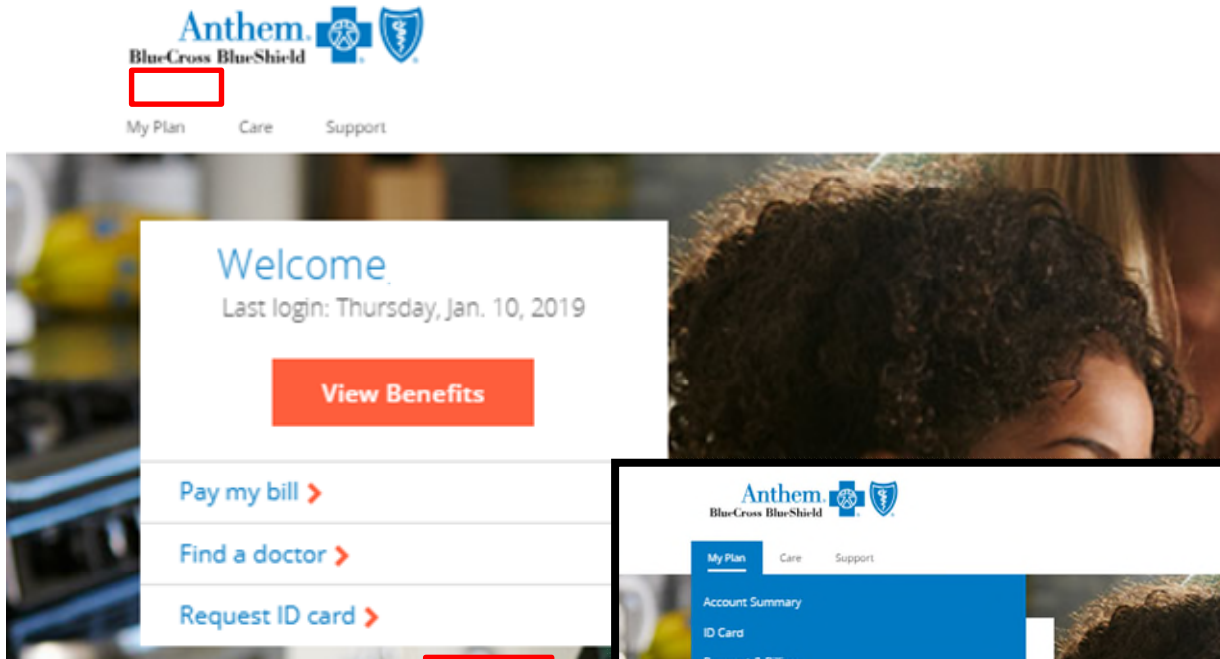




# Web Demo Slides

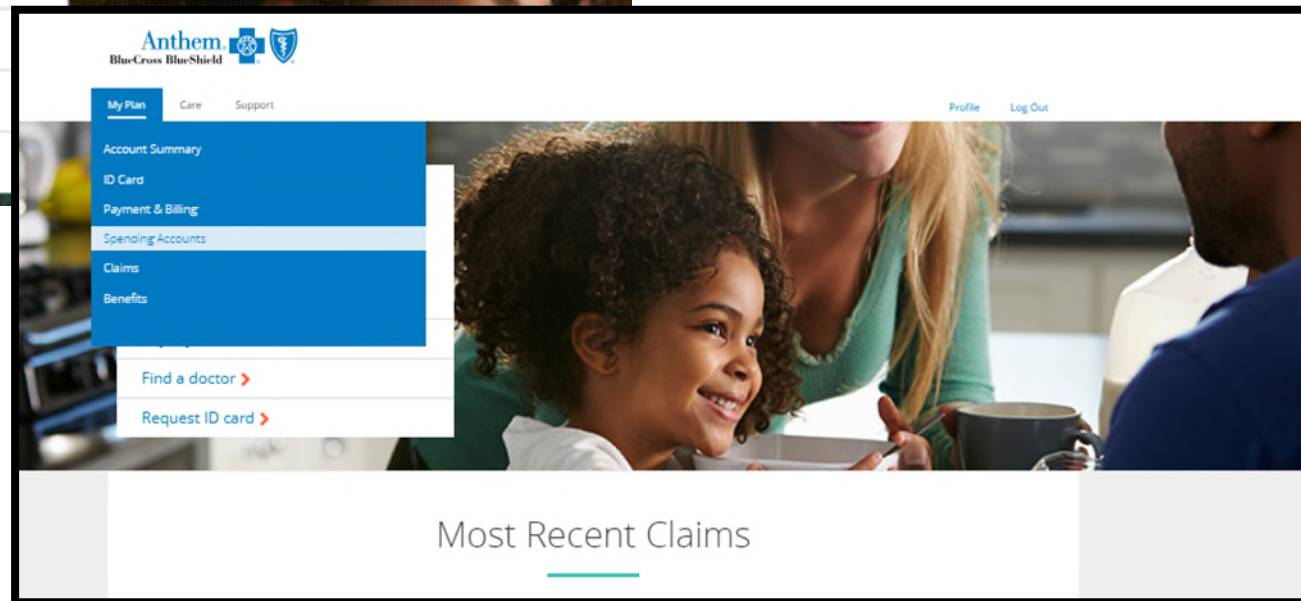
Health Savings Account

# Your Savings/Spending Account Experience



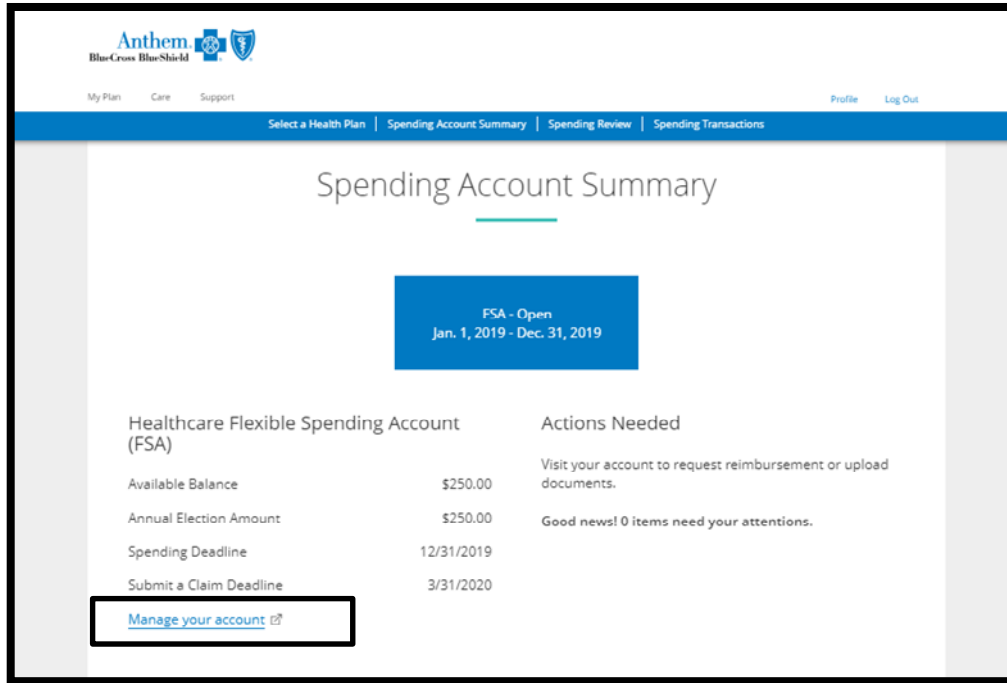
