

WealthCarePortal



Participant Guide to The WealthCare HSA



800-499-3539
support@amben.com

[SIGN IN](#) [REGISTER](#)

[Employers](#) [Consultants](#)

Welcome to the New WealthCare Portal
If you have already registered, you can continue to use your existing username & password.



TIP: Bookmark This Page

- Benefits Card Information
- Documents & Forms
- Eligible Expenses
- Video Library
Education & Training
- WealthCare Mobile



If You Are a Registered User SIGN IN here

If You Have Not Registered For The Site - You Will Need To REGISTER before you can SIGN IN

The screenshot shows the top section of the WealthCare Portal. On the left is the logo with the text "AMERICAN BENEFITS GROUP WealthCarePortal". To the right are contact details: a phone icon with "800-499-3539" and an envelope icon with "support@amben.com". Below the logo are two green buttons: "Employers" and "Consultants". In the top right corner, there are two green buttons: "SIGN IN" (with a checkmark icon) and "REGISTER" (with a person icon). A red arrow points from the "SIGN IN" button to the text box on the left, and another red arrow points from the "REGISTER" button to the text box on the right. Below the buttons is a grey box with the text "Welcome to the New WealthCare Portal" and a smaller white box below it that says "If you have already registered, you can continue to use your existing username & password." At the bottom of the page is a blurred image of people's heads.



Personal Dashboard



HSA User



YOUR PROFILE IS 60% COMPLETE ?

Complete your profile and take advantage of all our capabilities.

MOBILE PHONE



Register your phone for real time alerts!

EMAIL



INFO@AMBEN.COM

REIMBURSEMENT METHOD



CHECK

ALERTS



YOU HAVE OPTED INTO 4 ALERTS

HSA FAMILY CONTRIBUTION LIMIT CHANGES FOR 2018

Mar 9, 2018



HSA 1099SA Tax Form

Feb 6, 2018



Alerts



Right now you're only receiving email alerts. Click below to maximize the value of your account. Link your mobile phone and get real-time balance updates!

SIGN UP



Jul 1, 2018
4:04 am

Account Balance
Statement

Account Balance Statement

Your Accounts

Plan years show: Previous Current Future

Health Savings Account

*****9364

\$4,245.⁸⁵

Available \$3,245.⁹⁰

Investment \$999.⁹⁵





My Account ▾ Claims ▾ Resources ▾ My HSA ▾

Personal Dashboard

Manage My HSA

Health Savings Account *****9364



DASHBOARD



CONTRIBUTIONS



TRANSACTIONS



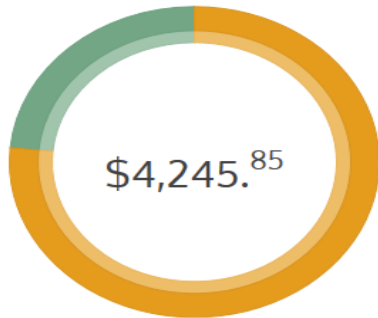
INVESTMENT



BILL PAY

[Account Resources](#) [Tax Forms](#) [Statements](#) [View Beneficiaries](#)

Account Balance



Available Balance
\$3,245.⁹⁰

Investment Balance ?
\$999.⁹⁵

Balance

Current Balance	\$3,245.⁹⁰
- Holds	\$0.⁰⁰
= Available Balance ?	\$3,245.⁹⁰
+ Investment Balance	\$999.⁹⁵
= Total HSA Balance	\$4,245.⁸⁵

