Using the PayFlex member website
Health Care FSA | Dependent Care FSA | Commuter

Experience simple.
Website features covered within this presentation:

• Log in experience through aetna.com
• Health Care and Dependent Care FSA
• Claim filing process (pay me | pay them)
• PayFlex Card verification with “health plan claims”
• Account Settings
• Help & Support
Aetna members can single-sign-on (SSO) through aetna.com, Aetna navigator.
Under “See Coverage & Costs”, select your account name
For cardholders only – enter the last 8 digits of your card number.

Find Me

Enter the last eight digits of your PayFlex Card® number.

*Indicates a required field.

PayFlex Card Number*: 12345678

Submit
Create your profile

After you verify your account, you’ll create your profile. We’ll ask you to:

- Create a username and password
- Set up security questions and answers
- Review/accept the Online Services Agreement

QUICK TIP: After you create a username and password, you can use it to log into the PayFlex Mobile® app.
Hello, LINDA

Dependent Care
1/1/2018 - 12/31/2018  Change Plan Year 
ABC Sample Company

$475.00 Available funds

Last day to spend funds: December 31, 2018
Last day to file claims: March 31, 2019

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Healthcare (FSA)
1/1/2018 - 12/31/2018  Change Plan Year 
ABC Sample Company

$2,054.00 Available funds

Last day to spend funds: December 31, 2018
Last day to file claims: March 31, 2019

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Account Actions
View account details ➤ File a claim ➤ Link a bank account ➤ Set up account notifications ➤
Health Care FSA

Hello, LINDA

Dependent Care
1/1/2018 - 12/31/2018 Change Plan Year ▼
ABC Sample Company

$475.00 available funds $25.00 spent funds

$475.00 available funds $25.00 spent funds

Account Actions
View account details ▶ File a claim ▶ Link a bank account ▶ Set up account notifications ▶

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Healthcare (FSA)
1/1/2018 - 12/31/2018 Change Plan Year ▼
ABC Sample Company

$2,054.00 available funds $446.00 spent funds

$2,054.00 available funds $446.00 spent funds

Account Actions
View account details ▶ File a claim ▶ Link a bank account ▶ Set up account notifications ▶

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.
Healthcare (FSA)
1/1/2018 - 12/31/2018  Change Plan Year
ABC Sample Company

$2,054.00 available funds

$2,054.00 available funds  $445.00 spent funds

Spending snapshot

Last day to spend funds
December 31, 2018

Last day to file claims
March 31, 2019

Account Actions
File a claim
Link a bank account
Set up account notifications

Account activity

Claims
You can view claims you sent us here.

To-do list
You have 1 item on your to-do list. Be sure to review the item today.

Transactions
You can view your transactions here. This may include payments, deposits and withdrawals.

Have questions about your account?
Check out our frequently asked questions.
Dependent Care FSA

Hello, LINDA

Dependent Care
1/1/2018 - 12/31/2018
ABC Sample Company

$475.00 available funds

$475.00 available funds
$25.00 spent funds

Account Actions
View account details ▶ File a claim ▶ Link a bank account ▶ Set up account notifications ▶

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

Healthcare (FSA)
1/1/2018 - 12/31/2018
ABC Sample Company

$2,054.00 available funds

$2,054.00 available funds
$446.00 spent funds

Account Actions
View account details ▶ File a claim ▶ Link a bank account ▶ Set up account notifications ▶

Quick Tips
Explore eligible expenses. Find out what you can pay for with your PayFlex account.
File a claim: Pay Me
### Dependent Care

**1/1/2018 - 12/31/2018**

**ABC Sample Company**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>$475.00</td>
<td>Available funds</td>
</tr>
<tr>
<td>$25.00</td>
<td>Spent funds</td>
</tr>
</tbody>
</table>

**Quick Tips**
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

#### Account Actions
- View account details
- File a claim
- Link a bank account
- Set up account notifications

### Healthcare (FSA)

**1/1/2018 - 12/31/2018**

**ABC Sample Company**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,054.00</td>
<td>Available funds</td>
</tr>
<tr>
<td>$446.00</td>
<td>Spent funds</td>
</tr>
</tbody>
</table>

**Quick Tips**
Explore eligible expenses. Find out what you can pay for with your PayFlex account.

#### Account Actions
- View account details
- File a claim
- Link a bank account
- Set up account notifications
File a Claim

PayFlex allows you to file your claims online for fast and easy reimbursement of your expenses.