## Your Homepage

- Anthem.com
- Go to My Plan
- Spending Accounts

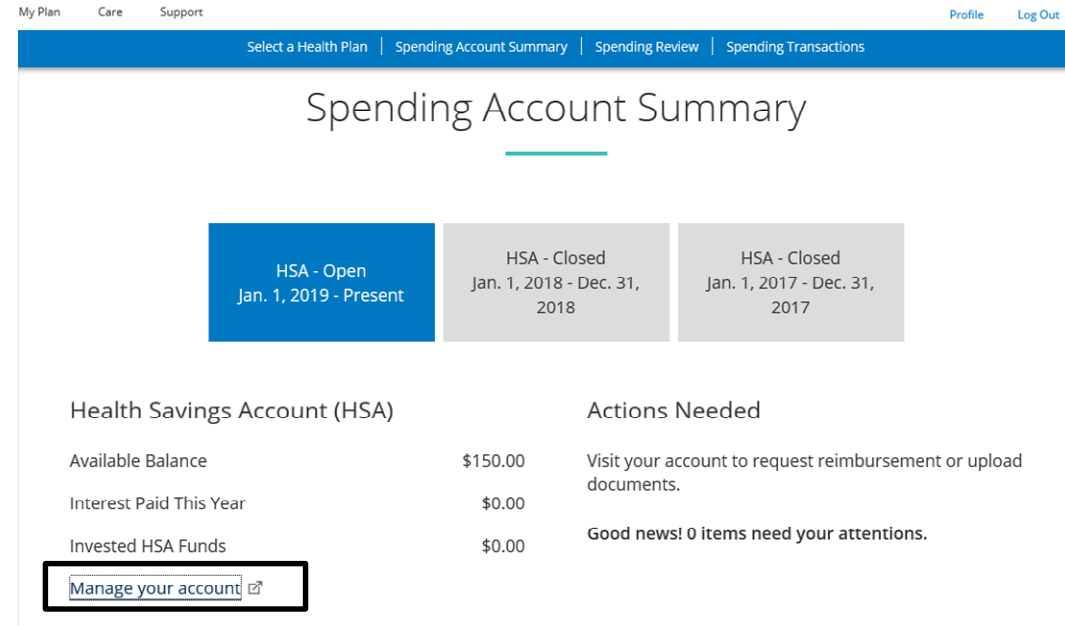


# Anthem.com

- Select Spending Accounts to display the detail



