www.DiscoveryBenefits.com Phone: 866-451-3399 • Fax: 866-451-3245 PO Box 2926 • Fargo, ND 58108-2926

customerservice@discoverybenefits.com

Consumer Portal Guide

Welcome to Discovery Benefits!

Discovery Benefits

FSA • HSA • HRA • COBRA • Transportation

To access your Consumer Portal, log on to our website at www.discoverybenefits.com. Click the blue Log In button in the upper right-hand corner of the screen.



Click on the <u>Participant Login – Reimbursement Account</u>. Complete the steps to create your username and password provided within your Welcome Letter.

Participants	Participant Login
How-to Guides	Participant Login
Benefits Programs	Participants Employers/Consultants
Eligible Expenses I •	Participant Login - Reimbursement Account
Eligible Merchants I	Flexible Spending Accounts (FSA)
CORRA	Health Savings Accounts (HSA)
COBRA : *	Health Reimbursement Arrangements (HRA)
Forms i	Participant Login - Transportation WiredCommute
≥ Login i ►	COBRA - Qualified Beneficiary Login
	Special Plan Member Login

Once you have successfully logged in to your Consumer Portal, your Home Page will appear on your screen. Each tab from your **Home Page** offers an easy to use navigation system for viewing information on your personal account.

HOME	ACCOUNTS	PROFILE NOTIFICA	CATIONS FORMS			Logo
Velcor	ne,					
Welcome payment and more	to your single si status, view acc al	ource for all you need to ount balance and summ	know ab ary inform	out your pre- lation, access	tax benefits. Requ important notific	est payment, check ations about your accour
Accoun	ts					View Account Summ
Accour	nt	Available Balance 🐵	Final S Date	Service _®	Final Filing Date	Actions
Medical 01/01/3	<u>/56</u> 2009-12/31/2009	\$131.17	3/15/2	310	4/30/2010	File Claim View Claim History
Depend 01/01/3	ent Care ESA 2009-12/31/2009	\$0.00	3/15/2	010	4/30/2010	File Claim View Claim History
Accourt	Questions? Contact Participa customerservice	nt Services at: (701) 451-3 Pdiscoverybenefits.com Profile	199 Or toll	free at (866) · Notification	451-3399 or 15 <u>Fo</u>	rms
Account	Summary	Profile Summary		Votification His	tory	
File Claim	15	Dependents				
Payment	History	Debit Cards				
Election 5	ummary					
2000000000						



The **Accounts Tab** offers the ability to view your account summary details, file an online claim (if applicable to the plan design), review payment history information, election and plan description details as well.

HOME	ACCOUNTS	PROFILE	NOTIFICA	TIONS	ORMS		<u>.</u> 22
Welcon Welcome payment and more	Account Summ File Claims Payment Histor Bection Summa Plan Description	ary V ury IS	i need to nd summa	know about ry informati	your pre-t on, access	tax benefits. Reques important notificati	t payment, check ons about your account
Account	5						View Account Summa
Account	t	Ava Ba	ilable lance 📵	Final Ser Date	vice ₀	Final Filing 📵	Actions
Account Medical F 01/01/20	t <u>SA</u> 109-12/31/2009	Ava Ba	ilable lance 📵 \$131.17	Final Ser Date	vice	Final Filing Date	Actions File Claim View Claim History

Below is an example of the information you will complete when filing an online claim through the **Accounts Tab**. Once you have completed the information, select <u>Submit</u> and print the Confirmation Page to return with your documentation to Discovery Benefits. Note: you can also upload your receipt via the Consumer Portal for faster processing and reimbursement.

Do you have a valid receipt for this ;	product/service? C yes 🗘 No 💥	tat is a va	fid receipt?	8
Date of Service* (mns/dd/yyyy)	10/02/2000			
Please choose the category and typ Drugs," you must provide a descript.	e of product/service that best describe on below	s your cla	im. If you choose "Other" or "Over the	Counte
Category.*	Choose from list	~	Elizible Expenses	
Type of Product/Service!*	Choose from list	¥		
Product/Service Description:			2	
Product/Service Provider:1				
Person receiving Product/Service.*	C Ada.uepenaent			
Claim Amount.4	\$			
Did you drive to receive this produc You may claim mileage expense for	t/service ⁷⁴ C Yes @ No <u>Claiming</u> reimbursement.	Miesae		
Number of Miles:				
Mileage Reimbursement:				
Total Claim Amount:				
Calculate Total				
Submit Cancel				

The **Profile Tab** will assist you with reviewing your personal demographic information, along with offering the functionality to order debit cards directly through your Consumer Portal.

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HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS		Logou
Profile		Profile Sumn	τατγ			
rionie		Dependents Debit Cards				Update Profil
Name:				Address:		
Employee Employer Gender: Marital St.	s Number: Employee ID: atus:			Country: Home Phone: Email Address	0	
Eligible	Dependents					Add Dependen
No deper	ndents					
Bank Acc	ounts					
	Usage Ac	count Nicknam	e Bank		Account Type	Account Number

The **Notifications Tab** will store the reminders you have received throughout the plan administration such as account statements, receipt reminders and advice of deposits.

Notification Histo	ory			
Search Notification: (3) All	Create Date	e Within:		
Notification Account Statement	Create Date 10/2/2009	For Date(s) 7/1/2009-9/30/2009	Plan Year 01/01/2009-12/31/2009	

The Forms Tab will provide you with any forms that may be applicable to your plan.

Forms
Additional Card Request Form Auto Dependent Care Form
<u>Automatic Orthodontia Reguest Form</u> <u>Beginner's Guide to Filing Claims</u>
Beginner's Guide to the Benefits Debit Card
Debit Card Substantiation Form Direct Deposit Form
Email Notification Enrollment Form
Flex Enrollment Form Medical Necessity Form
Reimbursement Request Form
Terms & Conditions