Below, choose whether you want us to reimburse you or pay your payee directly.

**Pay Me**

File your claims, provide documentation and receive a check or direct deposit.

**Pay Them**

File your claim, provide documentation and PayFlex will send a check directly to your payee.
To begin submitting your claims follow the instructions below:

- Expense Type, Expense Begin Date and Amount are required for all claim items.
- Expense End Date and Dependent First Name are only required for certain Expense Types.
- Click on the "Add Another Expense" button to enter additional expenses.
- If you have completed entering all your expenses, click "Next" to proceed to the next step.

Note: If you have more than one expense, please enter them separately. Click "Add Another Expense" to add more expenses.

Expense Type: Please Select
Expense Begin Date
Expense End Date
Amount: $0.00

ADD ANOTHER EXPENSE
NEXT
File a Claim

Step 1: Claim Details
Add a line for each expense

Step 2: Confirmation
Confirm all expense details

Step 3: Documentation
How would you like to send in your receipts

Step 4: Send Receipts

If the information below is correct, click "Next" to continue. To edit the claim click the "Previous" button.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Expense Begin Date</th>
<th>Expense End Date</th>
<th>Dependent Name</th>
<th>Dependent Age</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>04/14/2016</td>
<td></td>
<td></td>
<td></td>
<td>$150.00</td>
</tr>
</tbody>
</table>

PREVIOUS       NEXT
File a Claim

Step 1: Claim Details
Add a line for each expense

Step 2: Confirmation
Confirm all expense details

Step 3: Documentation
How would you like to send in your receipts

Step 4: Send Receipts

Please select a method to submit your receipts for this claim. By uploading your receipts, this will expedite the claim process.

Receipts must be in JPEG, GIF, PNG, or PDF format and less than 10MB in order to upload them.

By checking this box, I certify that I or my eligible spouse or dependent incurred these eligible expenses. I also certify the health care expenses are not for cosmetic purposes but for the treatment of an illness, injury, trauma, or medical condition. I understand "incurred" means an eligible individual received the service for that expense, regardless of when I’m billed, charged, or pay for the service. I also certify I haven’t received reimbursement for the expenses and I won’t seek reimbursement elsewhere. I understand that if I receive reimbursement for an expense, I can’t claim that amount on my or my spouse’s income tax returns.

For Health Reimbursement Arrangement (HRA) members: I understand that an Internal Revenue Service (IRS) rule only lets me use my HRA for eligible individuals if they’re covered by a compliant group health plan*. I certify that the patient noted on my claim (myself, spouse, or eligible dependent) is covered under my Employer’s group health plan or another compliant group health plan*.

I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

*The group health plan must be compliant with the Affordable Care Act (ACA). It can’t have annual or lifetime dollar limits on essential health benefits. And it can’t exclude coverage because of pre-existing conditions.

☐ Signature (You must check this box to electronically sign your claim form)

Fax
Upload
File a Claim

- **Step 1:** Claim Details
  - Add a line for each expense
- **Step 2:** Confirmation
  - Confirm all expense details
- **Step 3:** Documentation
  - How would you like to send in your receipts
- **Step 4:** Send Receipts

Upload Instructions:

- Browse for the document/receipt you would like to upload.
- Documents/Receipts must be in JPEG, GIF, PNG, or PDF format and the combined size of all documents/receipts must be less than 10MB.
- To upload additional documents/receipts for this claim, click on the "Add Additional Documents" button.
- You must check the Signature Box as an electronic signature for your claims.
- For Dependent Care claims, please make sure to upload any Dependent Care provider signatures with your documentation, if applicable.
- Click on the "Submit" button to complete the process for submitting your claim and receipts.

The total size of all documents you attempt to upload must be less than 10 MB.

ADD ADDITIONAL DOCUMENT

SUBMIT
File a claim: Pay Them
File a Claim

You have chosen to have PayFlex® reimburse your payee directly for this claim. Please choose a payee from the list below or click on the link to enter a new payee.

Select a payee from your list of previously established payees or click on “+” to add a new payee.

NEXT
File a Claim

Please provide the additional information below. This will be included with your payment to help your provider correctly apply your payment.

