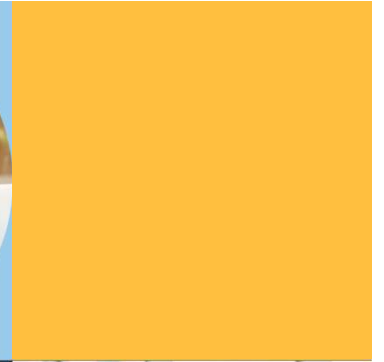




Bethlehem Area School District



Changes coming to your HRA

- In July, the debit card will no longer be attached to the HRA.
- If you use your debit card and have an FSA, all claims will go towards the FSA.
- If you do not have an FSA, your debit card will no longer work and all claims will need to be filed manually

Why are we making these changes

- In order for you to choose which plan pays for your healthcare expenses, we need to make this update
- Instead of one plan being locked to be exhausted first, you will get to choose which plan to use

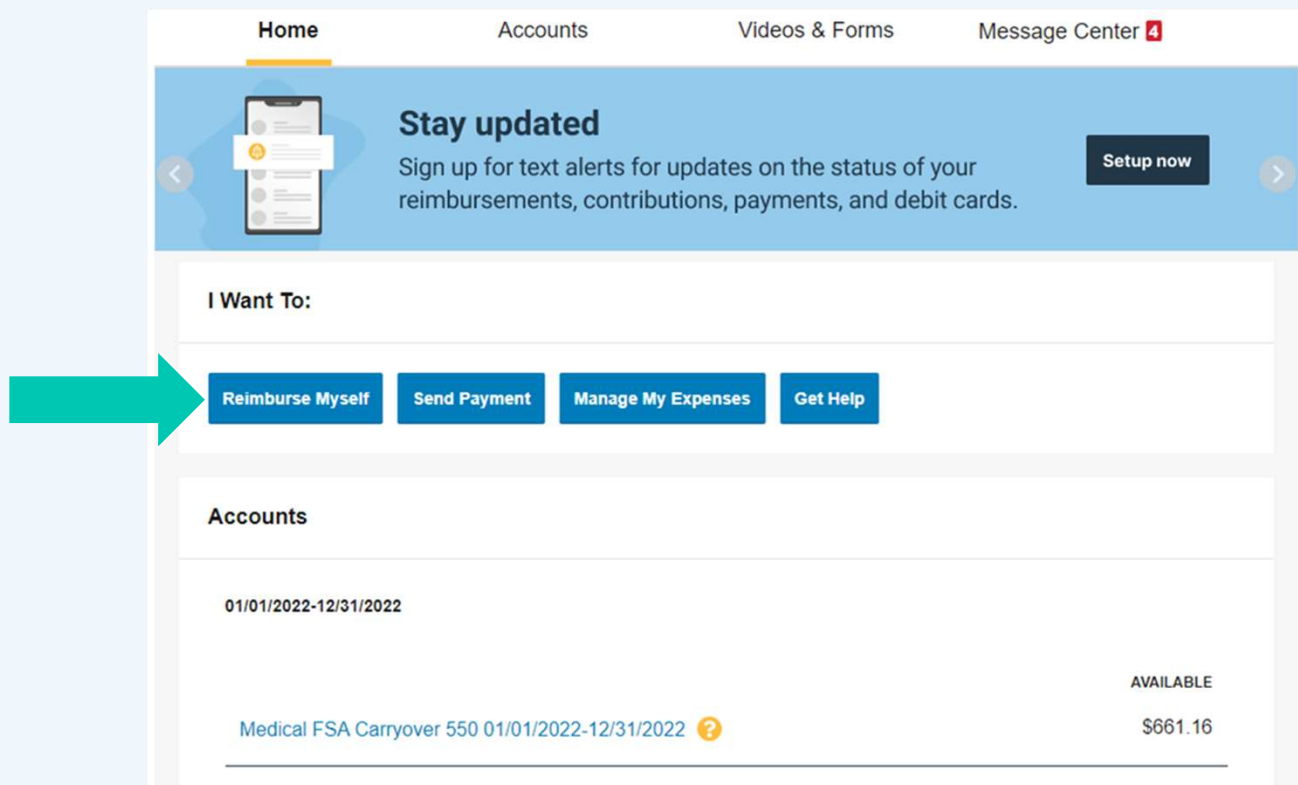


How to file a claim in your online account

Proprietary & Confidential



How to file a claim in your online account



The screenshot shows a web application interface for managing an online account. At the top, there is a navigation bar with links: Home (underlined), Accounts, Videos & Forms, and Message Center (with a red notification badge showing the number 4). Below the navigation bar is a blue banner with the heading "Stay updated" and a subtext: "Sign up for text alerts for updates on the status of your reimbursements, contributions, payments, and debit cards." A "Setup now" button is located on the right side of the banner. Below the banner is a section titled "I Want To:" which contains four blue buttons: "Reimburse Myself", "Send Payment", "Manage My Expenses", and "Get Help". A large teal arrow points from the left towards the "Reimburse Myself" button. Below this section is an "Accounts" section. It displays a table with a header row for the period "01/01/2022-12/31/2022". The table has two columns: the first column contains the text "Medical FSA Carryover 550 01/01/2022-12/31/2022" followed by a yellow question mark icon, and the second column contains the text "AVAILABLE" and the amount "\$661.16".

01/01/2022-12/31/2022	
Medical FSA Carryover 550 01/01/2022-12/31/2022 ?	AVAILABLE \$661.16

How to file a claim in your online account

Available Balance

Medical FSA Carryove... ?
\$661.16


Create Reimbursement * Required

Online claim filing is a fast and easy way to file claims. Just click the 'File Claim' button next to the account you wish to use and start filing! If your intention is to file a claim to pay out funds from your previous plan year and it is prior to that plan's final filing date, you will need to file the claim against your current plan year. If the claim amount is over your current available balance, we will automatically transfer the funds when processing your claim. Uploaded receipts must be in a .jpg, .pdf or .gif formats and file size cannot exceed 2MB.

