

MESSA summit

Participant Portal

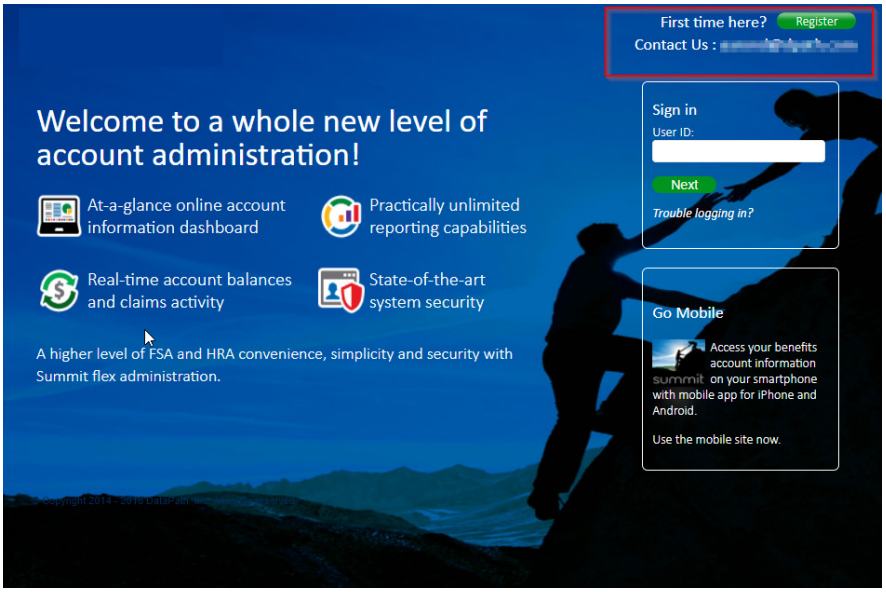
The Summit Participant Portal provides online access that lets participants see their plan information and balances, enter claims, make payments, and make updates to personal and banking information.

First Time Login

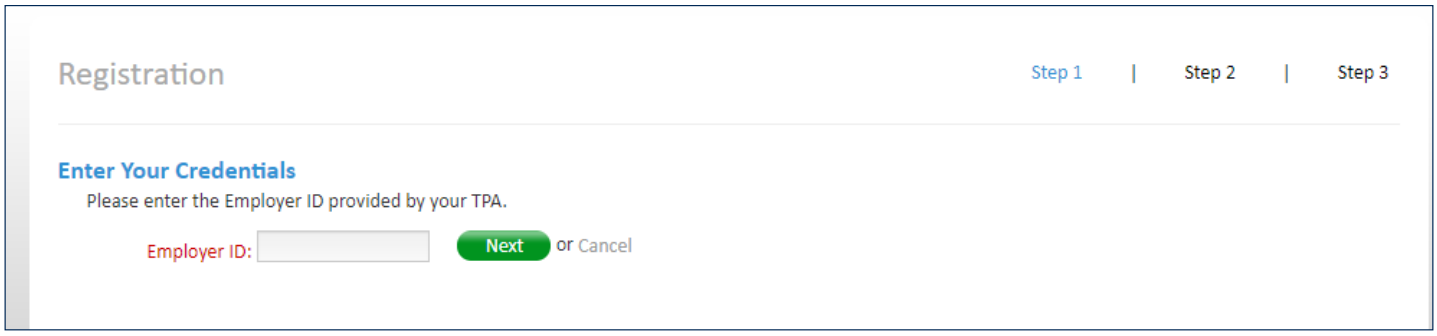
After your administrator creates an account in Summit with your valid email address, the system will email you instructions to register your online account.

Alternatively, you may receive a letter with the information needed to register your account.

If you did not receive a personal registration link but know your Employer ID, you can register your online account by clicking the **Register** button at the top right of the login screen.

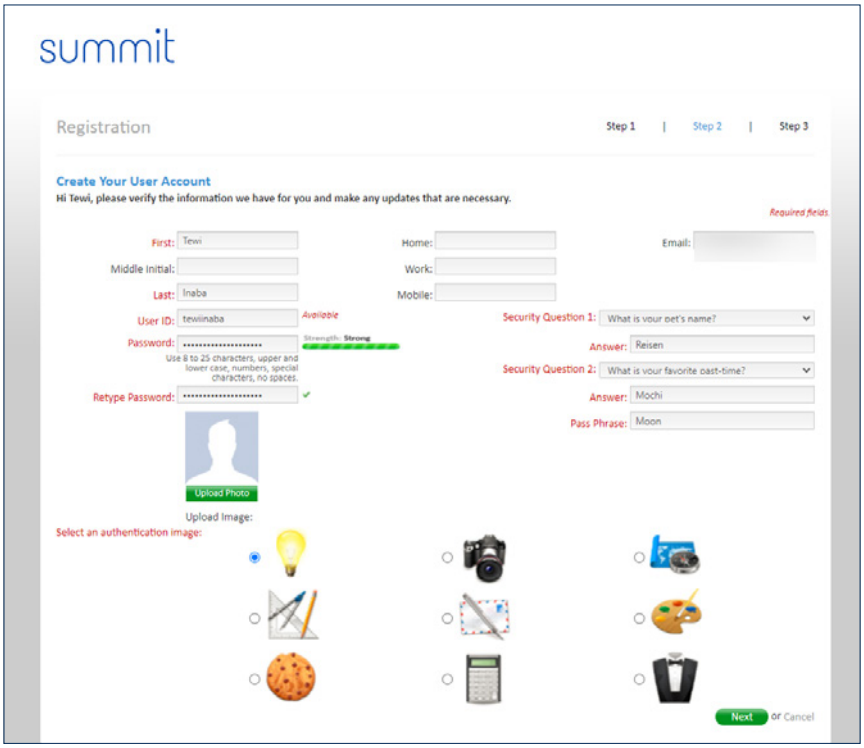


If you have clicked the **Register** button, this is the next screen you'll see. Enter the Employer ID number and click **Next**. (If you have a personalized link, instead of seeing this screen you will be taken directly to the account creation screen shown on Page 2.)



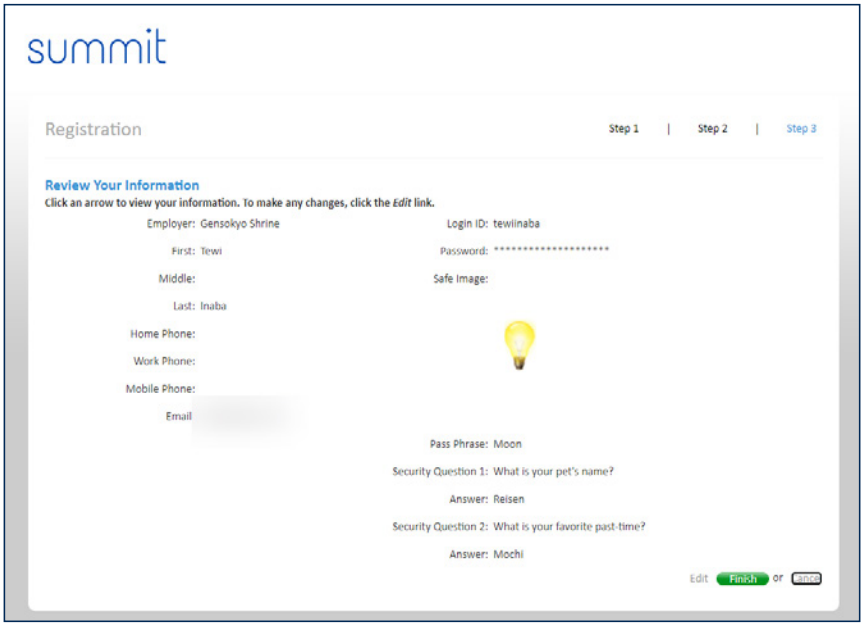
This takes you to the Create Your User Account screen. Provide the requested information and click **Next**.

NOTE: If you were provided with a personalized link, this is the first screen you will see.



At this point, you are asked to Review Your Information to confirm accuracy. If there are changes, click the **Edit** button at lower right and make them. Otherwise, click **Finish**.

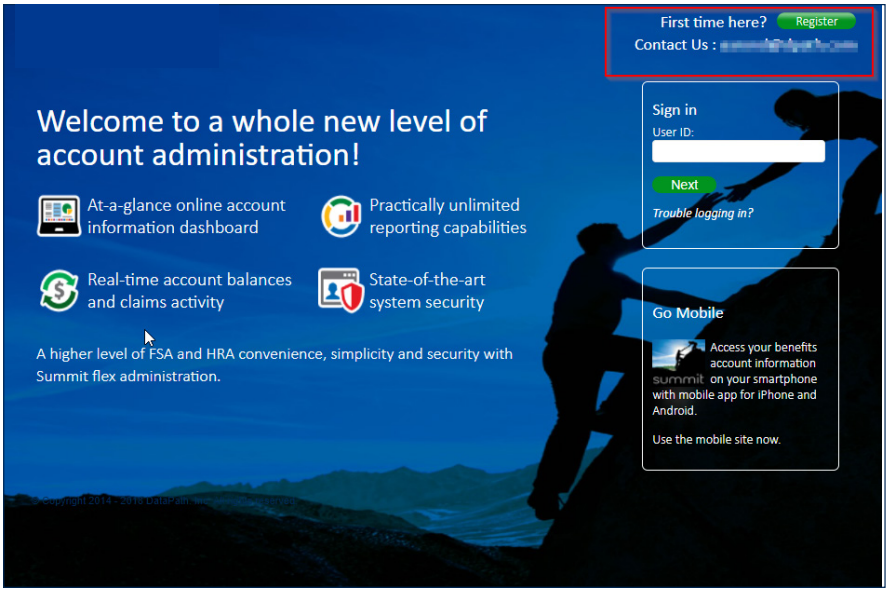
After clicking Finish, you will be taken to the Participant Portal landing page to log in for the first time.