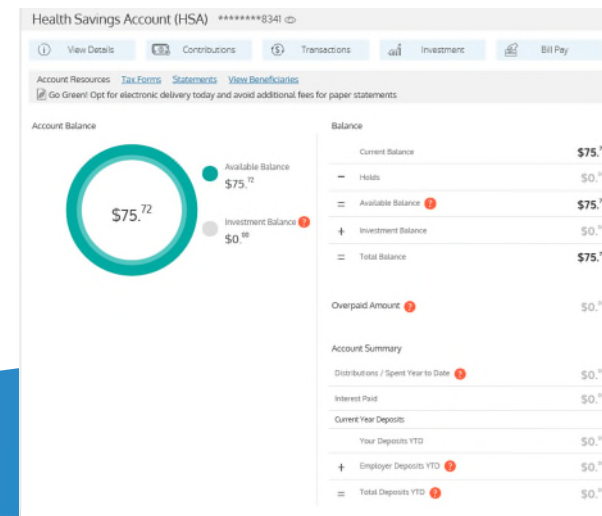
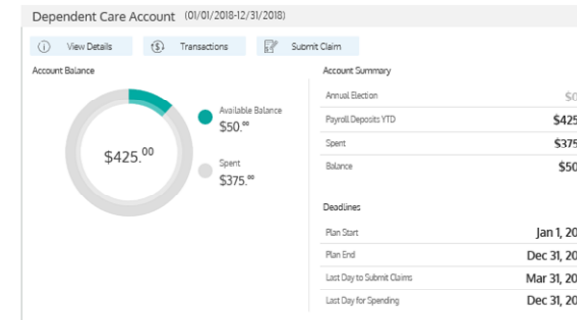
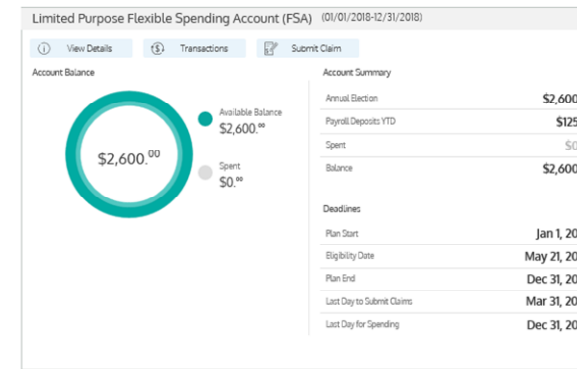
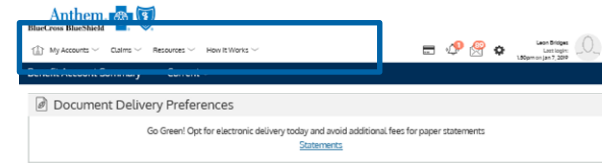
- Select Manage Your Account