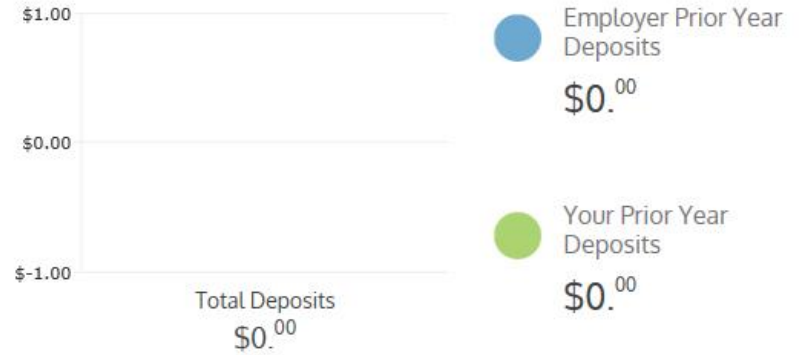
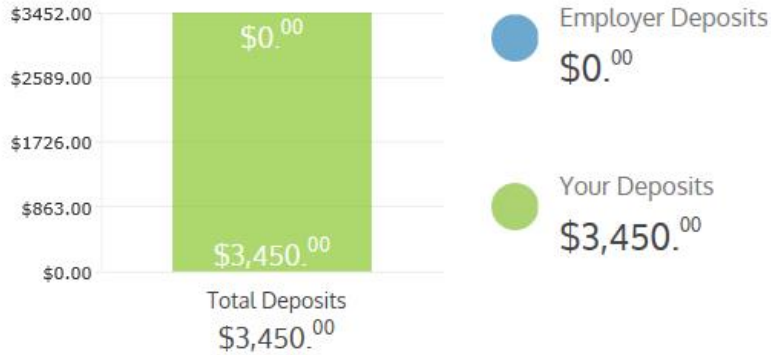
Overpaid Amount ? **\$0.⁰⁰**

Current Year Deposits

Your Deposits YTD	\$3,450.⁰⁰
+ Employer Deposits YTD ?	\$0.⁰⁰
= Total Deposits YTD ?	\$3,450.⁰⁰

Prior Year Deposits

Your Prior Year Deposits	\$0.⁰⁰
+ Employer Prior Year Deposits ?	\$0.⁰⁰
= Total Prior Year Deposits ?	\$0.⁰⁰



Current Year HSA Stats

Contributions - Reportable ?	\$3,450.00
Total Contributions ?	\$3,450.00
Rollover Contributions	\$0.00
Distributions / Spent Year to Date ?	\$0.00
Interest Paid	\$0.90

Prior Year HSA Stats

Contributions - Reportable ?	\$0.00
Rollover Contributions	\$0.00
Distributions / Spent Prior Year ?	\$0.00



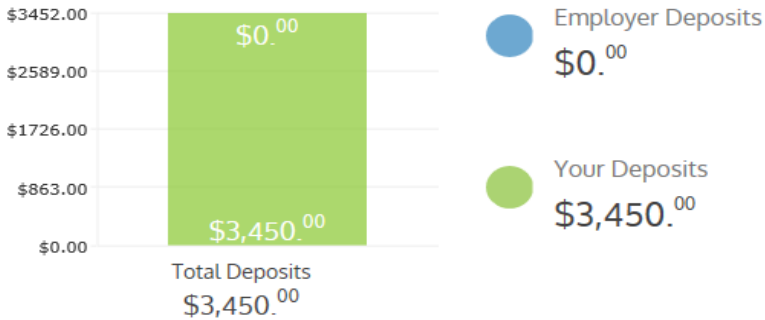
[My Account](#) ▾
 [Claims](#) ▾
 [Resources](#) ▾
 [My HSA](#) ▾
 [Manage My HSA](#)

Personal Dashboard

[ACCOUNT DETAILS HSA](#)
[ADD CONTRIBUTION](#)
[PENDING TRANSFERS](#)
[BANK ACCOUNTS](#)
[ADD BANK ACCOUNT](#)

Current Year Deposits

Your Deposits YTD	\$3,450.⁰⁰
+ Employer Deposits YTD ?	\$0.⁰⁰
= Total Deposits YTD ?	\$3,450.⁰⁰