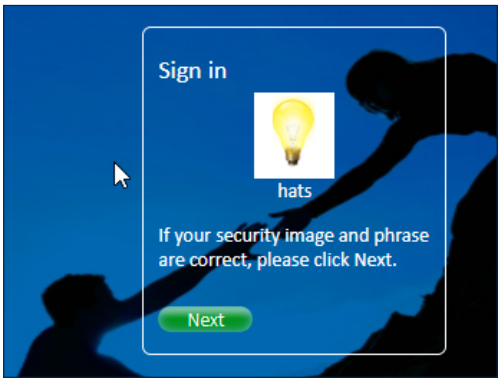
Logging In (Registered Participants)

Enter the login credentials you set up when registering your online account.

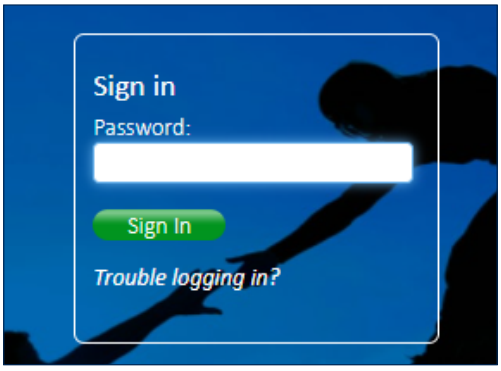
After entering your user ID, click the **Next** button.



The Sign In box displays the security image and the image pass phrase that you selected when registering your online account. If these are correct, click **Next** to proceed with the login process.

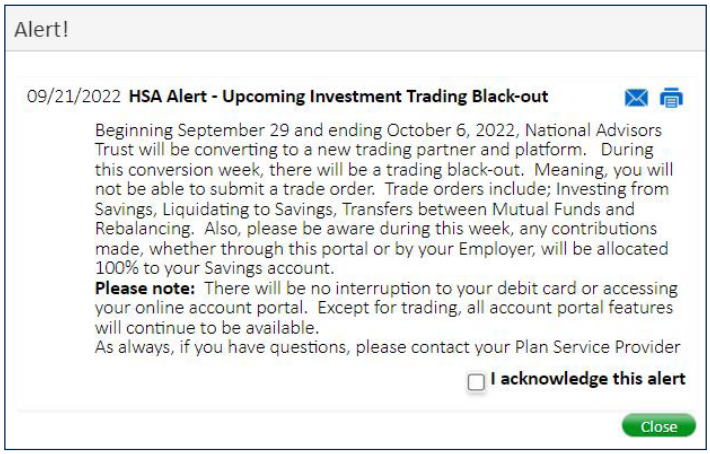


Enter the password you set up when registering your online account, and click **Sign In**.



You have now logged in and will be taken to your Participant Portal home page, where you will be prompted to acknowledge any alerts or new items waiting for you there.

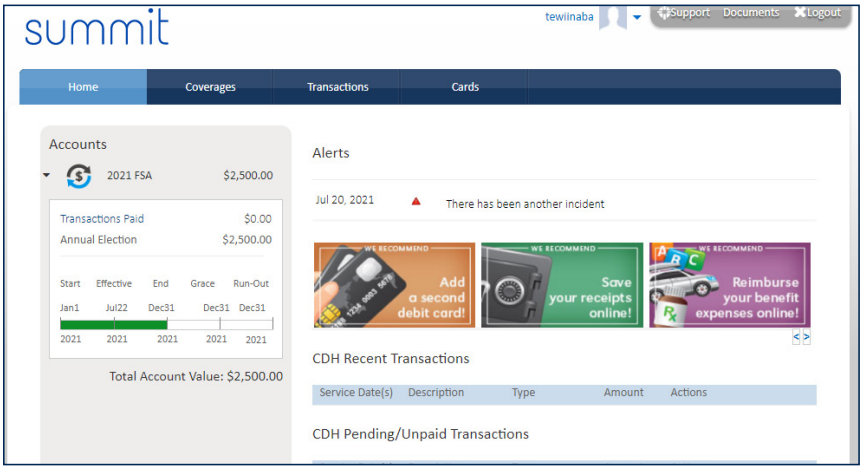
If you have any pending news or alerts, you will be required to acknowledge them before proceeding.



Once you have acknowledged any pending news or alerts, you will be taken to your Participant Portal dashboard.

Here, you get an overview of your accounts and balances and your recent or pending transactions.

(You will also still be able to see recent alerts and news.)



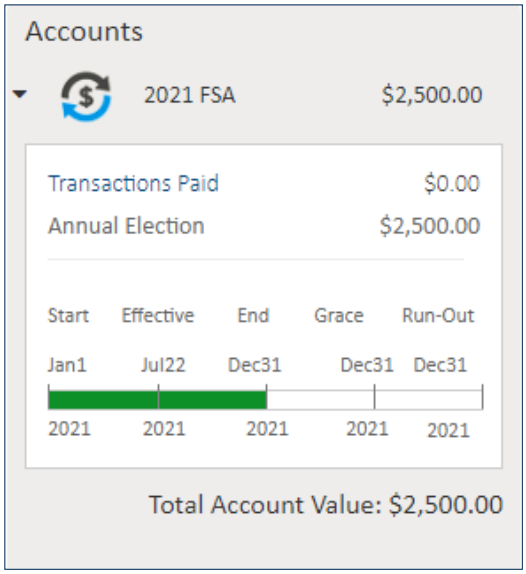
Plan Information / Account Balances / Status

Accounts Information – FSA

The Accounts information set on the Participant Portal home page displays a summary of your active benefits and accounts. Each account is expandable/collapsible, letting you choose whether to view detailed information or just the balances.

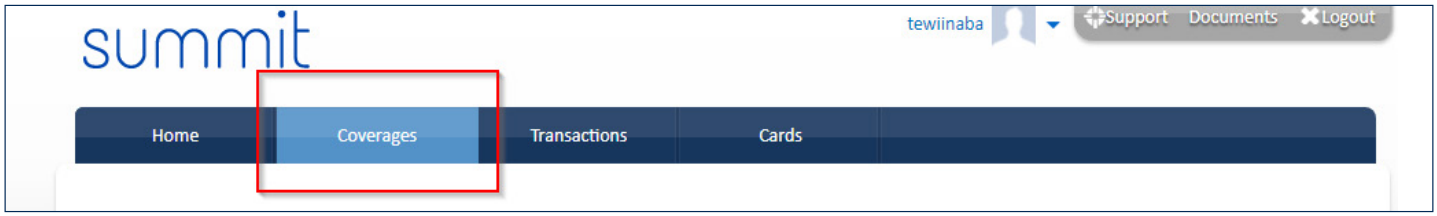


The timeline displays the Start and End dates for the current FSA plan year and your effective date, as well as any Grace or Run-Out periods that apply to your plan.



