



Participant Claim Submission Guide

Your **journey** begins here.

Accessing the portal for the first time

- Go to www.myMidAmericaJourney.com
- If this is your first time accessing the portal, select **Create your new username and password**.
- Next, simply follow the prompts on the screen to enter your identifying details, select your security questions, and create your username and password.

Login

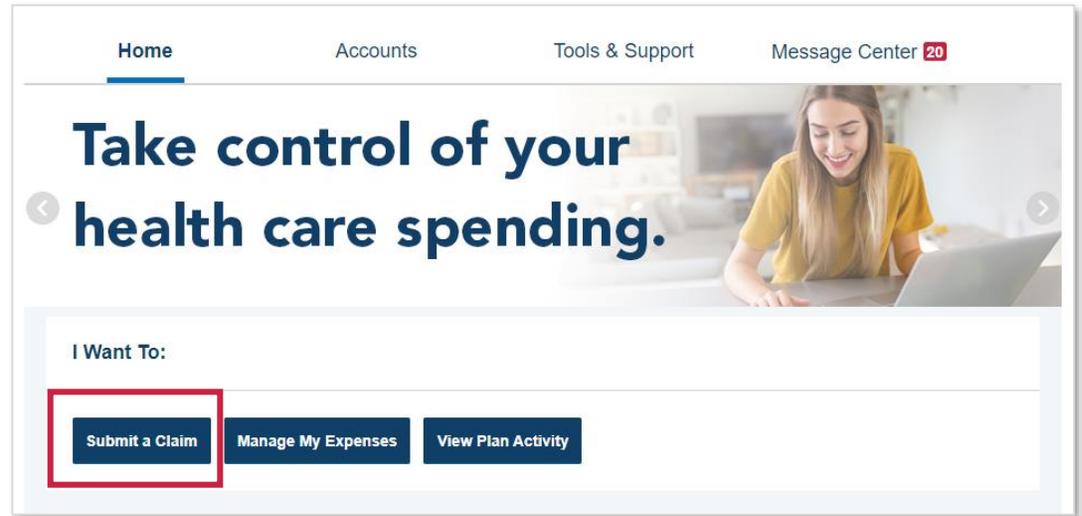


Your benefits on your time.
MidAmerica Journey was built with you in mind. No matter where you're at in life, our goal is connecting you with the benefits you deserve. Access your benefits by logging into your account below. If it's your first time logging into MidAmerica Journey, select **Create your new username and password**

<p>Existing User?</p> <p>Login to your account</p> <p>Username <input type="text"/> Forgot Username?</p> <p>Password <input type="password"/> <input type="checkbox"/> Forgot Password?</p> <p><input type="checkbox"/> Remember Me</p> <p><input type="button" value="Login"/></p>	<p>First time here? Register today!</p> <p>Create your new username and password</p>
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Submitting Claims

- From the homepage, select **Submit a Claim** from the I Want To section



- Next, select the account from which you wish to be reimbursed and to whom you would like the reimbursement paid.

Accounts / Submit a Claim

Available Balance

Available: Full Medi... ?
\$0.00

Create Reimbursement * Required

For quickest reimbursement, submit one claim at a time. Including several expenses within the same claim submission may extend your reimbursement processing time.

Pay From * Medical

Pay To * ? Me

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

Cancel Next

- From the next screen, upload your corresponding documentation. Common forms of documentation include:
 - The Explanation of Benefits (EOB) statement returned to you from the insurance carrier indicating the amount for which you are responsible
 - Copay receipts if you are covered under a managed care or prescription drug plan
 - If there is no insurance for the health care expenses, submit an itemized bill with the following:
 - Name of the provider and patient
 - Service cost, date, and description
 - Notation when there is no coverage
- Once uploaded, click **Next**

Home **Accounts** Tools & Support Message Center

Accounts / Submit a Claim

Available Balance

Flexible Spending Acco... ?
\$0.00

Dependent Care Account ?
\$2,339.64

Plan Filing Rules
01/01/2019 - 12/31/2019
[Flexible Spending Acco...](#)
[Dependent Care Account](#)

Receipt / Documentation * Required

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

Summary

Pay From	Medical
Pay To	Me

- Next, enter your claim details
- If you would like to add a dependent, you can do so from this screen. Once the dependent has been added, their name will appear as an option in the recipient section.
- Once satisfied, click **Next**

Accounts / Submit a Claim

Claim Details * Required

Start Date of Service *

End Date of Service

Amount * \$

Provider *

Category *

Type *

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient * Amanda Participant
[Add Dependent](#)

Did You Drive To Receive This Product/Service? * Yes No

Summary

Pay From	Medical
Pay To	Me
Documentation Uploaded	Yes

- From the next screen, you will see your transaction summary.
- If you are satisfied with your submission, select **Submit**.
- You can also **Add Another** claim from this screen or **Save for Later**.

Home Accounts Tools & Support Message Center

Accounts / Transaction Summary

Available Balance ⓘ

Flexible Spending Acco... ⓘ
\$0.00

Dependent Care Account ⓘ
\$2,219.64 **
** Balance reflects claims not yet submitted

Transaction Summary (1)

FROM	TO EXPENSE	AMOUNT	APPROVED AMOUNT ⓘ	
Dependent Care Account	Adult Caregiver - Meals & Lodging Expenses	\$20.00	\$20.00	Remove Update
Total Amount		\$20.00	\$20.00	

Cancel **Save for Later** **Add Another** **Submit**

- **Quick tip!** Until you submit your claim for processing, you will see a claim count appear next to the document icon at the top of the screen. Once you submit your claim, that count will change to zero.