# Personal Dashboard (Landing Page)

Selecting the menus offers navigation to the following:

- My Accounts
  - Benefit Account Summary
  - Transactions
  - Enrollment
- Claims
  - Claim Activity (claims from the medical coverage)
  - Add claim for Immediate reimbursement
  - Add claim for future reimbursement
  - Reimbursement preference
- Resources
  - Announcements
  - Forms
  - OE Guide



# My Accounts – Benefit Account Summary - HSA

Health Savings Account (HSA) \*\*\*\*\*8341

View Details Contributions Transactions Investment Bill Pay

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

Go Green! Opt for electronic delivery today and avoid additional fees for paper statements

Account Balance

Available Balance \$75.72

Investment Balance \$0.00

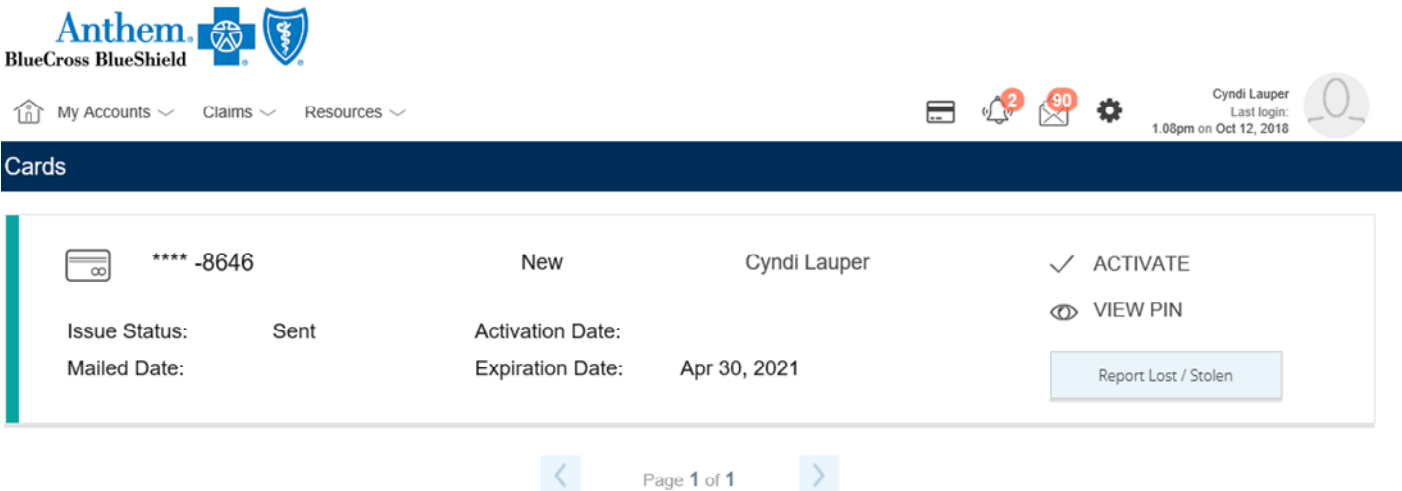
Balance	
Current Balance	\$75.72
- Holds	\$0.00
= Available Balance	\$75.72
+ Investment Balance	\$0.00
= Total Balance	\$75.72
Overpaid Amount	\$0.00
Account Summary	
Distributions / Spent Year to Date	\$0.00
Interest Paid	\$0.00
Current Year Deposits	
Your Deposits YTD	\$0.00
+ Employer Deposits YTD	\$0.00
= Total Deposits YTD	\$0.00