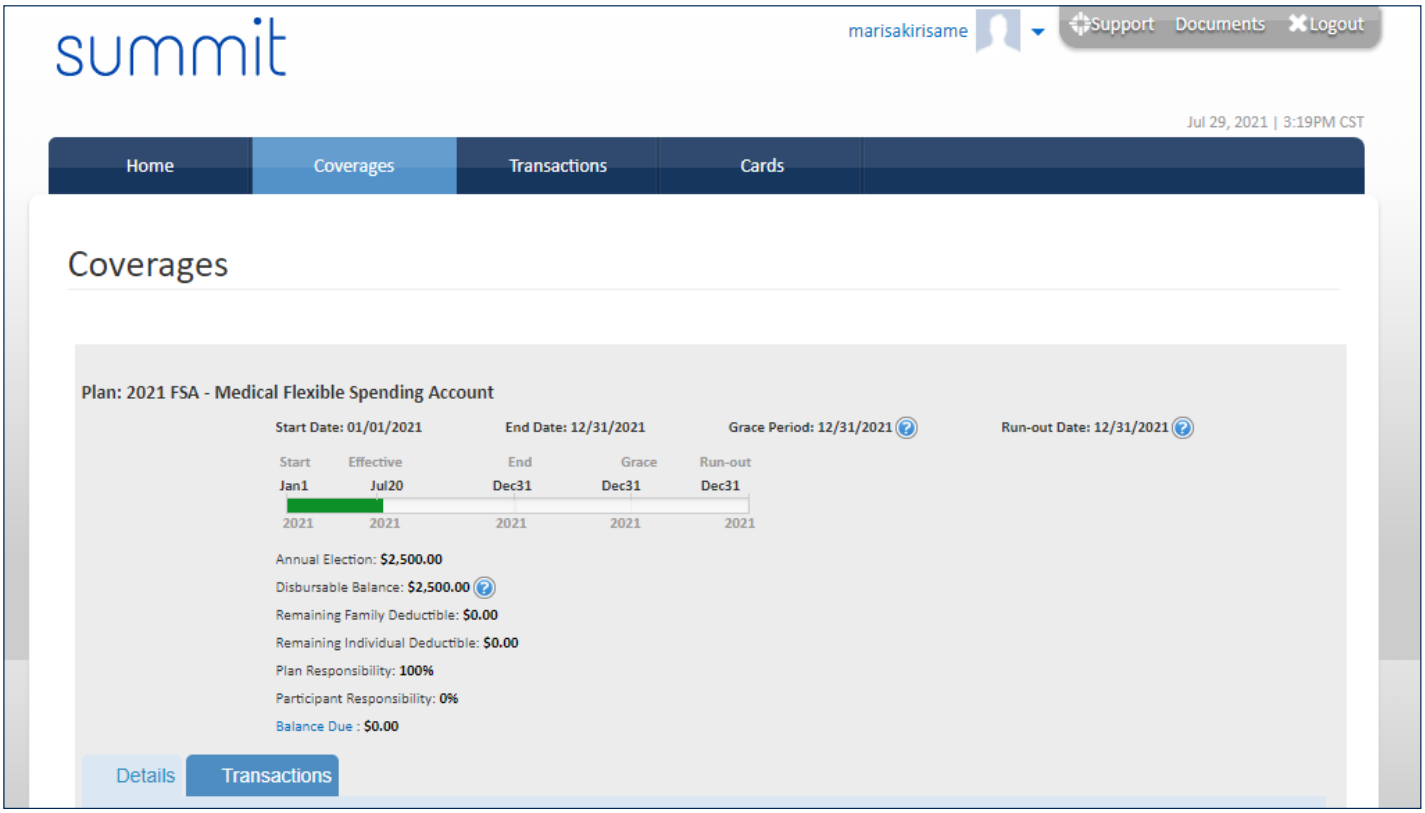
Coverages

To view a more detailed description of your benefits, click on the **Coverages** menu, which takes you to the Coverages screen.



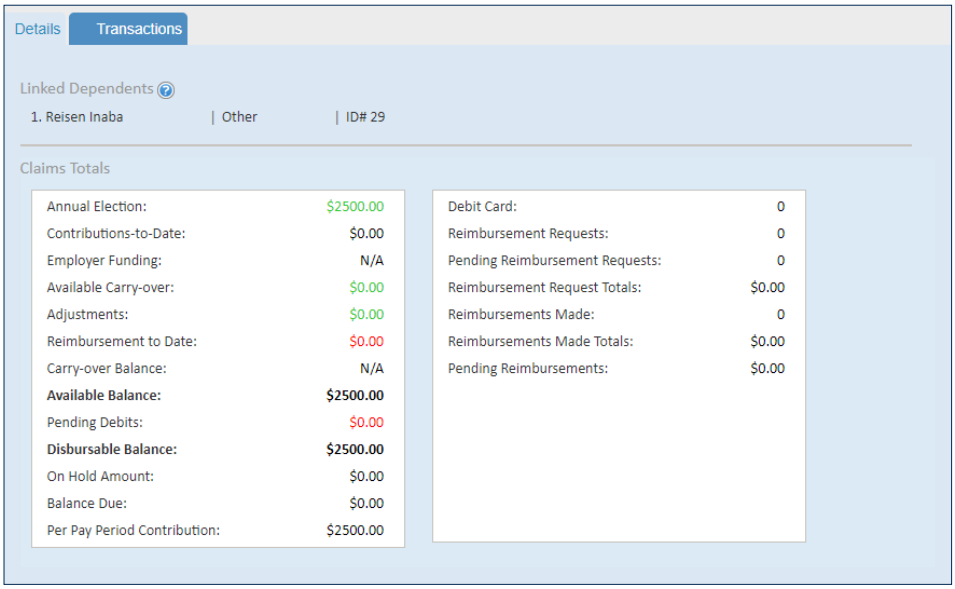
In the upper section of the Coverages screen, you will see the key dates relating to your plan, including:

- **Start Date –** The start date of the plan year.
- **Effective Date –** The date on which your coverage was effective. This is typically the start date of the plan year if you were an existing employee who enrolled in the benefit during annual enrollment. If you enrolled in the plan sometime during the plan year, the date may be later than the plan year start date.
- **End Date –** The end date of the plan year.
- **Grace Period –** This is the extended time period past the end of the plan year during which you can continue using any balance left in your account after the end of the plan year. Grace periods usually last 2 ½ months.
- **Run-out Date –** The Run-Out period is the timeframe in the new plan year in which you can continue to file claims and receipts for expenses incurred in the previous plan year.



Below the benefit timeline, the following totals will display:

- **Annual Election –** This is the amount you selected as your election amount when enrolling in the benefit.
- **Disbursable Balance –** The remaining amount you have left to reimburse claims not yet filed or paid.
- **Remaining Family Deductible –** This is how much must be met before the plan will start reimbursing expenses. The amount only applies to HRA and Medical Expense Reimbursement plans with an upfront deductible.
- **Remaining Individual Deductible –** Applies only to Health Reimbursement Arrangement (HRA) plans with an upfront deductible. Does not apply to FSA plans.
- **Plan Responsibility –** This is the percentage of claims you submit that will be covered by the medical plan, if applicable.
- **Participant Responsibility –** This is the percentage of claims are not reimbursable by this plan, if applicable.
- **Balance Due –** If you were reimbursed for any claims that were later determined to be ineligible, a Balance Due amount indicates how much you need to pay back to the plan. By clicking the hyperlinked "Balance Due" text, a pop-up window will show the claims included in the Balance Due along with the claimant, provider, and date submitted. NOTE: If you have a Balance Due, you can also offset it (pay back in part or full) by submitting additional claims that are eligible for reimbursement.



Coverages – Details Tab

The Coverages Details tab displays two sections. The Linked Dependents section lists dependents who are linked to your account, their relationship to you, and their system ID number. The Claims Totals section includes a detailed breakdown of benefit balances and account statistics.

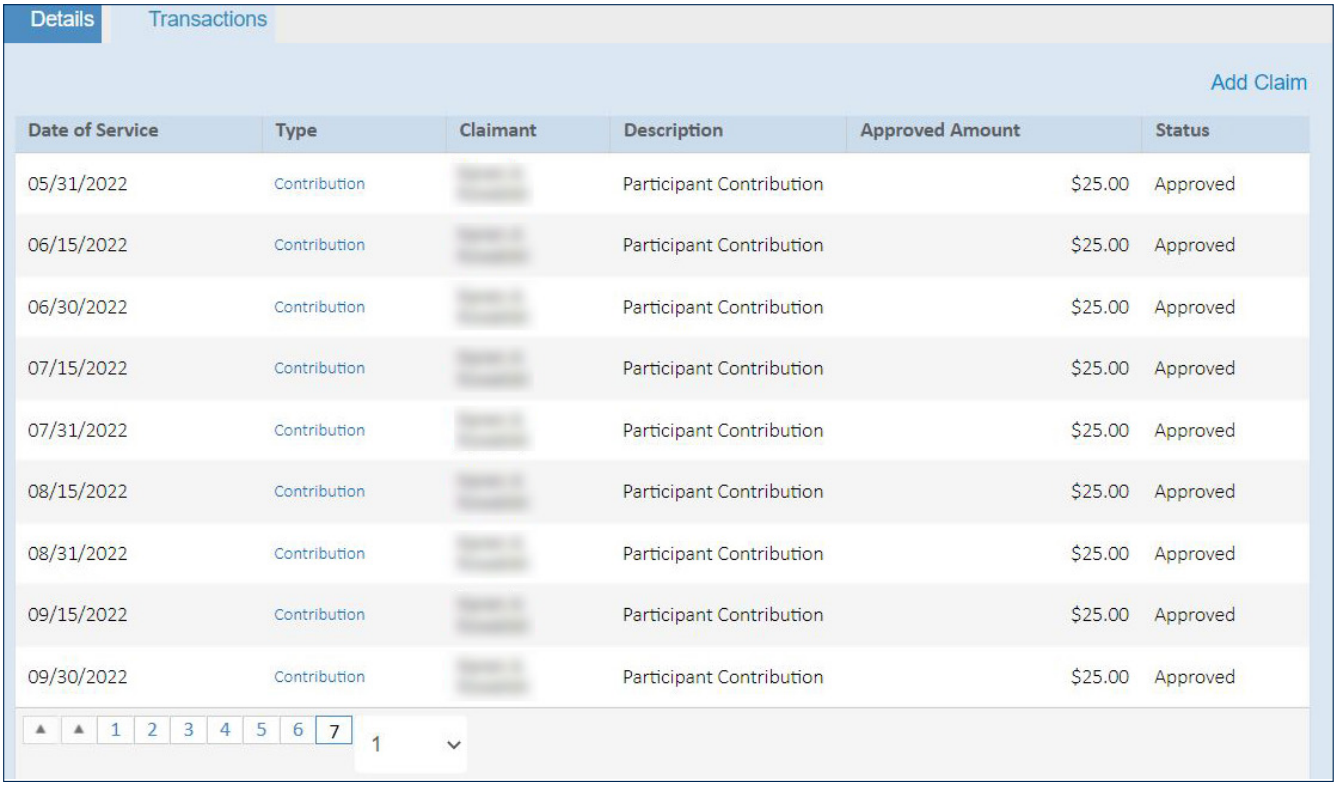
- **Annual Election –** The total amount of your Annual Election.
- **Contributions-to-Date –** The total amount of contributions that you have made to date. These are typically withheld in equal increments according to your pay schedule. For instance, if you have 24 pay periods a year and made an annual election of $2,500, each pay period $104.17 is withheld from your payroll and contributed to your benefit account.
- **Employer Funding –** If a benefit is employer-funded, the amount is displayed here. (Typically, FSA accounts do not receive any employer funding.)
- **Available Carryover –** Some FSA plans allow for a fixed carryover amount of unused funds from a prior plan year to the next plan year. If your plan allows this, this field will show the amount of funds you carried over.

