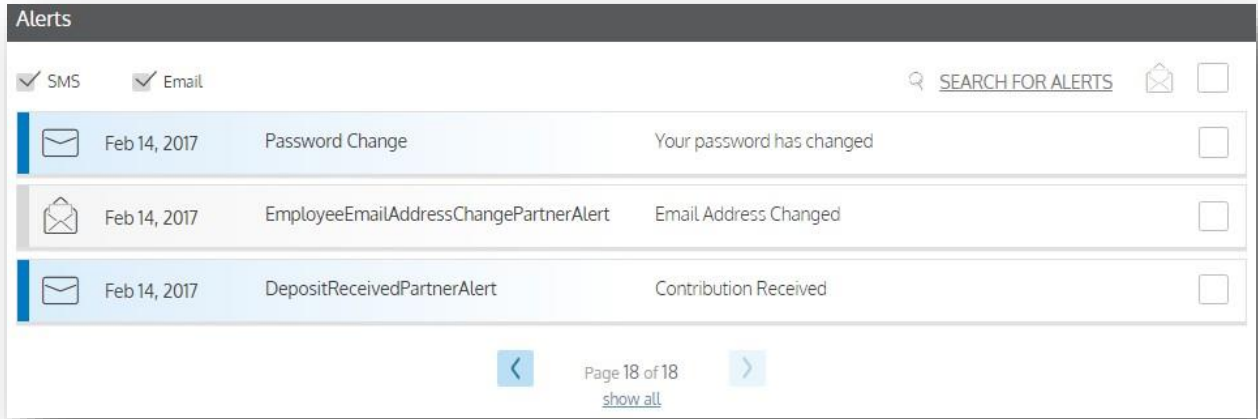
**Family Members**

- Spouse: NewApp Two** (Spouse Or Common Law Spouse)
- Date of Birth:** Mar 3, 1975
- SSN:** \*\*\*\*1555
- Address:** 1 Main Street, Beverly, 00000, US

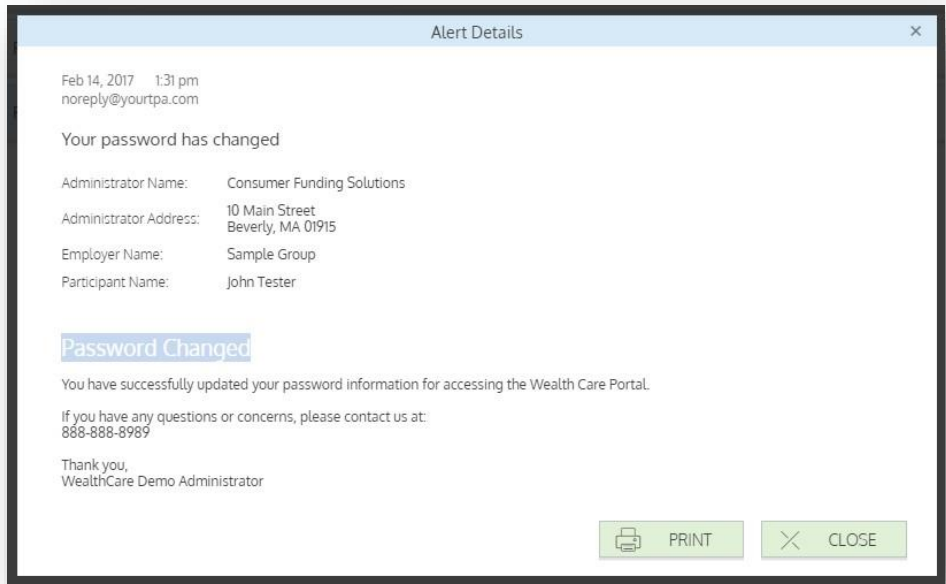
## ➤ Managing messages and alerts



The envelope icon in the navigation bar alerts you to any unread messages awaiting your review. Depending on your communication preferences and your group's setup, these messages could be anything from confirmation of an email address or password change, to notification that a claim you submitted has been received, to an alert that a card transaction was denied, to a wide variety of other messages.



Click on an individual message to see the full text:




### ➤ Changing your message preferences





You can change whether or not 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 sprocket symbol in the navigation bar.



You may choose, for each alert type, 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 to register your mobile phone for SMS text alerts

### Assigned Notifications

 The notifications below are available to you. Please define the delivery method for these notifications. If mobile number and/or email is not an available delivery method, please **make sure you have an active email address and registered mobile number** listed on the right.

	 mobile	 email	 both	 none
Account Balance Alert	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Account Deductible Met	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Billing Address Change	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Card Mailed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Card Transaction Approved	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Card Transaction Denied	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completed HSA Payment Notice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Deposit Received	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enrollee Welcome Email	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failed HSA Payment Notice	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manual Claim Entered	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Password Change	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year End Reminder	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>


 SAVE

### Email Address

email@email.com  

### Phone Registration Status

11234567891 Pending  

 You will receive a text to the number shown above asking you to 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, text 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.