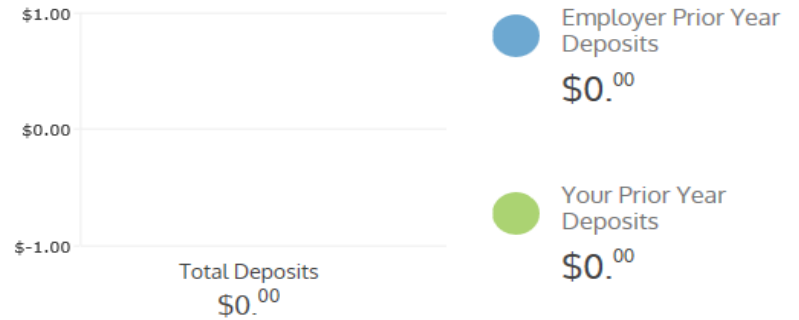


Deposits Per Pay Period

Employer Amount	\$0.⁰⁰
Employee Amount	\$50.⁰⁰

Prior Year Deposits

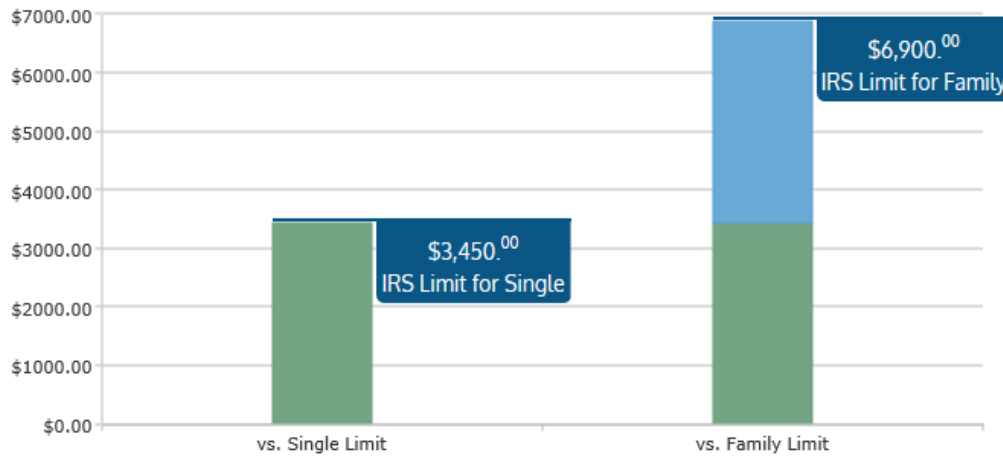
Your Prior Year Deposits	\$0.⁰⁰
+ Employer Prior Year Deposits ?	\$0.⁰⁰
= Total Prior Year Deposits ?	\$0.⁰⁰



Bank Accounts for External HSA Funding



My HSA Contributions vs. the IRS Annual Contributions Limit



● Reportable Contributions
 ● Remaining Allowed Contributions
 ● Excess Contributions

Limits	2018	
	Single	Family
Minimum Deductible	\$1,350. ⁰⁰	\$2,700. ⁰⁰
Maximum Out-of-Pocket	\$7,350. ⁰⁰	\$14,700. ⁰⁰
Contribution Limit	\$3,450. ⁰⁰	\$6,900. ⁰⁰
Catch up Contribution (55 or older)	\$1,000. ⁰⁰	\$1,000. ⁰⁰



Bank Accounts

Please enter one or more checking or savings accounts, which you would like to use to fund your Health Savings Account through the "Make a Contribution" process.

If Account Validation is required, then we will send three small deposits to your account. Once you receive these deposits in your personal savings or checking account, please log back into this site and confirm the deposit amounts. You must confirm these deposit amounts before you may make any contributions. Once you confirm the deposit amounts, you will be able to begin funding your HSA Account immediately.

Add Bank Account



The bank account you add here can be used to make post tax contributions to your HSA account. You will not be able to start making contributions from this account until you confirm this bank account. We will make three small transactions of less than \$1 each to your bank account within 1-3 business days and you can complete the validation process on the bank accounts screen.