- **Adjustments –** Any manually entered adjustments to a plan balance will be reflected here.
- **Reimbursement to Date –** This will display the total reimbursements to date from the plan.
- **Carry-over Balance –** If your plan allows Carryover, this field will show the remaining balance, if any, of your carryover funds from the prior plan year.
- **Available Balance –** This is the sum of Annual Election plus available carryover minus reimbursements to date minus debit card authorization amounts not yet cleared.
- **Pending Debits –** This is the total of any pending claims or card transactions which have reduced your Disbursable Balance and, once completed, will reduce your Available Balance as well.
- **Disbursable Balance –** This is the total available balance less any pending debits against the benefit(s) that have not yet fully processed.
- **On Hold Amount –** If a plan allows for On Hold Amounts, claims that cannot be paid due to low funds may be queued to be paid out at a later date once funds become available. This is most commonly used with benefits whose available balance is based on contributions to date rather than the annual election. The amount of funds that are "on hold" and awaiting new contribution funds to be reimbursed will display here.
- **Balance Due –** If you were reimbursed for any claims that were later determined to be ineligible, a Balance Due amount indicates how much you need to pay back to the plan. By clicking the hyperlinked "Balance Due" text, a pop-up window will show the claims included in the Balance Due along with the claimant, provider, and date submitted. NOTE: If you have a Balance Due, you can also offset it (pay back in part or full) by submitting additional claims that are eligible for reimbursement.
- **Per Pay Period Contributions –** Displays the amount per pay period allocated as contributions to your benefits.
- **Debit Card –** This is the number of debit cards issued to you and your dependents.
- **Reimbursement Requests –** This is the total number of requests for reimbursement made against the benefits, through either card transactions or manually submitted reimbursement claims.
- **Pending Reimbursement Requests –** The total number of pending requests for reimbursement that have not yet fully processed and issued payment.
- **Reimbursement Request Totals –** The total dollar amount of reimbursements requested [total claims submitted].
- **Reimbursements Made –** The total number of reimbursements made to you by the plan.
- **Reimbursements Made Totals –** The total dollar amount of eligible reimbursements successfully paid out to you.
- **Pending Reimbursements –** The total dollar amount of claims pending that will be paid out to you if deemed eligible.

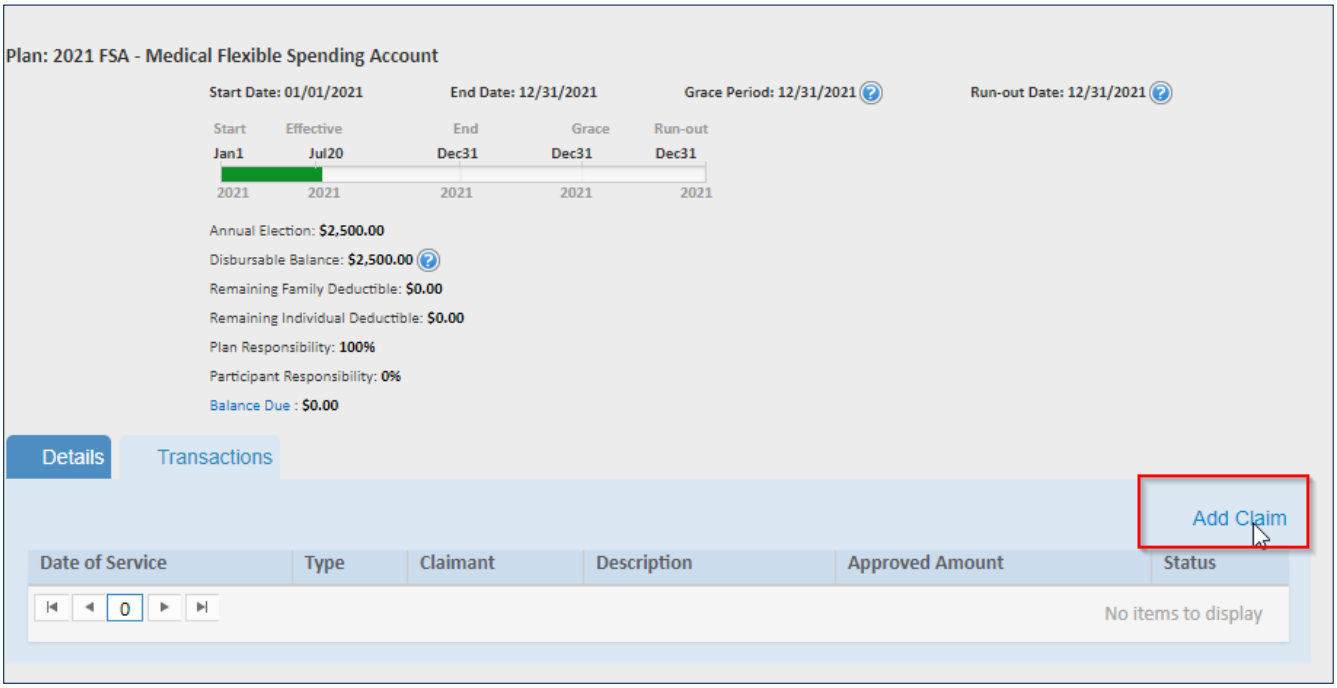
Coverages – Transactions Tab

The Transactions tab of the Coverages screen will display a list of all your transactions, including:

- Date of Service
- Type
- Claimant
- Description
- Approved Amount
- Status

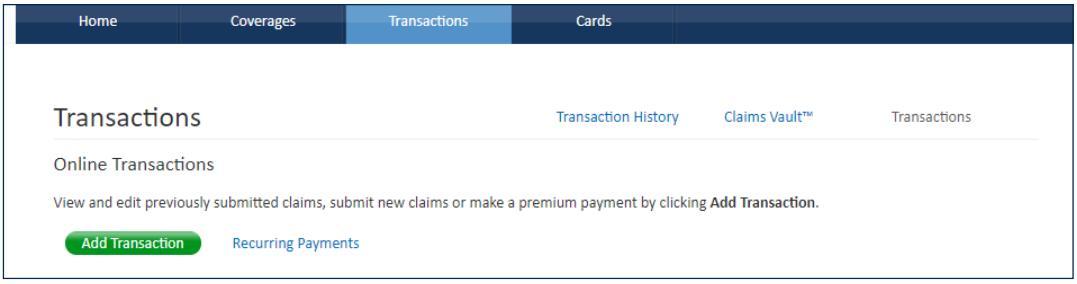


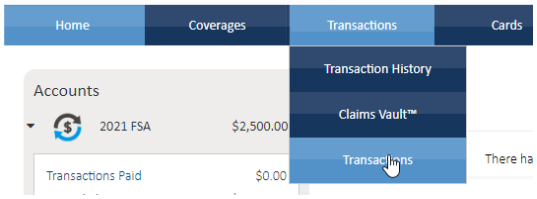
You can manually enter online claims by clicking the **Add Claim** link. This will take you to the Transactions page.