Processing filed claims takes approximately two business days. Also note, if your employer has a unique reimbursement schedule your reimbursement will not pay out until its scheduled reimbursement date. If you are issuing payment to someone else, you are unable to request reimbursement for mileage.

Pay From *

Medical

Pay To * ?

Me

Based on your selection, you will be requesting a Claim Reimbursement.

Cancel

Next

How to file a claim in your online account

Available Balance

Medical FSA Carryove... ?
\$661.16

Receipt / Documentation * Required

Receipt(s) * ? [Upload Valid Documentation](#)

Summary

Pay From	Medical
Pay To	Me

Cancel

Previous

Next

How to file a claim in your online account

The screenshot shows a dark-themed web interface for filing a claim. A modal window titled 'Upload Receipt(s)' is open in the center. The background interface includes sections for 'Available Balance' (showing 'Medical FSA Carryove...' and '\$661.16'), 'Receipt / Documentati...', 'Receipt(s) *', a 'Summary' section with 'Pay From' and 'Pay To' fields, and navigation buttons at the bottom: 'Cancel', 'Previous', and 'Next'. A red arrow points from the 'Receipt / Documentati...' section to the modal.

Available Balance

Medical FSA Carryove...
\$661.16

Receipt / Documentati

Receipt(s) *

Summary

Pay From

Pay To

Me

Cancel

Previous

Next

Upload Receipt(s)

Upload options

- [Browse for a file](#) on your computer.
- [Select an image](#) from your receipt organizer.

Receipts must be in a JPG, JPEG, GIF, PNG or PDF format and cannot exceed 8 MB. The maximum number of uploaded receipts is 4.

* Required

Cancel

Submit

How to file a claim in your online account

Available Balance

Medical FSA Carryove...
\$661.16

Receipt / Documentation

Receipt(s) *
Upload Valid Documentation
Receipt.png Remove Receipt
View Receipt(s)

Summary
Pay From Medical
Pay To Me

Cancel

PreviousNext



How to file a claim in your online account

Accounts / Transaction Summary

Available Balance ?

** Balance reflects claims not yet submitted

Medical FSA Carryove... ?

\$611.16 **

Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT ?		
+ Medical FSA Carryover 550 01/01/2022-12/31/2022	Me	Medical Coinsurance	\$50.00	\$50.00	Remove	Update
Total Amount			\$50.00	\$50.00		

Claims Terms and Conditions

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

Cancel

Save for Later

Add Another

Submit

How to file a claim in your online account

Accounts / Transaction Summary

Available Balance ?