Institution Name *

Account Nickname *

Account Routing # *

Re-enter Routing # *

Account # *

Re-enter Account # *

Account Type *

Checking Savings

Check example

Name _____
 Address _____ Date _____

Pay to the order of: _____

Your bank

1: 2332 231:	234511	23456789 23
Routing Number	Check #	Account Number



Please note: The order of Routing, Account and Check numbers will vary from financial institution to financial institutions and will not necessarily be in the same order as shown above.

SUBMIT CANCEL



Make a Contribution

You may contribute to your HSA. Please add a bank account if you have not already. Note: The earliest date you may contribute to your HSA is noted below. The contribution amount you specify will be withdrawn from your personal checking or savings account and then deposited into your HSA on the HSA Contribution Date.

HSA Custodian:

ANY-Any HSA Custod... ▼

HSA Contribution Date*:

Please note: The earliest HSA Contribution Date you may enter is: 12/23/2013

Contribution Year*:

Current Year Contribution

Prior Year Contribution

Contribution Amount*:

Bank Account*:

▼

Cancel

Preview

* Field is required.



[My Account](#) ▾
 [Claims](#) ▾
 [Resources](#) ▾
 [My HSA](#) ▾
 [Manage My HSA](#)

Transactions

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](#)

\$0. ³¹	Health Savings Account Posted	Interest payment INTEREST PAYMENT	Jul 31, 2018
\$50. ⁰⁰	Health Savings Account Posted	Deposit Payroll Deposit - Employee	Jul 25, 2018
\$50. ⁰⁰	Health Savings Account Posted	Deposit Payroll Deposit - Employee	Jul 11, 2018
\$0. ²⁷	Health Savings Account Posted	Interest payment INTEREST PAYMENT	Jun 30, 2018
\$50. ⁰⁰	Health Savings Account Posted	Deposit Payroll Deposit - Employee	Jun 25, 2018
\$50. ⁰⁰	Health Savings Account Posted	Deposit Payroll Deposit - Employee	Jun 11, 2018



My Account ▾ Claims ▾ Resources ▾ My HSA ▾

Personal Dashboard

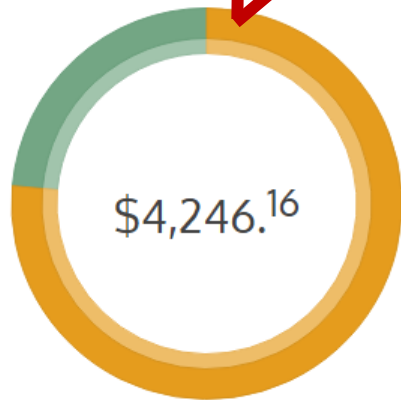
Manage My HSA

Benefit Account Summary Current ▾

Health Savings Account *****9364

[Account Resources](#) [Tax Forms](#) [Statements](#) [View Beneficiaries](#)

Account Balance



Available Balance
\$3,246.21

Investment Balance ?
\$999.95

Balance

Current Balance	\$3,246.21
- Holds	\$0.00
= Available Balance ?	\$3,246.21
+ Investment Balance	\$999.95
= Total Balance	\$4,246.16



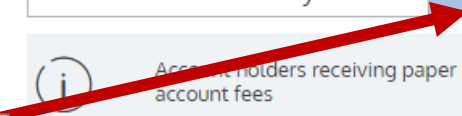
E-Statements Opt-In Settings

How would you like to receive your monthly Statements?

Electronic Only Electronic & Paper

Account holders receiving paper statements will incur additional account fees

✓ SUBMIT ✕ CANCEL



To receive monthly paper statements you need to choose Electronic & Paper. Be aware there is a \$1.50 quarterly paper statement fee – Otherwise click Cancel to view your forms.



HSA Statements

ACCOUNT DETAILS HSA

Current Delivery Method: Electronic Only [DELIVERY PREFERENCES](#)

There is a \$1.50 quarterly paper statement fee – Opt-out of receiving these if you do not want to incur this fee.