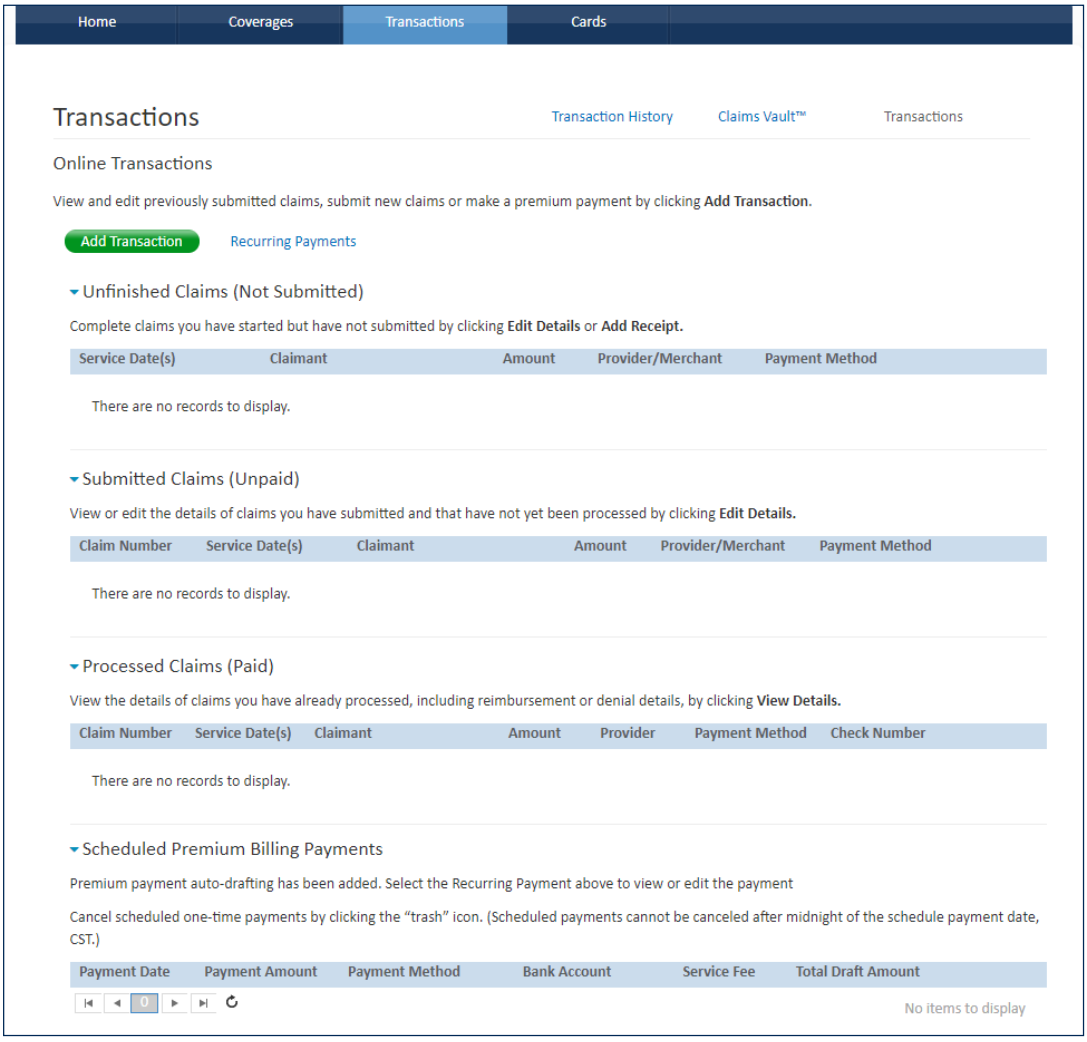
Online Claims

You can manually enter new online claims on the Transactions page. To access the Transactions page, select the **Transactions menu dropdown** and click **Add Transaction,** or use the pull-down menu at the top of the page.

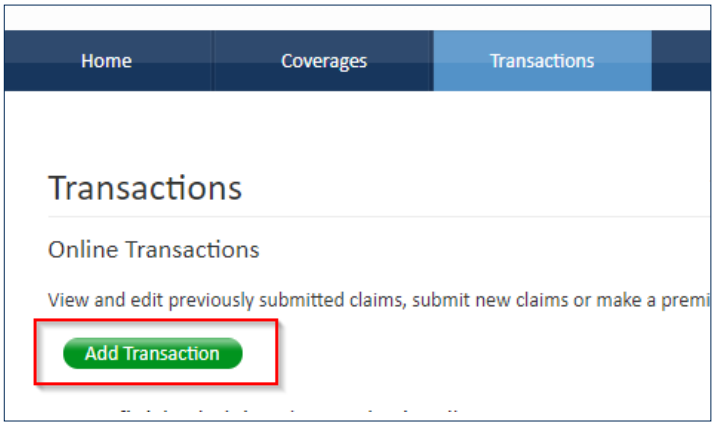




Here, you can add new claims, set up recurring payments, complete claims that were started but not yet submitted, view Submitted Claims that are not yet paid, and view Processed Claims that have not been paid. COBRA/Premium Billing participants can also schedule a payment here. Should you need to process recurring payments, COBRA, or Premium Billing transactions, please refer to the corresponding documentation.

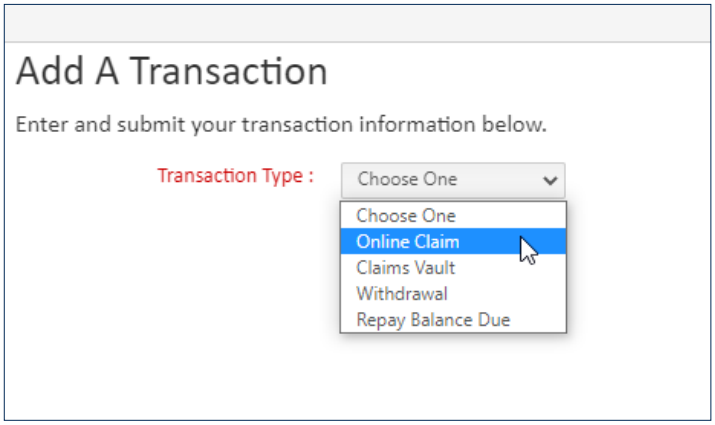


To start a new online claim, click the **Add Transaction** button.



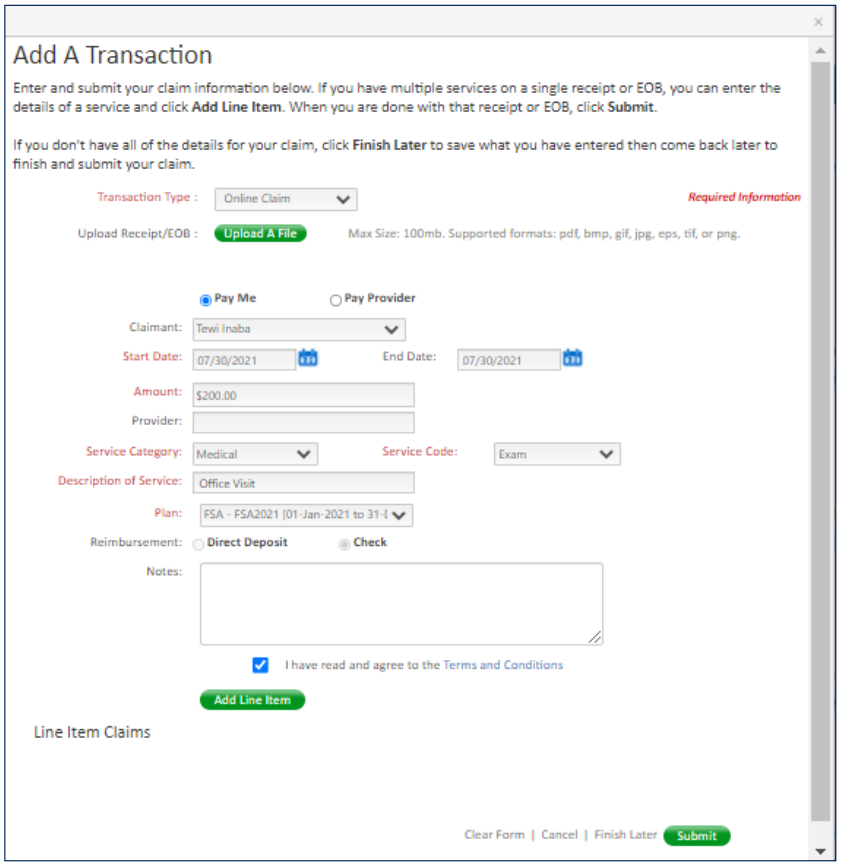
This takes you to the Add A Transaction screen. Select a Transaction Type from the drop-menu.

To enter a new manual claim, select **"Online Claim."**

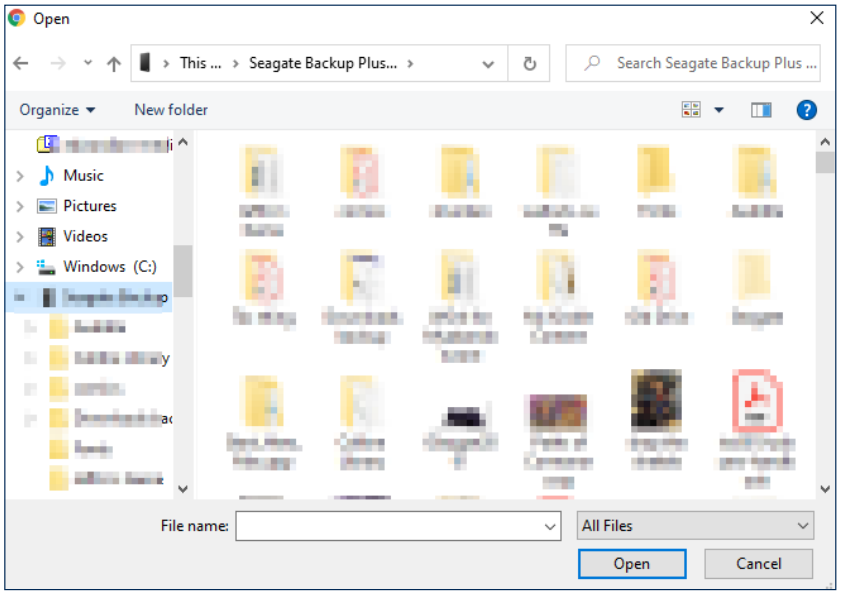


Once the Transaction Type is selected, the rest of the claim form will be available for completion. All fields and dropdowns in red are required fields.