- Current, available and investment balances.
- Payroll and employer YTD deposits, distribution/spend year to date
- Easy transition to transactions or investment or bill pay
- Account resources include Tax Forms, Statement and Beneficiary designation

# Order Debit Card for Dependent Family Members

(1) Select Issue Debit Card; (2) Confirm request and (3) receive confirmation

(1)



My Accounts ▾ Claims ▾ Resources ▾

Cyndi Lauper  
Last login:  
1:08pm on Oct 12, 2018

### Cards

	****-8646	New	Cyndi Lauper	✓ ACTIVATE
Issue Status:	Sent	Activation Date:		VIEW PIN
Mailed Date:		Expiration Date:	Apr 30, 2021	Report Lost / Stolen

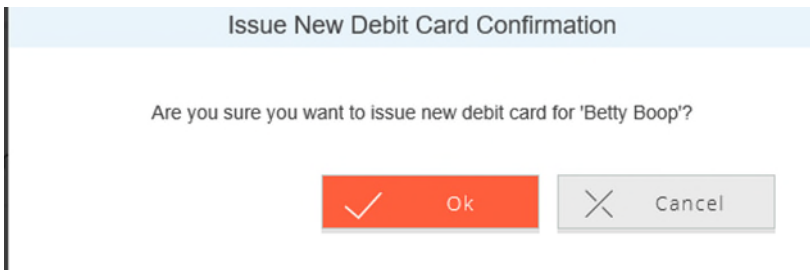
Page 1 of 1

Issue new debit card(s) for Family Member(s)



Betty Boop Domestic Partner Issue Debit Card

(2)




### Issue New Debit Card Confirmation

Are you sure you want to issue new debit card for 'Betty Boop'?

✓ Ok ✕ Cancel

(3)



### Success

Debit card for 'Betty Boop' has been Issued successfully!

✓ Close

# Debit Cards for Dependents

The card request displays under debit cards. The card is immediately in “issue” status.

The screenshot shows the Anthem BlueCross BlueShield website interface. At the top left is the Anthem logo. Below it are navigation links: My Accounts, Claims, and Resources. On the right, there are notification icons for a card, a bell with '2', and an envelope with '90', along with a settings gear. The user's name 'Cyndi Lauper' and last login time '1:08pm on Oct 12, 2018' are displayed. A dark blue header bar labeled 'Cards' is positioned above a table of card details.

	**** -6307	New	Betty Boop	<input checked="" type="checkbox"/> ACTIVATE
Issue Status:	Issue	Activation Date:		<input type="checkbox"/> VIEW PIN
Mailed Date:		Expiration Date:	Jan 31, 2022	<input type="button" value="Report Lost / Stolen"/>
	**** -8646	New	Cyndi Lauper	<input checked="" type="checkbox"/> ACTIVATE
Issue Status:	Sent	Activation Date:		<input type="checkbox"/> VIEW PIN
Mailed Date:		Expiration Date:	Apr 30, 2021	<input type="button" value="Report Lost / Stolen"/>

# Debit Card, Alerts and Messages



 My Accounts  Claims  Resources 



Carole King  
Last login:  
11:57am on Jan 7, 2019 

- At the top of the screen options for information about debit cards, account alerts, messages display and to manage communication settings.