** Balance reflects claims not yet submitted

Medical FSA Carryove... ?

\$611.16 **

Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT ?		
+ Medical FSA Carryover 550 01/01/2022-12/31/2022	Me	Medical Coinsurance	\$50.00	\$50.00	Remove	Update
Total Amount			\$50.00	\$50.00		

Claims Terms and Conditions

✓ Agreed ▼

Cancel

Save for Later

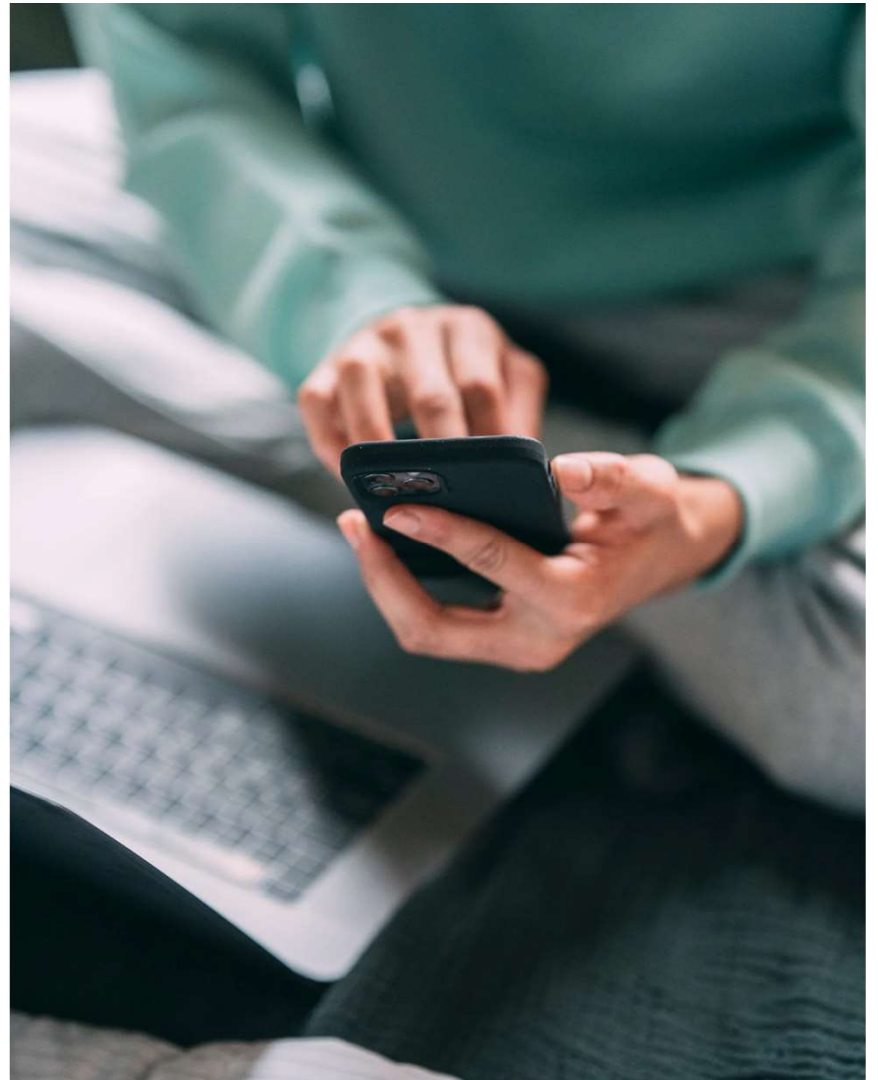
Add Another

Submit



How to file a claim in the benefits mobile app

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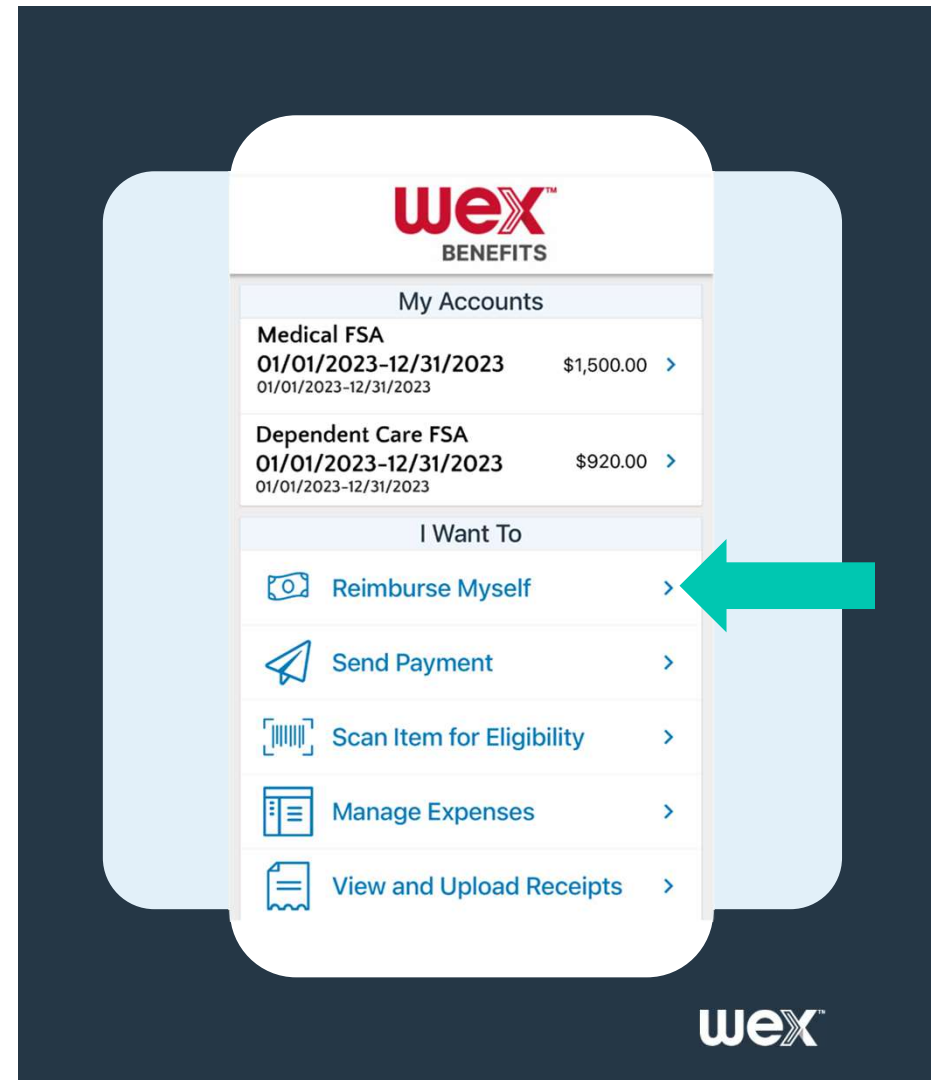


