



EMPLOYEE USER GUIDE

HRA Auto-Pay with ABG Benefits Card for Eligible RX Expenses

ABG Claims Connect Overview

ABG Claims Connect is a service offered by American Benefits Group (ABG) which allows you to link your insurance carrier accounts to the WealthCare system.

Once your insurance carrier accounts are linked, all your insurance carrier Explanation of Benefits (EOBs) claim information, will download into our system and any expense you are required to pay will become available for reimbursement and / or debit card substantiation.

How It Works!

- When you successfully link your insurance carrier account(s), via ABG Claims Connect, your insurance Explanation of Benefits (EOB) claim details will download into WealthCare system. Where a reimbursement for eligible claims will be automatically generated.

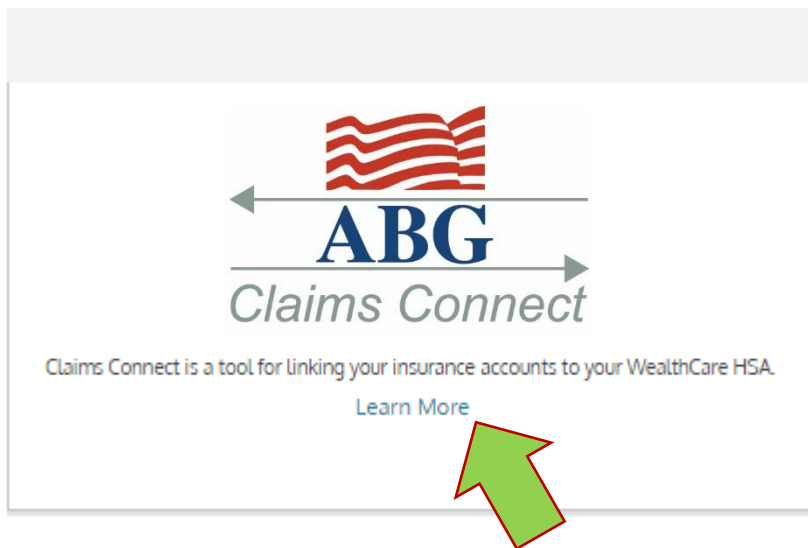
See linking instructions pages 3 – 9.

- If you choose not to link your insurance carrier account(s) then it will be your responsibility to submit your claims with supporting documentation.
- You will receive notifications via email and text message when a claim has been processed and when a claim is reimbursed.
- You can register for a user account in the WealthCare system where you can log into the Portal, Mobile and or receive text based notification about your account, and claims payments.

See registration instructions on page 10.

Link your insurance carrier credentials


- First log into your insurance carrier web portal to confirm your credentials. You will need your username, password and possibly answers to security questions. Insurance carrier's who require security questions include:
 - Anthem, Blue Cross Blue Shield of GA, CareFirst, Empire Blue Cross Blue Shield, Health Net, United HealthCare, UPMC Health Plan
- Once verified log into the WealthCare portal www.amben.com/wealthcare
- On your personal dashboard find the Claims Connect widget and click **Learn More**




Save time and get your money faster with

Claims Connect

Your claims automatically feed into the system as they occur



Automate your medical, dental and vision claims and get:




EOBs stored in an online shoebox for all linked accounts.