# Debit Card

- Members can report cards lost or stolen from the website

The screenshot shows the Anthem BlueCross BlueShield website interface. At the top left is the Anthem logo. Below it are navigation links: My Accounts, Claims, and Resources. On the right side, there are notification icons (a card, a bell with '2', and an envelope with '755'), a settings gear, and a user profile for Carole King with the last login time of 11:57am on Jan 7, 2019. The main content area is titled 'Cards' and contains two card entries:

Card Icon	Card Number	Status	Member Name	Action
	**** -2725	Temp Inactive	Carole King	<a href="#">Report Lost / Stolen</a>
				<a href="#">VIEW PIN</a>
	**** -6817	Lost/Stolen	Carole King	


For the first card (\*\*\*\* -2725):  
Issue Status: Sent  
Mailed Date: [blank]  
Activation Date: Aug 6, 2018  
Expiration Date: Aug 31, 2021

For the second card (\*\*\*\* -6817):  
Issue Status: Sent  
Mailed Date: [blank]  
Activation Date: [blank]  
Expiration Date: May 31, 2021


# Lost/Stolen Debit Card

Mark as Lost/Stolen ×

You are going to mark your card  
XXXX-XXXX-XXXX-2725  
as lost / stolen

 Do you want to issue a new card?

No  Yes

 There may be a cost to issue a new card. For questions regarding possible costs please contact your administrator.

Anthem<sup>®</sup>

**Health Savings Account**

# HSAs - USA Patriot Act/CIP (Customer Identification Program)

- In accordance with the USA Patriot Act, financial institutions are required to verify the identity of its customers.
- The vast majority of applications can be processed without additional information.
- Some individuals will be required to provide additional documentation including the following: valid driver's license, utility bill indicating address where service is provided, passport or government ID and in some instances a copy of the social security card.
- This process must be completed before the account can be opened. Accounts that are “under review” or needing to submit these documents do not have issued debit cards and no funds (employee or employer) can post to them.

# Uploading CIP Documents

- Individuals needing to provide this additional information will see the message – Complete your HSA application –submit the requested documentation and the link to submit on the account dashboard (select Manage Accounts after logon to anthem.com)
- Once the Member selects submit documentation, it will tell them exactly what they need, as well and provide them with the option to upload the document.

**Health Savings Account (HSA)**

Complete your HSA application – submit the requested documentation now. [Submit Documentation](#)

**Account Balance**

Available Balance \$0.00

Investment Balance \$0.00

**Balance**

Current Balance	\$0.00
– Holds	\$0.00
= Available Balance ?	\$0.00
+ Investment Balance	\$0.00
= Total HSA Balance	\$0.00
Overpaid Amount ?	\$0.00

# Beneficiary Designation

- HSAs are inheritable assets. Individual account holders (i.e. the member or subscriber) should designate a beneficiary for their account.
- When the beneficiary is the SPOUSE of the account holder, the HSA retains its tax-advantages (tax-free on interest and for distributions for qualified medical expenses).
- When the beneficiary is not a spouse, it is a taxable, inheritable asset.
- This can easily be added online.
- Select HSA Spending Account, Manage your Account
- Select Benefit Account Summary/View Beneficiaries

Health Savings Account (HSA) \*\*\*\*\*2492

View Details Contributions Transactions Investment Bill Pay

Account Resources **View Beneficiaries** Tax Forms Statements

Go Green! Opt for electronic delivery today and avoid additional fees for paper statements and tax forms

# Add Beneficiary



My Accounts ▾ Claims ▾ Resources ▾ How It All Works ▾

9.13am on Jan 11, 2019 Last login:

## 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 \*

#### Address

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

Address 1 \*

Address 2

City \*

State \*

Select state ▾



ZIP \*

- Select Add A Primary Beneficiary
- All fields marked with an asterisk (\*) are required
- Complete and Submit

# Adding Beneficiaries

After you have added the beneficiary you need to indicate the percentage. For a primary beneficiary this is 100% For contingent beneficiaries the total percentage must add to 100%.