> How to file a claim in the benefits mobile app

1 Select how you like funds transferred

- Reimburse Myself
- Send Payment

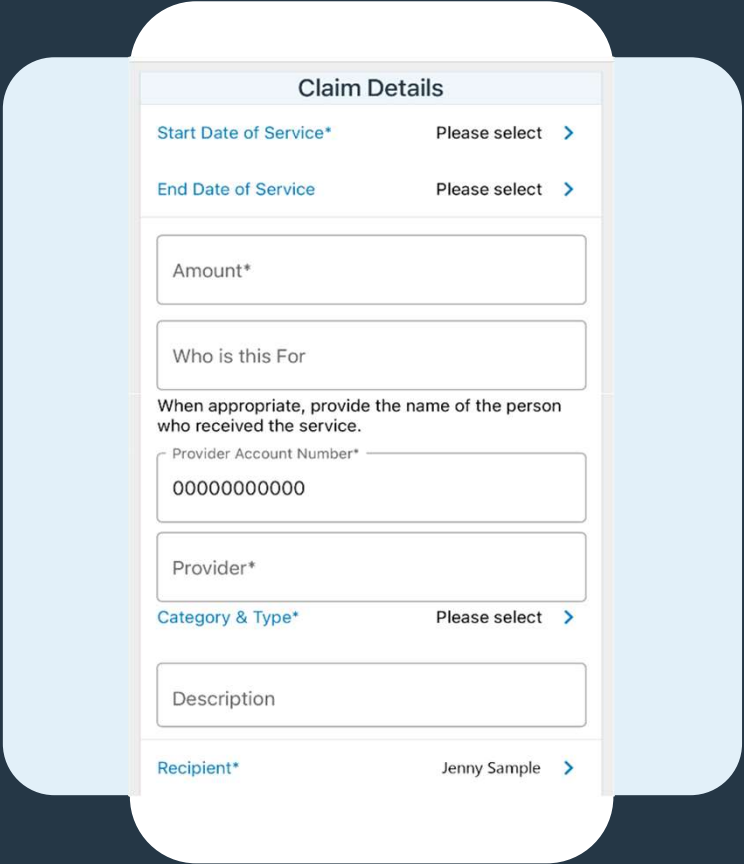
Proprietary & Confidential



> How to file a claim in the benefits mobile app

2 Provide claim details

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The screenshot displays the 'Claim Details' form within a mobile application interface. The form is titled 'Claim Details' and contains several input fields and selection options. The fields are arranged vertically, with some having dropdown arrows indicating selection menus. The 'Start Date of Service*' and 'End Date of Service' fields both show 'Please select' with a right arrow. The 'Amount*' field is empty. The 'Who is this For' field is empty, followed by a note: 'When appropriate, provide the name of the person who received the service.' The 'Provider Account Number*' field contains the text '00000000000'. The 'Provider*' field is empty. The 'Category & Type*' field shows 'Please select' with a right arrow. The 'Description' field is empty. The 'Recipient*' field shows 'Jenny Sample' with a right arrow. The WEX logo is visible in the bottom right corner of the dark blue background.

Claim Details

Start Date of Service* Please select >

End Date of Service Please select >

Amount*

Who is this For

When appropriate, provide the name of the person who received the service.

