

How to find the HSA Bill Pay

You can access your Consumer Driven Health (CDH) spending account by logging into your MiBenefits account at www.ebms.com with your username and password. Once logged into miBenefits, click on the CDH portal button that appears in your MiBenefits account.



Health Savings Account

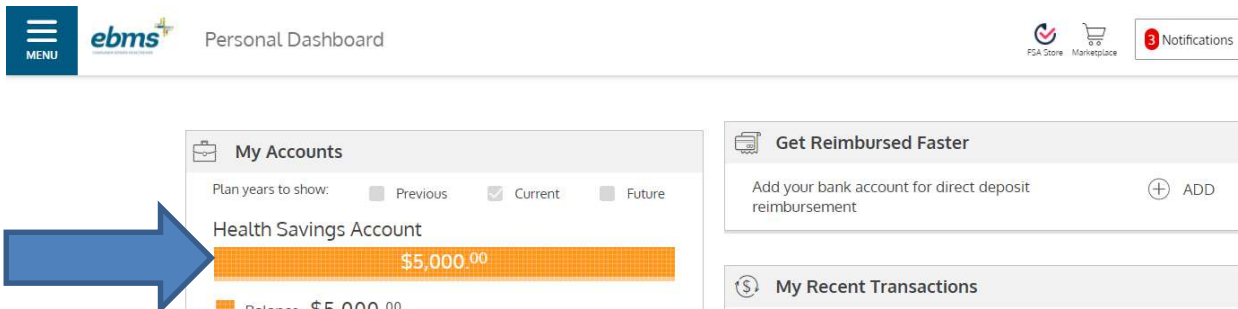
(01-01-2022 - 12-31-2022)

[Details](#)

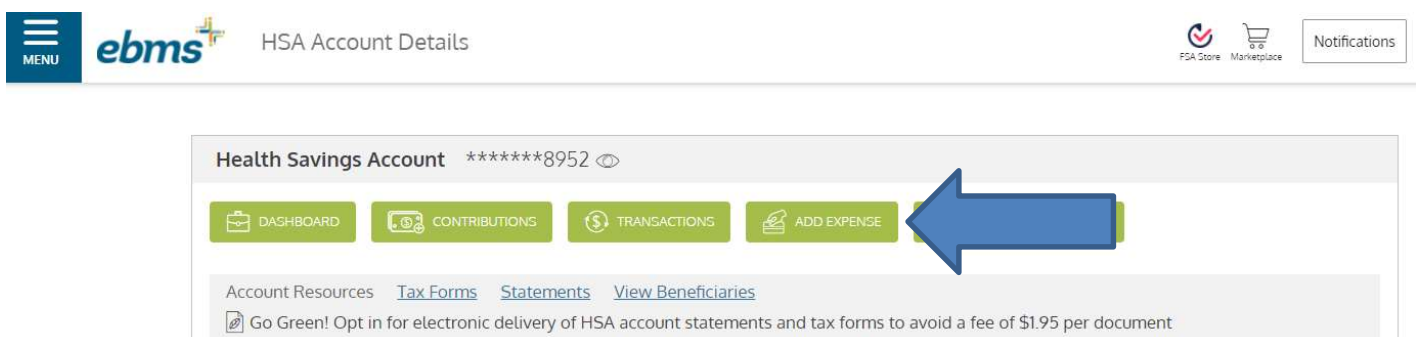
Health Savings Account powered by Alegeus



This will take you to Personal Dashboard where you can view the My Accounts and Get Reimbursed Faster menus. Be sure to have signed up for Direct Deposit and don't forget to validate the banking account!



You can click anywhere on the current available balance to be redirected to the HSA Accounts Details page where you will select the Add Expense button.



You will be redirected to the Add New Expense page where you will click on Next:

Expense Type

Add New Expense

Let's Get Started

The next few screens will ask you questions about the expense you want to submit on your Health Savings Account!

NEXT

You will then have to select if you would like the payment from the HSA be sent to you or a check mailed directly to the provider's office.

Expense Type / Payee

Add New Expense

Who do you want to pay?

You may withdraw funds to your external bank account or you can make a payment to anyone, such as a provider. To withdraw funds and transfer directly to your bank account, select "Pay Me" below – you must have provided a Direct Deposit Account on the Withdrawal Bank Account page.

IMPORTANT. Payment requests are debited from your Health Savings Account on the requested withdrawal date. If a payment is being made to a provider, then the payment will be mailed and will arrive at the payee within 7-10 business days.

PAY THE
PROVIDER

PAY MYSELF

Back

NEXT

When you click on the Pay the Provider, you will have to select either a provider you previously had a check sent to or add a new provider. To ensure the provider can process your payment timely, be sure to include your account number!