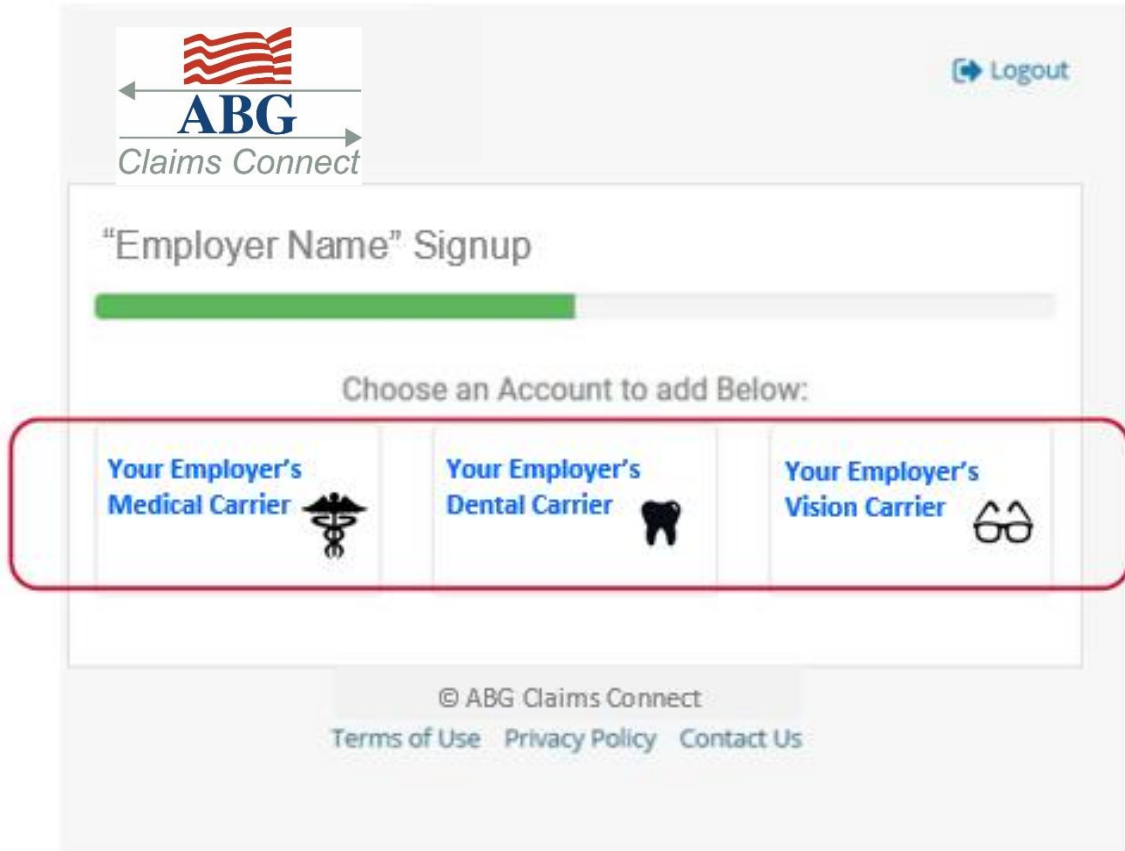
Getting Started

- 1) Link your insurance carrier accounts by providing your username and password.
- 2) Your claims will automatically feed into the portal as they occur.
- 3) View and pay your provider or reimburse yourself with a single click!

Click to sign up now.
It's simple and free. >



- The registration process starts with choosing your carrier.
Note: if you have additional carrier's for Dental and /or Vision they will be presented as well.



- Once the carrier is selected, you must **enter the carrier username and password**. You must also **check both boxes** at the bottom of the screen indicating you accept the terms and conditions of benefiting from ABG Claims Connect and the American Benefits Group organization. When complete, **click the Submit Credentials button**.

ABG
Claims Connect

Logout

"Employer Name" Signup

Enter Credentials for www.medmutual.com below:

If you've not yet made an account with www.medmutual.com, make one here:

<https://member.medmutual.com/user/Register.aspx>

Your Employer's Medical Carrier

medmutual.com Username
groberts@

medmutual.com Password

Date of Birth
11/19/1965

in any of the Services, including the Site or Content available in or related to the Services.