July 22, 2018	July 15, 2018
July 12, 2018	July 10, 2018
July 8, 2018	July 6, 2018
July 4, 2018	July 2, 2018
June 30, 2018	June 28, 2018
June 26, 2018	June 24, 2018
June 22, 2018	June 20, 2018
June 18, 2018	June 16, 2018
June 14, 2018	June 12, 2018
June 10, 2018	June 8, 2018



[My Account](#) [Claims](#) [Resources](#) [My HSA](#)

Personal Dashboard

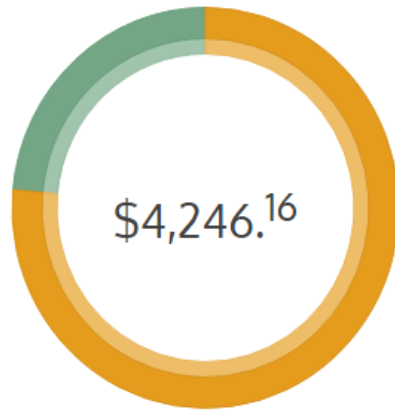
Manage My HSA

Benefit Account Summary [Current](#)

Health Savings Account *****9364

[Account Resources](#) [Tax Forms](#) [Statements](#) [View Beneficiaries](#)

Account Balance



Available Balance
\$3,246.²¹

Investment Balance
\$999.⁹⁵

Balance

Current Balance	\$3,246. ²¹
- Holds	\$0. ⁰⁰
= Available Balance	\$3,246. ²¹
+ Investment Balance	\$999. ⁹⁵
= Total Balance	\$4,246. ¹⁶



Beneficiaries

View Beneficiaries

No Beneficiaries Exist – [Add a Primary Beneficiary?](#)

Add Primary Beneficiary

Full Name *

Dependents

Please Choose



General Info

Relationship *

Select Relationship



Date of Birth *

SSN *

Beneficiary Percentage *

100

Address

[Click here to use your primary address for this beneficiary](#)

Address 1 *

Address 2

City *

State *

Select state



ZIP *



SUBMIT



CANCEL



[My Account](#) ▾
 [Claims](#) ▾
 [Resources](#) ▾
 [My HSA](#) ▾

Personal Dashboard
 [Add An Expense](#)

If You Would like to keep track of your eligible expenses, complete with documentation, you can add your expenses to the HSA Shoe Box

Add claim for future reimbursement

* - Required Field

Amount Your Provider Charged or Insurance Allowed Amount must be greater than 0.00.

DRAG & DROP

 your receipts here



Please note that the Amount You Paid Out-of-Pocket is referring to what you paid with your HSA Benefit.

Add claim for future reimbursement

* - Required Field

 Service Start Date *

 Service End Date *

 Claimant *

 Provider

 Description

Amount Your Provider Charged or Insurance Allowed Amount must be greater than 0.00.

 Amount Your Provider Charged

 Insurance Allowed Amount

 Amount Covered by Insurance

 Amount You Paid Out-Of-Pocket


 My Responsibility

 Reimbursed from My Accounts

 My Remaining Responsibility

 Comments

 Upload Receipt


DRAG & DROP
your receipts here



My Account ▾ Claims ▾ Resources ▾ My HSA ▾

Personal Dashboard Expense Shoebox

If you have an expense you want to request reimbursement for. Go to Expense Shoebox

Claim Activity

Which claims do you want to see? Select here ▾

Action Needed Approved/Paid/Submitted Denied

Action Needed

\$0. ⁰⁰	Eligible for Reimbursement Hospital	Claim Date of Service: Jul 3, 2018	<input type="button" value="REQUEST REIMBURSEMENT"/>
--------------------	---	---	--

You will be taken to Bill Pay where you can pay your provider directly or reimburse yourself