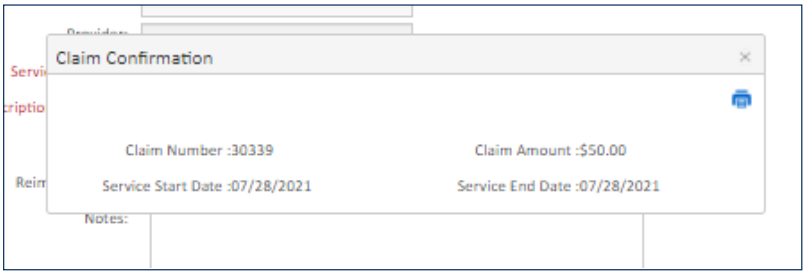
You need to upload a receipt or EOB to submit a claim form, as some form of substantiation (receipt) is required to show that the claim is for an eligible expense. If there is an issue with your substantiation documentation, you may be contacted by your plan administrator (TPA) with a request for documentation before the claim can be processed. Failure to respond to this request could result in your claim being denied.



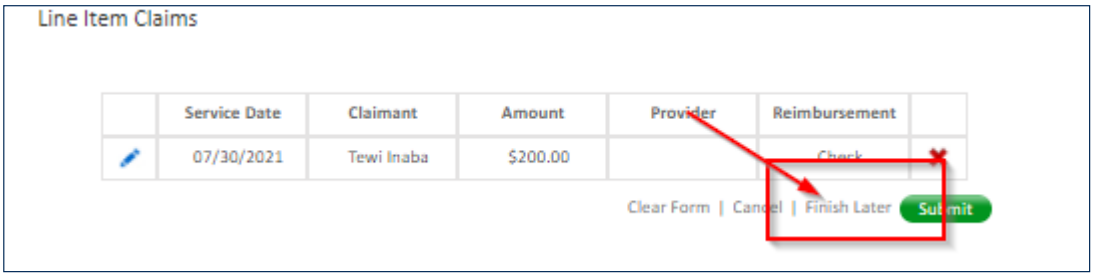
To attach an image of a receipt or EOB, click the green **Upload a File button**. This will allow you to browse for an image file or PDF which will be saved to the claim. User may upload multiple images if necessary.



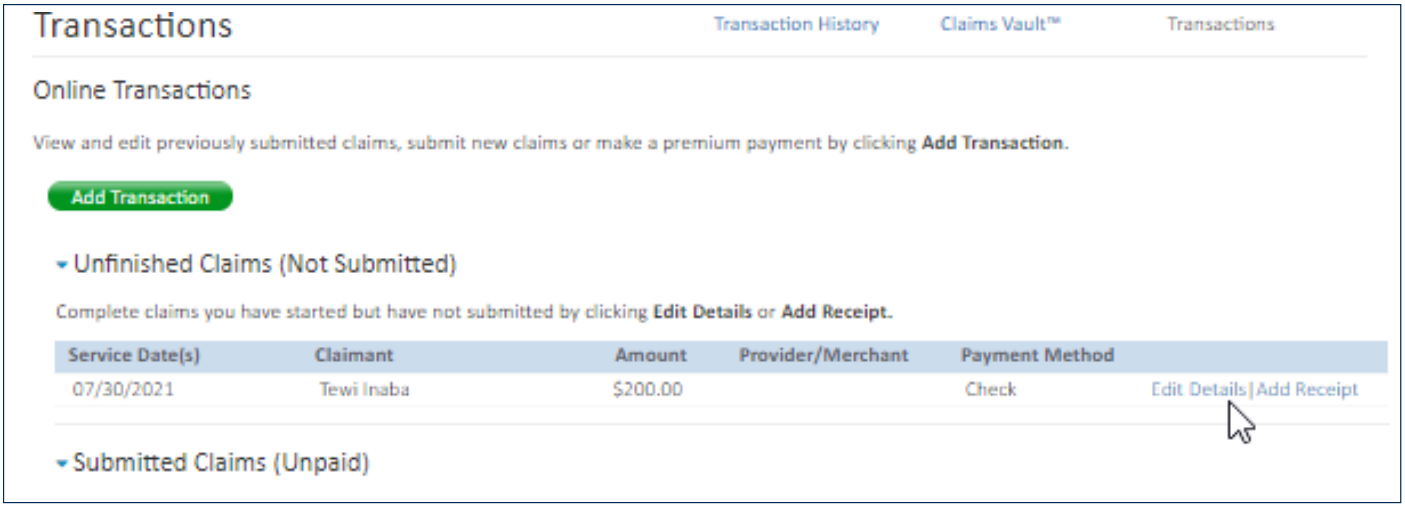
Claims can be edited by clicking the **Edit** icon **[pencil]** or deleted by clicking the **Delete** icon **[X]**. Once all claims are entered, clicking the green Submit button will submit all claims on the form for processing. A printable Claim Confirmation popup with the claim number, claim amount, and service dates will display when the claim has been submitted.



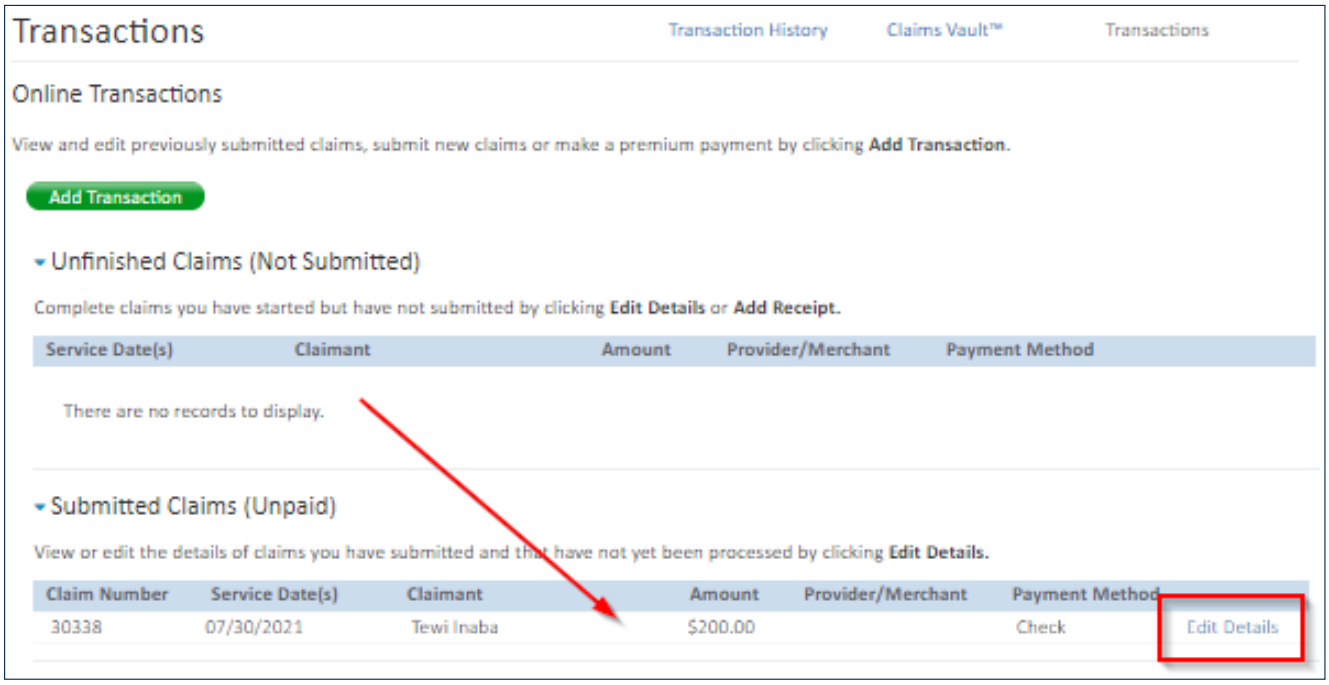
You can also save the claims you have entered without submitting by clicking the **Finish Later** link.



These claims can be viewed under the Unfinished Claims (Not Submitted) section and completed by clicking **Edit Details|Add Receipt** and then submitting.



Once the claim is submitted, it will appear in the Submitted Claims (Unpaid) section. Once submitted, the claim will be queued for processing by the administrator, who will approve it for reimbursement, deny it if it's an ineligible expense, or request more information from you to determine eligibility. A participant can still edit the claim before it has been processed by clicking the **Edit Details** link.