Provider Account Number* 00000000000

Provider*

Category & Type* Please select >

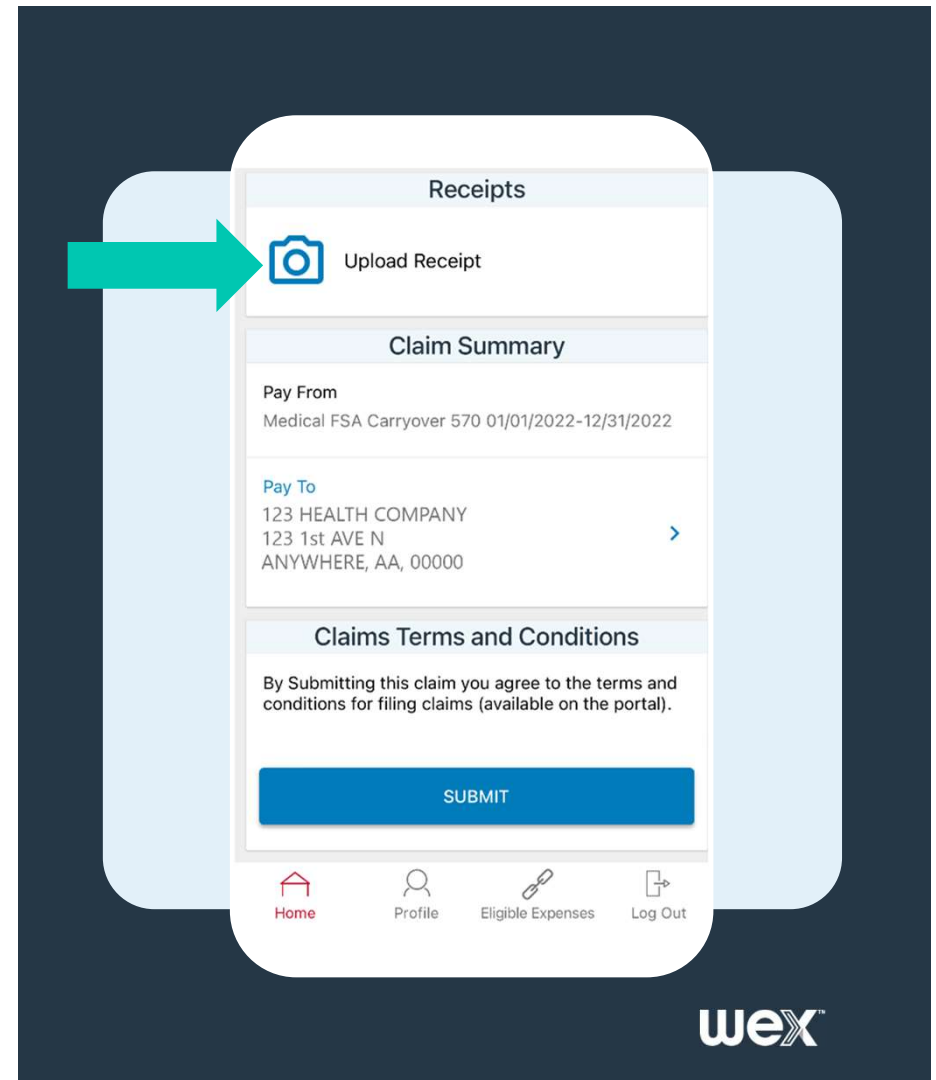
Description

Recipient* Jenny Sample >

wex

> How to file a claim in the benefits mobile app

3 Scroll down to upload a receipt



> How to file a claim in the benefits mobile app

4 Select "Submit"

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Upload Receipt

Attached Receipt
Mobile Receipt

Claim Summary

Pay From
Medical FSA Carryover 570 01/01/2022-12/31/2022

Pay To
123 HEALTH COMPANY
123 1st AVE N
ANYWHERE, AA, 00000

Claims Terms and Conditions

By Submitting this claim you agree to the terms and conditions for filing claims (available on the portal).

SUBMIT

wex™



How to substantiate purchases of eligible expenses

Proprietary & Confidential

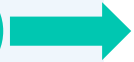


Details needed to substantiate

- **Name** of the provider or merchant
- **Date** of the service received or item purchased
- **Description** of the service received or item purchased
- **Dollar Amount** of the service received or item purchased



Details needed to substantiate



RECEIPT

Sample Eye Doctor Co.
555 Sample Street N
Any Town, AA 00000

Office: (701)555-5555
Fax: (701)555-5555

Ms. Jenny Sample
123 Sample St. E
Sample Town, AA 00000

Account #: 666555
Patient(s): Sample, Myles

DATE	DOS	PATIENT	ACTIVITY	ID	UNITS	AMOUNT	ADJUST	CREDIT
MM/DD/YY	MM/DD/YY	Myles Sample	Comprehensive Examination-NP	CFB	1.0	\$10.00	\$0.00	
MM/DD/YY	MM/DD/YY	Myles Sample	RX Refraction	CFB	1.0	\$0.00	\$0.00	
MM/DD/YY	MM/DD/YY	Myles Sample	CL Fit SCL New/Refit	CFB	1.0	\$110.00	\$50.00	
MM/DD/YY	MM/DD/YY	Myles Sample	Pmt-Credit Card	***		\$0.00	\$0.00	\$70.00
MM/DD/YY	MM/DD/YY	Myles Sample	VSP SV Lens(2) Only Disp. FEE	CFB	1.0	\$25.00	\$0.00	
MM/DD/YY	MM/DD/YY	Myles Sample	Single Vision Lenses	CFB	2.0	\$100.00	\$100.00	
MM/DD/YY	MM/DD/YY	Myles Sample	Polycarbonate SV	CFB	2.0	\$75.00	\$75.00	
MM/DD/YY	MM/DD/YY	Myles Sample	Transitions 7 Gray SV	CFB	2.0	\$75.00	\$5.00	
MM/DD/YY	MM/DD/YY	Myles Sample	Pmt-Credit Card	***		\$0.00	\$0.00	\$95.00
Grand Totals for the Period Beginning DD/MM/YY						\$ 395.00	\$ 230.00	\$ 165.00
Total Receipt Balance:								0.00
Responsible Balance:			\$	0.00	Previous Balance:			0.00
Amount Expected from Insurance:			\$	0.00	Account Balance:			0.00

> **My claim was applied towards the wrong plan!**

- What happens if the claim is applied to the HRA plan when it should've gone towards the FSA or vice versa?
 - In these instances you are able to contact WEX's Participant Services team to request that the claim is moved to the correct plan.
 - If documentation has been requested if it was a debit card claim, it is recommended to submit documentation first to avoid delays in this process

Contact Participant Services

Our Participant Services team is available Monday through Friday, from 6 a.m. to 9 p.m. CT, except holidays.



Website

www.wexinc.com



Phone

866-451-3399



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