My Account ▾ Claims ▾ Resources ▾ My HSA ▾

Personal Dashboard

Manage My HSA

Health Savings Account *****9364



DASHBOARD



CONTRIBUTIONS



TRANSACTIONS



INVESTMENT

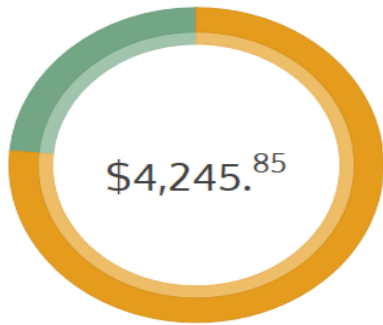


BILL PAY



[Account Resources](#) [Tax Forms](#) [Statements](#) [View Beneficiaries](#)

Account Balance



● Available Balance
\$3,245.⁹⁰

● Investment Balance
\$999.⁹⁵

Balance

Current Balance	\$3,245. ⁹⁰
- Holds	\$0. ⁰⁰
= Available Balance	\$3,245. ⁹⁰
+ Investment Balance	\$999. ⁹⁵
= Total HSA Balance	\$4,245. ⁸⁵

Overpaid Amount \$0.⁰⁰

Current Year Deposits


Your Deposits YTD	\$3,450. ⁰⁰
+ Employer Deposits YTD	\$0. ⁰⁰
= Total Deposits YTD	\$3,450. ⁰⁰

Prior Year Deposits


Your Prior Year Deposits	\$0. ⁰⁰
+ Employer Prior Year Deposits	\$0. ⁰⁰
= Total Prior Year Deposits	\$0. ⁰⁰





Add Payment ✕


 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.


 Get your reimbursement as quickly and securely as possible by changing your reimbursement method to Direct Deposit.
[Click Here to change your settings](#)


 Withdrawal Account *


 Your Payment Request

 How would you like the funds to be sent to you?

 Amount *

 Payment Preferences

 Send out Payments on *

 Description



To learn more about the benefits of an HSA, speak to your employer today.




HSA basics Benefits Eligible expenses Contributions Account access Investments

HSA BASICS

How does an HSA work?

What is an HSA?
A health savings account (HSA) is a tax-advantaged savings account that can be used to pay for medical, dental, vision and other qualified medical expenses now or later in life. Contributions are limited annually and the funds can even be invested, making it a great addition to your retirement portfolio.

Who is eligible?
In order to contribute, you must be enrolled in a high deductible health plan and under the age of 65, not be covered under another health plan, not be entitled to Medicare benefits, and not be another person's tax dependent. There are no eligibility requirements to spend previously-contributed HSA funds.



[TELL ME ABOUT THE BENEFITS >](#)



HSA Contribution Limits Calculator



Instructions



Your HDHP



Your Eligibility



Results

CONTRIBUTION CALCULATOR

Annual HSA Contribution Calculator

Use this tool to calculate an estimate of the maximum HSA contribution you may make based upon your HDHP coverage type and how much of the year you are/will be covered by an HDHP. This calculator assumes a January to December standard tax year.



[CLICK TO BEGIN >](#)

*For illustrative purposes only. Calculation is an estimate and results may vary.



HSA Tax Savings Calculator



Instructions



Your Taxes



Your Health Plan



Results

TAX SAVINGS CALCULATOR

Calculate your HSA Tax Savings

This calculator allows you to estimate your federal income tax savings based on your HSA contributions.