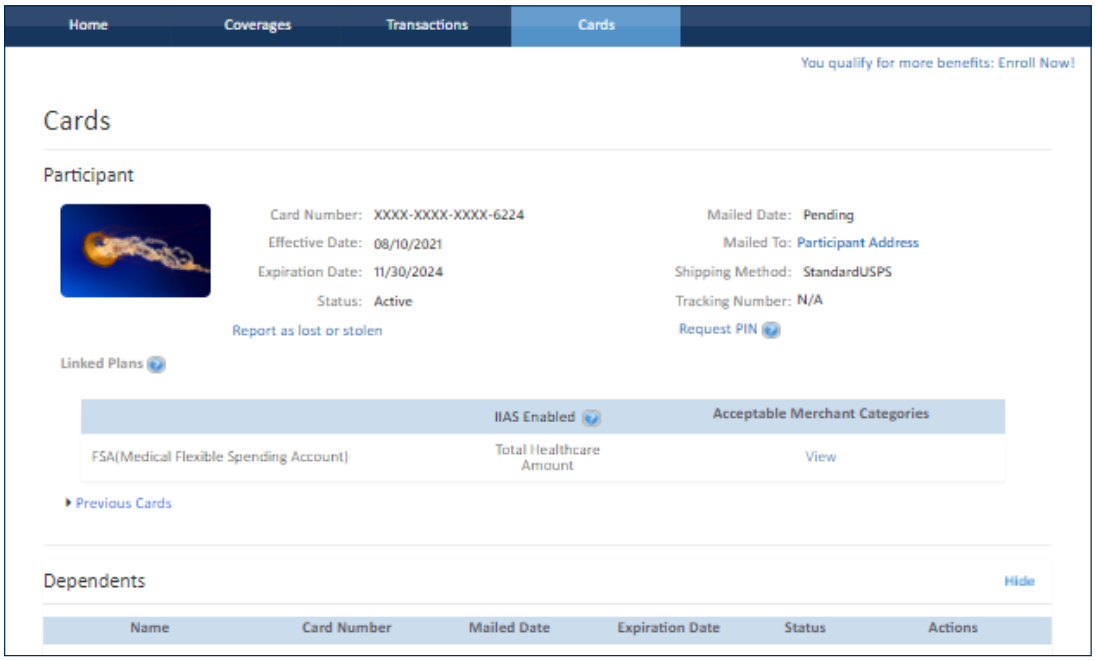


Once the claim has been reviewed and approved by an administrator, it will appear in the Processed Claims subsection

Cards Page

You can access your debit card information by clicking the **Cards** link on the menu ribbon.

This page displays the basic card information for the primary participant debit card, benefits linked to the card, and any dependent cards. The participant may also initiate a number of card-related requests from this page.



Report as Lost or Stolen – Informs the system that the card should be deactivated immediately. Depending on the TPA's settings, this may automatically trigger a replacement card or you may need to contact your administrator (TPA) to request a new card. Note that card issuance fees may apply in the event of a card needing to be replaced.

Request PIN – Click to request a new PIN and follow the prompts.

Linked Plans – This section displays the benefits that are linked to the debit card. FSA plans are typically IIAS Enabled for the Total Healthcare Amount, meaning that when the card is used at a merchant using the IIAS system, the system will recognize eligible healthcare items in the transaction and allow the card to be used to purchase them. Additionally, certain Merchant Category Codes may be enabled, including doctors offices, hospitals, pharmacies, etc. You can view a list of all enabled Merchant Category Codes by clicking the **View** link.

Previous Cards – If you have had any previous debit cards, these will display here along with their basic information.

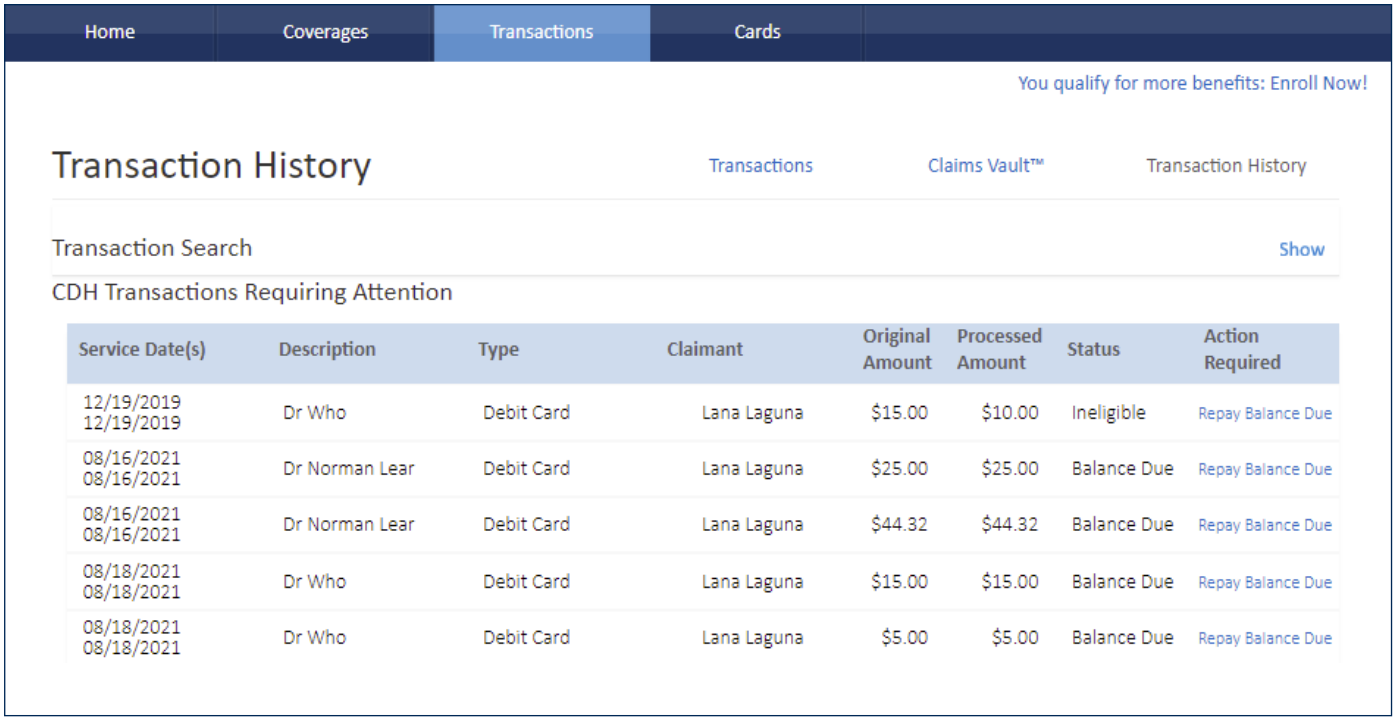
Dependents – Any dependent cards linked to your account will list here with the same basic information as for your card and with the same actions [Report Lost/Stolen, Request PIN] as for your card.

Card Transactions

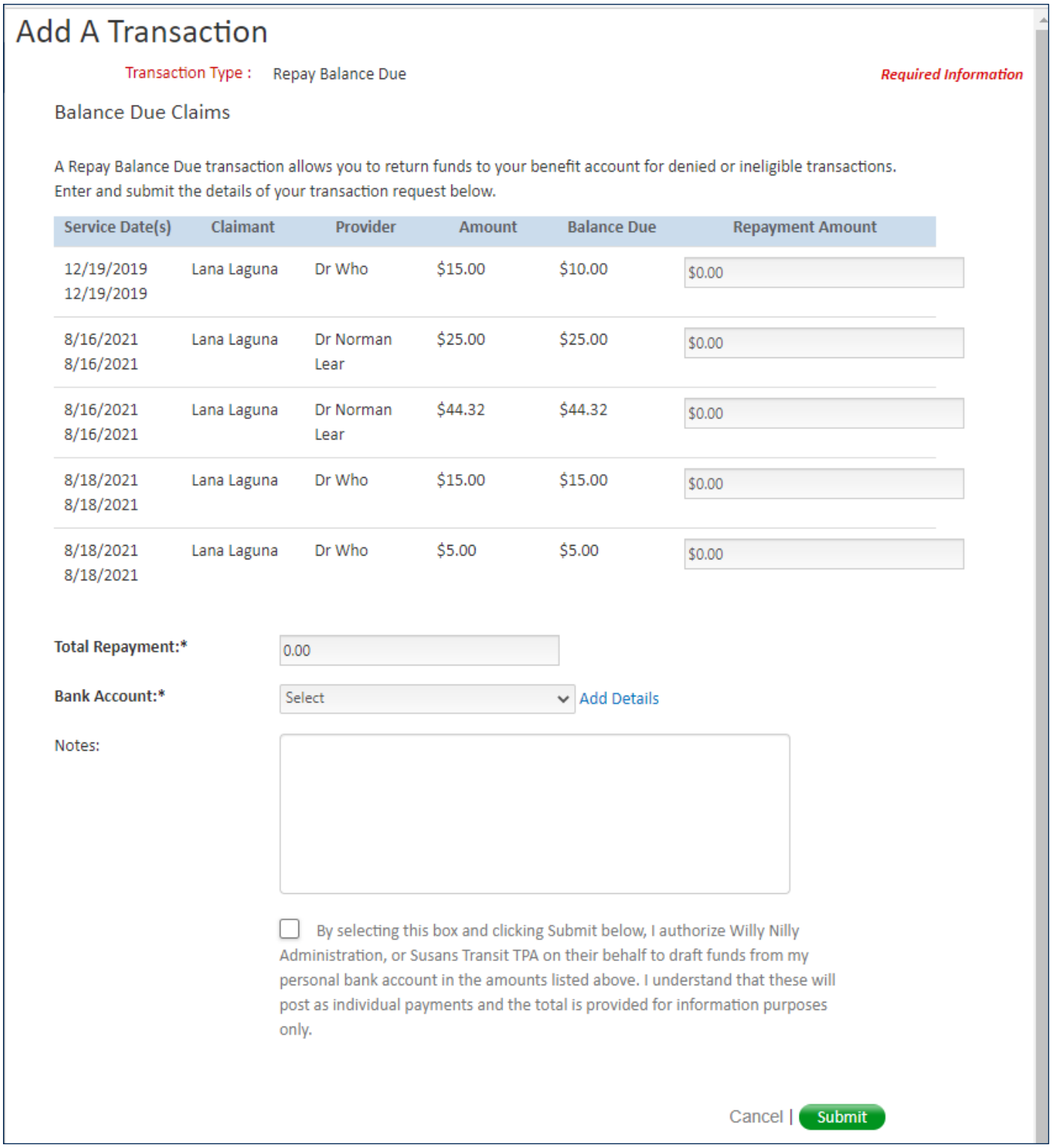
Debit card transactions will display on the Transaction History page as well as on the CDH Recent Transactions section of the Participant Portal home page.