5. Ownership and Reservation of Rights

5.1 TPA Stream's Retention of Rights

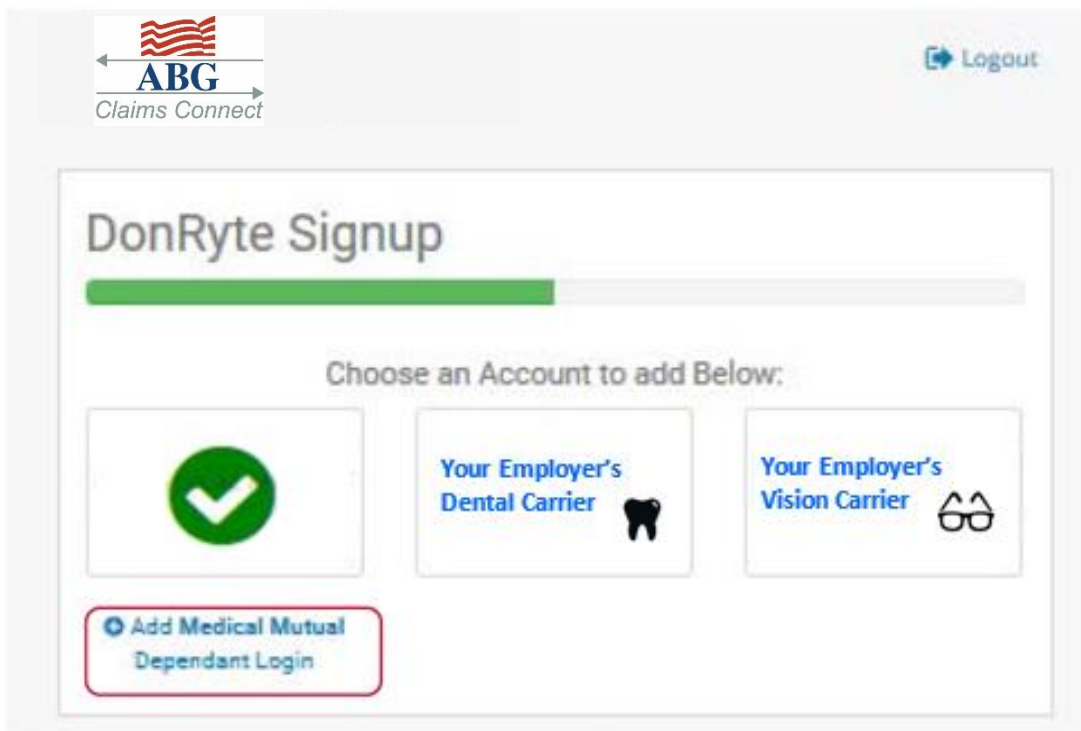
You acknowledge that as between you and TPA Stream, TPA Stream owns all rights title and interests in the Services, including all Intellectual Property therein. Except as expressly granted in the Terms, TPA Stream retains all rights, title, and interests in and to the Services, including all Intellectual Property related thereto, and nothing

I have read and I agree to the above Terms of Use

I acknowledge that my claims will be automatically sent to Demo

Submit Credentials

- Credentials will be verified by going out to the appropriate carrier portal and upon successful sign on by ABG Claims Connect. If the credentials are invalid, an error is shown at the top left of the screen. If you have not yet registered with the carrier, you can click the link in blue shown in the sentence at the top of the screen. You can then continue the registration process.
- Once the credentials are verified, the screen below appears with a check mark indicating that at least one individual has been registered for that specific carrier. If you have dependents that have a separate username and password for the carrier, you can click on **Add Medical Mutual Dependent Login** at the bottom left of the screen. If this box does not appear, simply add the additional credentials the way you added your own.
- Please note some insurance carriers require dependents 18 and older and spouses to have a separate login. If you do not link the credentials for your dependents you will not receive their claim information. Carriers who require separate login for dependents include:
 - Blue Cross Blue Shield of MA
 - Cigna (RX)
 - Oxford Health Plans
 - PreferredOne
 - UPMC Health Plan



- The registration screen appears again and allows the addition of a dependent that has a username and password. Again, this username and password will be the one for the carrier. This process can be continued until all dependents that have their own username and password for the carrier have been added. Only dependents that are going to be covered by your policy for that carrier should be added. See registration screen for dependent below:

ABG
Claims Connect


Logout

"Employer Name" Signup

Enter Credentials for www.medmutual.com below:

If you've not yet made an account with www.medmutual.com, make one here:

<https://member.medmutual.com/user/Register.aspx>

Your Employer's Medical Carrier 

medmutual.com Username
groberts@S

medmutual.com Password

Date of Birth
11/19/1965

in any of the Services, including the Site or Content available in or related to the Services.

5. Ownership and Reservation of Rights

5.1 TPA Stream's Retention of Rights

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I have read and I agree to the above Terms of Use

I acknowledge that my claims will be automatically sent to Demo

Submit Credentials

- The member will then move on to additional carriers (where applicable) from the main enrollment screen and register for themselves and any other covered dependents.

ABG
Claims Connect

Logout

DonRyte Signup

Choose an Account to add Below:

Add Medical Mutual Dependant Login

- Once you verify their credentials for all appropriate carriers, **the verification is complete!**

- When registration is complete, your information is securely stored in our system, and claims will be automatically collected. This means **no more manual submittal of EOBs or claims data for reimbursement or substantiation!** At the completion of the registration process, the following email is sent for confirmation.

Thanks for signing up with



Thanks for sign up with “Insurance Carrier”! Your carrier login credentials have been verified and American Benefits Group will now have direct access to your EOBs. Remember, if you change your insurance username/password you’ll need to make sure you update your account.