Contact Us Amanda Participant ⓘ (1) Logout

MidAmerica

Home Accounts Tools & Support Message Center

- Once you submit your claim, you will be redirected to a confirmation page. You will also be sent a confirmation email.
- If you need to upload additional receipts to your claim, you can do so from this screen.

Accounts / Transaction Confirmation

Available Balance ?

Flexible Spending Acco... ?
\$0.00

Dependent Care Account ?
\$2,219.64

[Print Confirmation](#)

Confirmation

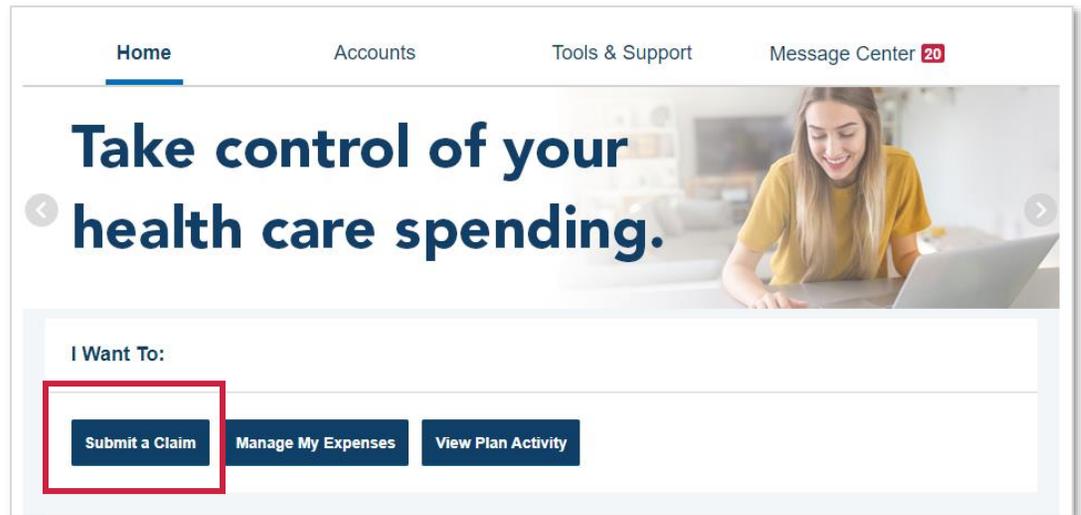
Please click the "Receipts Needed" link below and upload your receipt(s).

Successfully Submitted

FROM	TO	AMOUNT	APPROVED AMOUNT	RECEIPT STATUS
Dependent Care Account	Me	\$20.00	\$20.00	Uploaded(1) Upload another Receipt
TOTAL APPROVED AMOUNT			\$20.00	

Submitting Recurring Premium Claims

- From the homepage, select **Submit a Claim** from the I Want To section



- Next, select **Premiums** from the Pay From dropdown. Note: Only premiums can be set up for recurring reimbursements.
- Select **Me** from the Pay To dropdown.
- Click **Next**

A screenshot of a web form titled 'Create Reimbursement'. The form has a header with the title and a '* Required' indicator. Below the header is a paragraph of text: 'For quickest reimbursement, submit one claim at a time. Including several expenses within the same claim submission may extend your reimbursement processing time.' The main part of the form contains two dropdown menus. The first is labeled 'Pay From *' and has 'Premiums' selected. The second is labeled 'Pay To * ?' and has 'Me' selected. Below these dropdowns is a line of text: 'Based on your selection, you will be requesting a Claim Reimbursement.' At the bottom of the form, there are two buttons: 'Cancel' on the left and 'Next' on the right. A red rectangular box highlights the 'Pay From' and 'Pay To' dropdown menus and the text below them.

- From the next screen, upload your corresponding documentation. You can substantiate your claim with a Premium Notice, such as a bill or letter from the insurance company, which includes the following:
 - The premium amount
 - The effective date of coverage
 - Name of the person insured - this will be you, your spouse, or a qualifying dependent
 - If you are requesting reimbursement of a long-term care premium, you must also provide proof of payment (in addition to the items listed above.)

- Once uploaded, click **Next**

Receipt / Documentation * Required

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

Asset 5.png [Remove Receipt](#)

[View Receipt\(s\)](#)

Summary

Pay From	Premiums
Pay To	Me

[Cancel](#)[Previous](#)[Next](#)

- Next, enter your claim details
- **Important Note!** To establish a recurring claim, be sure to check the box next to **Set up a recurring claim for this expense**
- Once satisfied, click **Next**

Claim Details * Required

Start Date of Service *	1/1/2020	
End Date of Service *	12/31/2020	
Amount *	\$ 150.00	
Insurance Provider *	ABC Insurance Company	
Category *	Premiums	
Type *	Health	

Set up a recurring claim for this expense

Summary

Pay From	Premiums
Pay To	Me
Documentation Uploaded	Yes

CancelPreviousNext

- From the next screen, you will see your transaction summary. Be sure to read and agree to the terms and conditions.
- If you are satisfied with your submission, select **Submit**.
- You can also **Add Another** claim from this screen or **Save for Later**.

Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT ?	
+ Available: Full Medical	Me	Health	\$150.00	\$150.00	Remove Update
Total Amount			\$150.00	\$150.00	

Claims Terms and Conditions
✔ Agreed ^

I have read, understand, and agree to the [Terms and Conditions](#).

Cancel

Save for Later

Add Another

Submit



Questions?

If you have questions about MidAmerica Journey, please email us at healthaccountservices@myMidAmerica.com or give us a call at (855) 329-0095.