CDH Transactions Requiring Attention

Many debit card transactions will auto-substantiate based on criteria set forth by the administrator, but sometimes a card transaction will require additional substantiation (documentation) to prove it was eligible for reimbursement. This section lists card transactions that require action – either a receipt (for eligible transactions) or repayment (for ineligible transactions).



To repay balance due transactions, click the **Repay Balance Due** link in the Action Required column. This will open the Add a Transaction: Repay Balance Due dialogue box.



All Balance Due Claims transactions will display with the claim details, the amount due, and a Repayment Amount field. The participant may enter any amount in the Repayment Amount fields up to the Balance Due for each transaction.

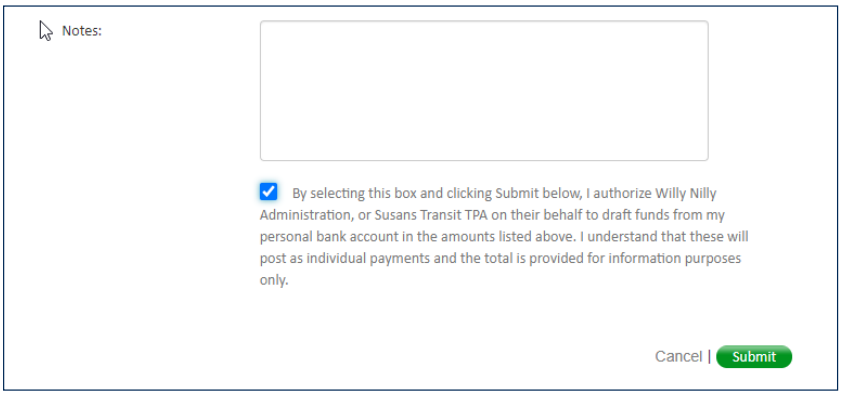
The Total Repayment field will calculate the sum of all repayments being made. The participant must either select an available bank account from the Bank Account section or click the Add Details link to add bank account information.

Service Date(s)	Claimant	Provider	Amount	Balance Due	Repayment Amount
12/19/2019 12/19/2019	Lana Laguna	Dr Who	$15.00	$10.00	$10.00
8/16/2021 8/16/2021	Lana Laguna	Dr Norman Lear	$25.00	$25.00	$25.00
8/16/2021 8/16/2021	Lana Laguna	Dr Norman Lear	$44.32	$44.32	$40.00
8/18/2021 8/18/2021	Lana Laguna	Dr Who	$15.00	$15.00	$0.00
8/18/2021 8/18/2021	Lana Laguna	Dr Who	$5.00	$5.00	$0.00

Total Repayment:* 75.00

Bank Account:* Select Add Details

Prior to clicking the **Submit** button, the participant must **check the authorization checkbox** to acknowledge they are authorizing funds to be withdrawn from their bank account for the purpose of repaying the plan(s).



CDH Transactions

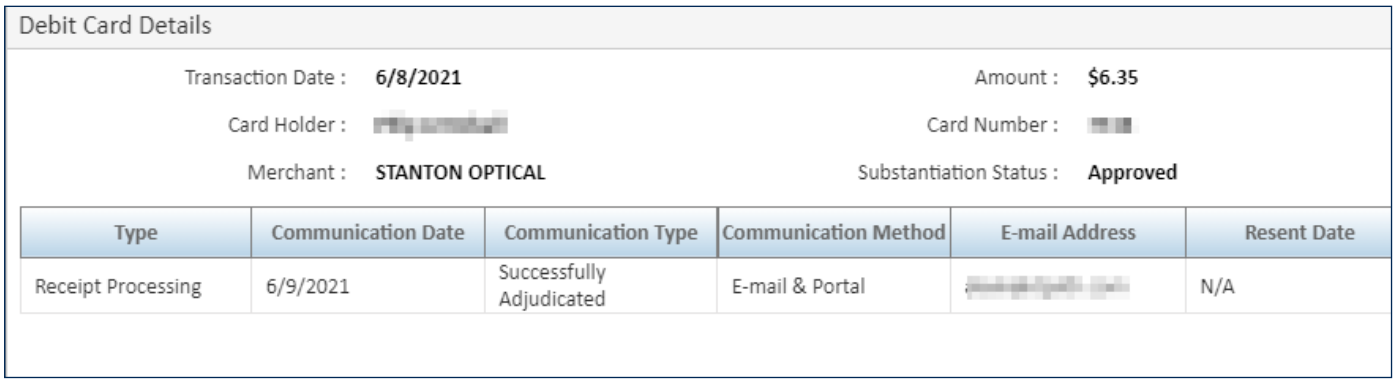
If the debit card swipe was deemed eligible or auto-substantiated, it will display under the CDH Transactions section with status of “Approved” or “Auto substantiated.”

CDH Transactions Hide

Add/View Online Claims

Plan	Service Date(s)	Description	Type	Claimant	Original Amount	Processed Amount	Payment Method	Status
FSA	08/18/2021 08/18/2021	Dr Whosit	Debit Card	Lana Laguna	$6.00	$6.00	Debit Card	Auto substantiated
FSA	08/18/2021 08/18/2021	Dr Who	Debit Card	Lana Laguna	$5.00	$5.00	Debit Card	Auto substantiated
FSA	08/18/2021 08/18/2021	Dr Who	Debit Card	Lana Laguna	$15.00	$15.00	Debit Card	Auto substantiated

Clicking the linked **"Debit Card"** text in the Type column will open the transaction details for that card swipe.



Debit Card Details

Transaction Date : **6/8/2021** Amount : **$6.35**

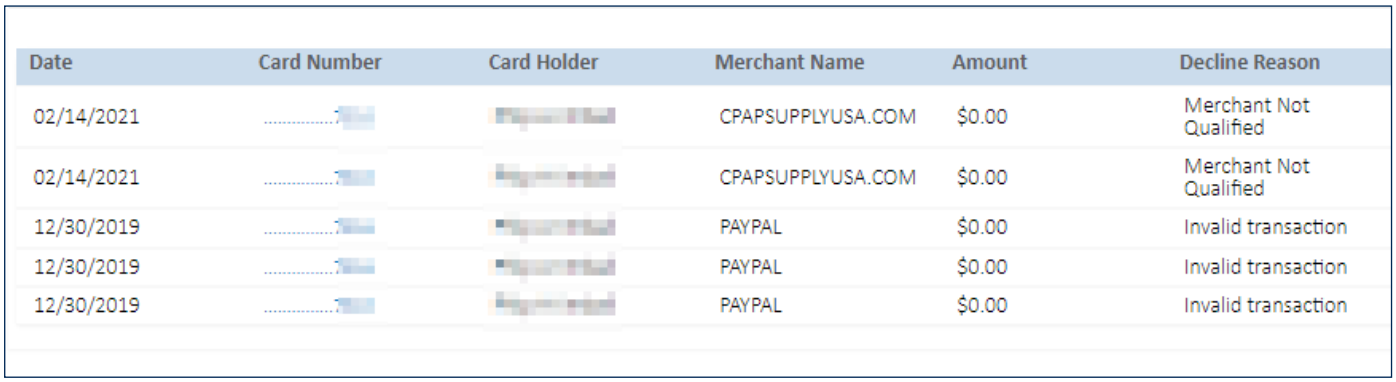
Card Holder : [redacted] Card Number : [redacted]

Merchant : **STANTON OPTICAL** Substantiation Status : **Approved**

Type	Communication Date	Communication Type	Communication Method	E-mail Address	Resent Date
Receipt Processing	6/9/2021	Successfully Adjudicated	E-mail & Portal	[redacted]	N/A

Debit Card Decline Detail

Card swipes that were declined will list in the Debit Card Decline detail section.



Date	Card Number	Card Holder	Merchant Name	Amount	Decline Reason
02/14/2021	[redacted]	[redacted]	CPAPSUPPLYUSA.COM	$0.00	Merchant Not Qualified
02/14/2021	[redacted]	[redacted]	CPAPSUPPLYUSA.COM	$0.00	Merchant Not Qualified
12/30/2019	[redacted]	[redacted]	PAYPAL	$0.00	Invalid transaction
12/30/2019	[redacted]	[redacted]	PAYPAL	$0.00	Invalid transaction
12/30/2019	[redacted]	[redacted]	PAYPAL	$0.00	Invalid transaction

If you have any more questions about registering your online account or using the various Participant Portal functions, please contact your administrator (TPA) using the information below.

Questions?
800-890-0393
MESSAOptionAll@messa.org

MESSA

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