### View Beneficiaries

Beneficiary Type	Name	Relationship	Percentage	Edit	Delete
Primary	Peter	Spouse or Common Law Spouse	<input type="text" value="0"/>		

[Add a Primary Beneficiary](#) [Add New Contingent Beneficiary](#)

Primary Beneficiary Percentage MUST = 100% – Please reallocate Beneficiary Amount(s)



# HSA Bill Pay

Health Savings Account (HSA) \*\*\*\*\*2492

View Details Contributions Transactions Investment Bill Pay

## Options to setup

- Pay myself or someone else
- Direct deposit or check payment
- One time or recurring payments

### Add Payment

You may transfer funds from your HSA to your personal bank account or you can make a payment to someone else such as your provider. You may not initiate transfers for amounts greater than the balance in your HSA Deposit Account.

To withdraw funds and transfer directly to your personal bank account, select "Pay Me" below. You must have a Direct Deposit Personal Bank Account set up on the Withdrawal Bank Account page. To withdraw funds and make a payment to your provider, select "Pay Someone Else"

**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 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 \* Health Savings Account (HSA)

Your Payment Request

Pay Someone Else **Pay Me**

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

Deposit to my account on file **Send me a check**

Amount \* \$

Payment Preferences

**Once** Weekly Monthly

Send out Payments on \*

Description

I certify I am the HSA account holder and I am seeking reimbursement for the amount I have specified in this distribution request. I certify this distribution is only for expenses incurred for myself, my spouse, and/or my legal dependent(s), after my HSA account was established, and is in accordance with the terms and conditions of the HSA account. PNC Bank, its agents or its employees, will not be liable for any distribution request that I have submitted for ineligible expenses. The expenses, for which I am claiming reimbursement, have not previously been, nor will they be, reimbursed under any other benefit plan, and will not be claimed as an income tax deduction. I understand that the custodian and/or its designee cannot provide tax, accounting or legal advice. I also understand that I am responsible for any consequences resulting from this distribution, including any applicable income tax and/or related penalties.

I have read, understand, and agree to the information and terms above.

Submit  Cancel

# Recurring Reimbursement - HSA

- Identify the dollar amount of the payment
- Identify timing to send out the payments
- Identify number of payments

Deposit to my account on file  Send me a check

Amount\* \$ 1.00

Payment Preferences

Once  Weekly  Monthly

Send out Payments on\*

Until total # of payments  Until, but not after

# Number of payments\* 1

Description

I certify I am the HSA account holder and I am seeking reimbursement for the amount I have specified in this distribution request. I certify this distribution is only for expenses incurred for myself, my spouse, and/or my legal dependent(s), after my HSA account was established, and is in accordance with the terms and conditions of the HSA account. PNC Bank, its agents or its employees, will not be liable for any distribution request that I have submitted for ineligible expenses. The expenses, for which I am claiming reimbursement, have not previously been, nor will they be, reimbursed under any other benefit plan, and will not be claimed as an income tax deduction. I understand that the custodian and/or its designee cannot provide tax, accounting or legal advice. I also understand that I am responsible for any consequences resulting from this distribution, including any applicable income tax and/or related penalties.

I have read, understand, and agree to the information and terms above.