CLICK TO BEGIN >

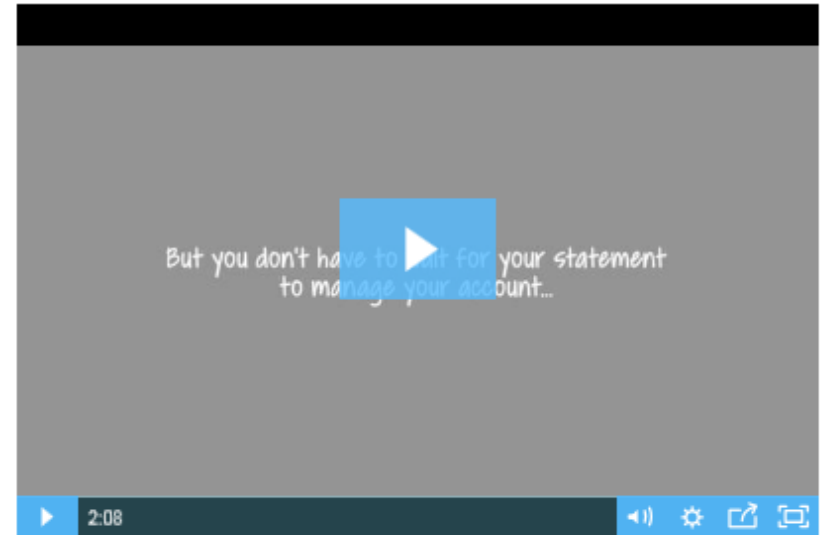


HSA Videos

HSA Tour



How Do I View My HSA Statement?





Health Savings Account *****9364



DASHBOARD



CONTRIBUTIONS



TRANSACTIONS



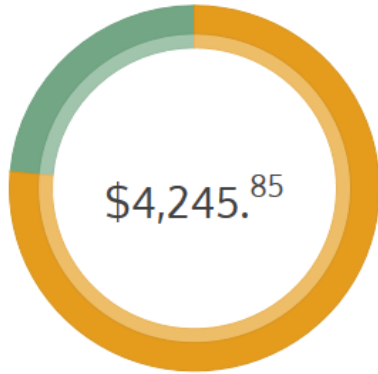
INVESTMENT



BILL PAY

Account Resources [Tax Forms](#) [Statements](#) [View Beneficiaries](#)

Account Balance



Available Balance
\$3,245.⁹⁰

Investment Balance
\$999.⁹⁵

Balance

Current Balance	\$3,245. ⁹⁰
- Holds	\$0. ⁰⁰
= Available Balance	\$3,245. ⁹⁰
+ Investment Balance	\$999. ⁹⁵
= Total HSA Balance	\$4,245. ⁸⁵

Overpaid Amount \$0.⁰⁰

Current Year Deposits

Your Deposits YTD	\$3,450. ⁰⁰
+ Employer Deposits YTD	\$0. ⁰⁰
= Total Deposits YTD	\$3,450. ⁰⁰

Prior Year Deposits

Your Prior Year Deposits	\$0. ⁰⁰
+ Employer Prior Year Deposits	\$0. ⁰⁰
= Total Prior Year Deposits	\$0. ⁰⁰





Transfer to Investments ✕

Balance	\$3,245. ⁹⁰
Maintain Balance	\$500
Pending Transfers	
Available to Invest	\$2,245. ⁹⁰
Minimum Investment Amount	\$1. ⁰⁰
Maximum Investment Amount	\$2,245. ⁹⁰

Please specify the amount you would like to transfer.

- Fund buy requests submitted before 3 pm ET on Active Trading Days will be processed on the next Active Trading Day.
- Fund sell requests and portfolio realignment requests submitted before 3 pm ET on Active Trading Days will be processed on the same day. Fund sell requests and portfolio realignment requests submitted after 3 pm ET on Active Trading Days will process on the next Active Trading Day and settle in two (2) Active Trading Days.

Important:

Once you submit your transfer request, the amount specified cannot be edited or deleted. Be sure to enter transfers only once and verify the amount prior to submitting.

Ⓢ Transfer Amount *



If you have a threshold of \$500 in your available HSA balance you can now begin to invest. Please see our guides linked here:

[Getting Started](#)
[Investment Guide](#)



Need Help?

Please reach out to our Flexible Benefits Administrators:

- Call 800-499-3539
- Monday – Friday 8:30am to 5:00pm EST
- Email support@amben.com