Add New Expense



Notifications

Who do you want to pay?

You may withdraw funds to your external bank account or you can make a payment to anyone, such as a provider. To withdraw funds and transfer directly to your bank account, select "Pay Me" below – you must have provided a Direct Deposit Account on the Withdrawal Bank Account page.

IMPORTANT: Payment requests are debited from your Health Savings Account on the requested withdrawal date. If a payment is being made to a provider, then the payment will be mailed and will arrive at the payee within 7-10 business days.

**PAY THE
PROVIDER**

PAY MYSELF

Select the provider you wish to pay or [add a new provider](#). *

* Required Field

Select Provider ▼

Account Number

Type here...



[Back](#)

NEXT

Add New Provider



Provider Name*	EBMS
Address 1*	2075 Overland
Address 2	Type...
City*	Billings
State*	Montana ▼
Zip Code*	59101
Phone Number	866-857-8182

[Cancel](#)

SAVE

When you want to pay yourself, select how you would like the payment to be sent to you and go to the Next page.

Who do you want to pay?

You may withdraw funds to your external bank account or you can make a payment to anyone, such as a provider. To withdraw funds and transfer directly to your bank account, select "Pay Me" below – you must have provided a Direct Deposit Account on the Withdrawal Bank Account page.

IMPORTANT. Payment requests are debited from your Health Savings Account on the requested withdrawal date. If a payment is being made to a provider, then the payment will be mailed and will arrive at the payee within 7-10 business days.

PAY THE PROVIDER

PAY MYSELF

Select an option to collect your funds.

DEPOSIT INTO ACCOUNT

MAIL ME A CHECK

[EDIT REIMBURSEMENT METHOD DETAILS](#)

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NEXT

You will select when the payment should be issued and go to the Next page.

Select the payment date:

This is the date that you would like the payment to be sent.

Please select a date in order to proceed

< March 2022 >

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Note: Your payment will be mailed directly to you. You can expect to receive payment within 7-10 days of the payment date.

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NEXT

Fill in the amount of the payment and then go to the Next page. If you are on a payment plan with a provider, you can choose to mark the item as a recurring expense.

MENU

ebms

Add New Expense

FSA Store

Marketplace

Notifications

Expense Type / Payee / Payment Date / Amount

Add New Expense

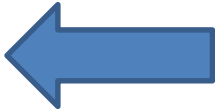
Enter the amount of your eligible expense.

\$

25.00

Check this box if you would like this expense to be a recurring payment.

☐



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NEXT

When you mark the expense as a recurring payment you will choose when the payments will be issued, the number of payments, and the end date for the payments.

MENU

ebms

Add New Expense

FSA Store

Marketplace

Notifications

Expense Type / Payee / Payment Date / Amount / Recurrence

Add New Expense

Set up your recurring payment.

Step 1: How often would you like to send this recurring payment?

WEEKLY

MONTHLY

Step 2: Your recurring payment is scheduled to begin on MAR 17, 2022.

How long would you like this recurring payment to be sent for?

OF PAYMENTS

END DATE

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NEXT

You will then be asked to preview your request and add a note if the request is for a spouse or taxable dependent child. You will be required to keep the itemized documentation to show the expense is a qualifying item.

 MENU



Add New Expense

 FSA Store

 Marketplace

Notifications

[Expense Type](#) / [Payee](#) / [Payment Date](#) / [Amount](#) / [Recurrence](#) / [Preview](#)

Add New Expense Preview

Please confirm the following information is correct:

Pay Self

Health Savings Account ([Edit](#))

Mail me a check ([Edit](#))

Payment Date: Mar 17, 2022 ([Edit](#))

Recurring Payment: Monthly ([Edit](#))

Recurring Reimbursement End Date: Jun 17, 2022

\$25.00 ([Edit](#))

Note for records:



☒ I certify the claim is accurate. I understand and agree to the terms and conditions.

I understand that payments must be for qualified expenses, and I have full responsibility to maintain documentation that substantiates my bill payment requests are for qualified expenses. Payments are deducted from my HSA account on the mail date and will arrive at the payee up to 7-10 business days later, depending upon mail time.

Cancel

SUBMIT

If everything is correct, place a checkmark in the box to the right of the disclosure at the bottom of the screen to certify that the expenses you're submitting are valid and click on the blue "Submit" button at the bottom of the screen.

Please Note: The payments are taken from the HSA available balance on the day the payment will be issued, not when the expense is entered. Paper checks are estimated to be received by you or the provider within 7-10 days of the issued date. Direct deposit is received within 5 business days of the issued date.