Submit  Cancel

# Recurring Payment Setup Options

Option is total number of payments  
In this example 6 weekly payments of \$1.00 will be sent to the member

Deposit to my account on file	<b>Send me a check</b>	
Amount *	\$ 1.00	
Payment Preferences		
Once	<b>Weekly</b>	Monthly
Send out Payments on *	Jan 15, 2019	
Until total # of payments	<b>Until, but not after</b>	
Enter Date *	Feb 18, 2019	

Deposit to my account on file	<b>Send me a check</b>	
Amount *	\$ 1.00	
Payment Preferences		
Once	<b>Weekly</b>	Monthly
Send out Payments on *	Jan 15, 2019	
<b>Until total # of payments</b>	Until, but not after	
Number of payments *	6	

Or date/time based as in “until but not after”  
In this example \$1.00 per week beginning Jan 15, 2019 and ending Feb 18, 2019 will be sent to the member

# Investment

- Minimum balance to begin investing is \$1,000




**Anthem.** BlueCross BlueShield

My Accounts ▾ Claims ▾ Resources ▾ How It All Works ▾

9.13am on Jan 11, 2019

## HSA Investment

### Investment Rules for your Health Saving Account

	You must maintain this balance in your HSA in order to invest:	\$1,000. <sup>00</sup>
	Your current HSA balance:	\$150. <sup>00</sup>
	Transfers from your HSA to your investment account must be greater than or equal to:	\$1. <sup>00</sup>
	Once your HSA balance reaches this amount, you can begin investing:	\$1,001. <sup>00</sup>

**You do not have enough funds in your Deposit Account to transfer money to your HSA Investment Account today. Once you have more than \$1,001 in your Deposit Account, you may transfer money to your HSA Investment Account from this page. Please note that trades will not occur for less than \$1.**

# Manage Communications

- Communication settings can be set for specific types of communications such as balance, card mailing, changes in direct deposit, reimbursement processing and runout and year end reminders.
- Setting options are (1) Mobile; (2) Email; (3) Both or (4) none.
- The email address on file is displayed on this screen and phone registration for text is completed here.

**Assigned Notifications**

**i** You are opted-in to one or more mobile communications, but do not have a mobile number registered. You will not receive these communications unless you register a mobile number.

**i** The notifications below are available to you. Please define the delivery method for each notification you wish to receive. Please ensure you have an email address and/or registered mobile in order to receive these notifications.

	mobile	email	both	none
<b>Account Balance Alert</b> This communication is sent when your account balance falls below \$100.00.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Account Balance Statement</b> This communication is sent on a Monthly basis.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Card Lost/Stolen</b> This communication is sent when your card has been marked as 'Lost/Stolen'.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Card Mailed</b> This communication is sent when your card has been mailed.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Deposit Received</b> This communication is sent when your account balance has increased due to a deposit.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Direct Deposit Account Change</b> This communication is sent when your direct deposit account has been updated.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Employer Non HGA Funding Notification</b> Your group (Employer Name) has deposit transactions totaling [\$K.XX] on (MONTH DD, YYYY). If the amount above is negative, then a credit will be posted to the bank account on record. If positive, a debit will be posted. This will settle to the bank account on record. Please be advised that our statement processor will charge a fee for all settlements returned by your bank. If you have questions regarding this settlement, please contact us at: XXXXXXXXXX.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>IRS Grace Period Reminder</b> This communication will be sent Once, 30 days prior to your plan's grace period date. This is to remind you that you have limited time to submit claims for reimbursement.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Manual Claim Entered</b> This communication is sent when your administrator has entered a manual claim on your account.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Reimbursement Processed</b> The reimbursement processed alert will communicate the high level details of the reimbursement.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Run Out Date Reminder</b> This communication will be sent Once, 30 days prior to your plan's runout date. This is to remind you that you have limited time to submit claims for reimbursement.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Year End Reminder</b> This communication will be sent Monthly, 00 days prior to your plan's year end date. This is to remind you that you have limited time to submit claims for reimbursement. You will only receive this communication if you have active accounts and you have activity on your account.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Save

**Email Address**

email@email.com

**Phone Registration Status**