[Click Here to fill out a one-minute survey](#)

Thank you,
American Benefits Group

The ABG Benefits Card

- You will receive an ABG Benefits Card for Eligible RX Expenses.
- Your card will arrive prior to the first day of your Plan Year, as of the first day of your Plan Year your HRA election amount will be loaded on the card ready for you to use.
- If you have an eligible spouse or adult dependent you can request a card for them at no additional charge.
- If you do not use your ABG Benefits Card (you pay out of pocket) for Eligible RX Expenses you will submit claims.



WealthCare Portal Registration Instructions

- Browse to www.amben.com/WealthCare
- For First Time Registration
 - In the upper right choose **REGISTER**
 - Follow the instructions and enter all the required information
 - **Username** must be 9-15 characters (alphanumeric)
 - **Password** must be 8-16 characters (follow the provided criteria)
 - **Employee ID** is your Soc. Sec. (with no hyphens)
 - **Registration ID – Employer ID** ([Find Your Employer ID](#))

Important: Keep a record of your username, password and answers to security questions for future use.

Install WealthCare Mobile



Apple app store or Android Google Play

Search for **ABG WealthCare**

WealthCare Portal

- Browse to www.amben.com/wealthcare
- Login and choose **Claims > Transaction History**
- You can review all your claims here

Year Plan Type [EXPORT TO EXCEL](#)

Which transactions do you want to see? Select here

Approved/Posted Pending/Processing Authorized Denied [SEARCH FOR TRANSACTIONS](#) [PRINT TRANSACTIONS](#)

\$192. ²⁵	Dependent Care Account - DCA Approved	Deposit Payroll Deposit	Dec 29, 2017
\$192. ³¹	Dependent Care Account - DCA Approved	Deposit Payroll Deposit	Dec 15, 2017
\$192. ³¹	Dependent Care Account - DCA Approved	Deposit Payroll Deposit	Dec 1, 2017
\$20. ⁰⁰	Parking Benefit Approved	Deposit Payroll Deposit	Dec 1, 2017
\$96. ¹⁵	Flexible Spending Account - FSA Approved	Deposit Payroll Deposit	Nov 17, 2017

- To submit a new claim, if you did not link your carrier credentials or for out-of-pocket RX Expenses
 - Choose **Add a Claim** from the **Claims** tab
 - In most cases you will need your Explanation of Benefits (EOB) from your insurance carrier

Choose the appropriate Service Type

Claim Form Instructions

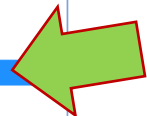


Claimant: Primary account holder's name.
Service Date(s): When you had the service or purchased an item. If you have multiple services over a period of time from the same provider you can enter a date range.
Service Type: Choose service type from drop-down.
Claim Amount: Original expense amount.
Provider Name: Name of service provider such as the name of a doctor's office or pharmacy.
Comments: Use for additional information.
Upload Receipt: Upload receipts/statements. If receipt is unavailable at time of submission, submit via the **WealthCare Mobile App** ([learn more](#)) or fax statements and/or EOBs to 877-723-0147.

* - Required Field

Claimant	<input type="text"/>
Service Start Date *	<input type="text" value="Jul 9, 2018"/>
Service End Date *	<input type="text" value="Jul 10, 2018"/>
Service Type *	<div style="border: 1px solid #ccc; padding: 5px;"><p>-- Select One --</p><p>-- Select One --</p><p>Acupuncture</p><p>Chiropractic</p><p>Co-pay Expenses</p><p>Co-Insurance (HRA Expense)</p><p>Deductible (HRA Expense)</p><p>Dental Expense</p><p>Hospital Expenses</p><p>IN-Network Lab</p><p>Medical Expenses</p><p>Office Visits</p><p>Over-The Counter Items</p><p>Physical Therapy</p><p>RX Expenses</p><p>Therapy</p><p>Vision Expense</p></div>
Claim Amount *	<input type="text"/>
Provider Name	<input type="text"/>
Comments	<input type="text"/>

Good news. You do not need to attach a receipt for this claim.



I certify that the expenses for reimbursement indicated on this claim form were incurred by me (and/or my spouse and/or eligible dependents), and were not reimbursed by any other plan nor will I seek reimbursement from any other source. To the best of my knowledge and belief, the expenses are eligible for reimbursement under my Reimbursement Plan(s). I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete, or misleading information may be guilty of a criminal act punishable under law.