

BENEFITS PARTICIPANT EXPERIENCE (High-Tech User)



ATTRIBUTES:

- Enrolled in HSA, Limited FSA & Commuter Benefits
- Logs in to their online account often
- Uses the mobile app regularly
- Uses benefits debit card
- Has an email address on file



One or two days after they're enrolled, the High-Tech User receives a welcome email with instructions for logging in to their online Mercer Marketplace account.

TIP This email comes from `mercermarketplaceaccounts@serviceaccount.com`. Make sure this email address is white-listed by your IT department.

The red flag email notification process we have in place results from requirements of Federal Trade Commission rules. We have established this email notification process to enhance your participants' account security and to help prevent identity theft.

If a participant's email address is on file, the email notification will be sent when:

- an update is made within their personal online account
- changes are made through the employer portal
- files with differing demographic information are sent



The High-Tech User gets their debit card in the mail approximately 10-14 days after Mercer Marketplace receives their enrollment.

TIP The card and the envelope the card carrier comes in are shown below so you can tell your participants what to watch for!



The High-Tech User logs in to their online account and signs up for direct deposit and all text alerts. They'll get an email right away with instructions for activating their bank account.

TIP Participants can opt in to receive the following text alerts:

- Claim alerts
- Debit card mailed
- HSA contribution posted
- Payment issued
- Debit card authorization



The High-Tech User swipes their card at the doctor's office and funds pull from their Limited FSA.

TIP Since not all expenses at the doctor are eligible, the High-Tech User might need to provide documentation to show the expense was eligible.



The High-Tech User gets an email and text reminding them to submit documentation for their recent debit card transaction.

TIP Setting up an auto-substantiation file with insurance carriers helps participants get more claims automatically approved without documentation.



The High-Tech User uses their mobile app to submit receipts with their phone's camera.

TIP If the documentation doesn't show A) the name of the provider/merchant, B) the date of service, C) the type of service, D) the expense amount and E) doctor's prescription if it's for OTC medication, it can't be processed.



If the High-Tech User's documentation doesn't process, they'll get an email and text alert. If Mercer Marketplace doesn't receive documentation, they'll get a request for repayment and their card will be temporarily turned off.



Phone

Participants can reach a live representative between 7 a.m. to 10 p.m. EST, M-F by calling 877-248-0510



IVR

After hours, participants will reach an IVR system that will give them access to basic account details



Email

Participants can reach a representative by emailing mercermarketplaceaccounts@serviceaccount.com



Fax

Participants can submit documentation to 855-717-6571



Mail

Participants can submit documentation to PO Box 6161 Fargo, ND 58108-6161



The plan year is almost over! Since the High-Tech User still has funds remaining in their Combination FSA, they'll get an email from mercermarketplaceaccounts@serviceaccount.com with tips for spending down their balance.

Mercer Marketplace (Discovery Benefits)
 PO Box 6161
 Fargo, ND 58108

Employer: ABC Company
 Employer Code: 12345
 Date: 11/4/2016

NOTIFICATION OF DENIED CLAIM(S) FOR:

JOHN SMITH
 123 RAINBOW ROAD
 FARGO, ND 58103

JOHN SMITH:

Submission Date:	11/02/2016	Total Paid	Total Pending	Total Denied
Date of Service:	10/31/2016	\$0.00	\$0.00	\$40.00
Denial Date:	11/02/2016			
Provider/Merchant:	CVS			
Recipient:	JOHN SMITH			
Denied Amount:	\$40.00			
Total Claim Amount:	\$40.00			

Claim Number	Plan Name	Total Paid	Total Pending	Total Denied
26205161102M002101	Health FSA 01/01/2016-12/31/2016	\$0.00	\$0.00	\$40.00

DENIAL EXPLANATION:
 24 - This claim cannot be reimbursed because the date(s) and/or type(s) of service on the documentation provided was either missing or unclear.

ACTION REQUIRED:
 Please upload your new documentation by logging into your account online. If you are unable to upload your documentation, you may submit this notice along with your receipt or statement.

If you disagree, in whole or in part, with our decision regarding your claim for benefits, and you are enrolled in a plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), you have the right to appeal our decision. Any appeal must be submitted within 180 days of the original denial date for this claim. To initiate an appeal, you or your authorized representative must send a written request to your Plan Administrator or Claims Administrator, as specified in the summary plan description via mail or e-mail using the Contact Information listed below. Your appeal must include your name, your employer's name, claim number, date of claim, amount of claim and the reason for your appeal. You may also include any additional comments, documents, records or other information or written comments in support of your appeal.

Upon receipt and free of charge, you will be provided (1) reasonable access to and copies of all documents, records and other information relevant to your claim, and (2) a copy of any specific rule, guideline or protocol relied upon in making the initial adverse benefit determination.

If you appeal our decision, the review will be conducted by someone who was not involved in the initial claim denial and who is not a subordinate of anyone who decided the initial claim denial. You will receive a response within 90 days of the date your appeal is received. If you do not agree with the final determination on review and your claim relates to a plan subject to ERISA, you have the right to bring a civil action under Section 502(a) of ERISA. However, you must exhaust the plan's review procedures before filing suit. In addition, any such action must be brought within the deadline described in your summary plan description. If your claim relates to a plan that is not subject to ERISA, you may have the right to appeal this decision. Review your benefit summary for a description of any appeal rights and procedures.

CONTACT INFORMATION

Mercer Marketplace (Discovery Benefits)
 Participant Services Specialists Team
 PO Box 6161
 Fargo, ND 58108

Phone Number: 877-248-0510
 Fax Number: 855-717-6571
 Email Address: mercermarketplaceaccounts@serviceaccount.com



As the April 15 tax deadline draws closer, the High-Tech User logs in to their online account to download their HSA tax documents.

TIP Form 1099-SA for reporting distributions and Form 5498-SA for reporting contributions are made available on the consumer portal by January 31 each year.



The High-Tech User goes to the dentist but forgets their debit card at home, so they pay out of pocket. They file a claim and upload supporting documentation through their online account when they get home. After submitting the claim, they get a "payment issued" text alert and an "advice of deposit" email — both indicate payment is on the way, which will happen within 24-48 hours of successful claim processing!



The High-Tech User will get a monthly email reminder that their account statement is ready to view on their portal. These come around the first of the month for HSA statements and around the eighth of the month for FSA statements.

TIP Participants enrolled in both an HSA and a Combination FSA will get two statement reminders each month.