**Required Field**

- Your Contact Number
- Statement Date
- Invoice Number(s)
- Patient Name
- Comments (250 Characters)

PREVIOUS NEXT
File a Claim

Step 1: Payee Information
Step 2: Payment Information
Step 3: Claim Details
Step 4: Confirmation
Step 5: Documentation
Step 6: Send Receipts

To begin submitting your claims follow the instructions below:

- Expense Type, Expense Begin Date and Amount are required for all claim items.
- Expense End Date and Dependent First Name are only required for certain Expense Types.
- Click on the "Add Another Expense" button to enter additional expenses.
- If you have completed entering all your expenses, click "Next" to proceed to the next step.

Note: If you have more than one expense, please enter them separately. Click "Add Another Expense" to add more expenses.

Expense Type: Please Select
Expense Begin Date
Expense End Date
Amount

ADD ANOTHER EXPENSE

PREVIOUS | NEXT
File a Claim

Step 1: Payee Information
Step 2: Payment Information
Step 3: Claim Details
Step 4: Confirmation
Step 5: Documentation
Step 6: Send Receipts

Please verify the information below is correct.

Payee Information:
Dr. Jones
1001 ROSE STREET
HARTFORD, CT 06771

Payment Information:
Contact Number (400) 555-5555
Statement Date 03/18/2016
Invoice Number 700024227
Patient Name John Clark

Comment

<table>
<thead>
<tr>
<th>Healthcare (FSA)</th>
<th>$150.00</th>
</tr>
</thead>
</table>

Total Payment $150.00
File a Claim

Step 1: Claim Details
Add a line for each expense

Step 2: Confirmation
Confirm all expense details

Step 3: Documentation
How would you like to send in your receipts

Step 4: Send Receipts

Please select a method to submit your receipts for this claim. By uploading your receipts, this will expedite the claim process.

Receipts must be in JPEG, GIF, PNG, or PDF format and less than 10MB in order to upload them.

By checking this box, I certify that I or my eligible spouse or dependent incurred these eligible expenses. I also certify the health care expenses are not for cosmetic purposes but for the treatment of an illness, injury, trauma, or medical condition. I understand "incurred" means an eligible individual received the service for that expense, regardless of when I’m billed, charged, or pay for the service. I also certify I haven’t received reimbursement for the expenses and I won’t seek reimbursement elsewhere. I understand that if I receive reimbursement for an expense, I can’t claim that amount on my or my spouse’s income tax returns.

For Health Reimbursement Arrangement (HRA) members: I understand that an Internal Revenue Service (IRS) rule only lets me use my HRA for eligible individuals if they’re covered by a compliant group health plan*. I certify that the patient noted on my claim (myself, spouse, or eligible dependent) is covered under my Employer’s group health plan or another compliant group health plan*.

I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

*The group health plan must be compliant with the Affordable Care Act (ACA). It can’t have annual or lifetime dollar limits on essential health benefits. And it can’t exclude coverage because of pre-existing conditions.

[ ] Signature (You must check this box to electronically sign your claim form)

FAX
UPLOAD
Verify your card transaction with a connected claim
Select View account details
Select **Verify card purchases**
Select **Apply My Health Plan Claims**

### Unverified Card Purchases

We can’t confirm these card purchases were for eligible expenses. The Internal Revenue Service (IRS) requires that we verify each card purchase is for an eligible expense. This means you need to take action. You can:

1. Upload or fax the required documentation for your card purchase.
2. Apply your unreimbursed health plan claims to your card purchase.

To get started, select a transaction. Then choose the action you want to take.

<table>
<thead>
<tr>
<th>Select</th>
<th>Date</th>
<th>Description</th>
<th>Amount</th>
<th>Unverified Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>05/09/2018</td>
<td>THE MEDICINE SHOPPE #5 BELTON</td>
<td>$20.20</td>
<td>$20.20</td>
</tr>
</tbody>
</table>

Note: If you have reimbursed the Plan via check or submitted additional claims to offset your overpayment, the original ineligible claims will still appear in the list through the remainder of the plan year.

[UPLOAD MY DOCUMENTATION] [FAX MY DOCUMENTATION] [APPLY MY HEALTH PLAN CLAIMS]
Select the health plan claims to apply

Apply My Health Plan Claims

Unverified Card Purchase: 05/09/2018  THE MEDICINE SHOPPE #5 BELTON   $20.20
Unverified Amount:       $0

Select the claim(s) you want to apply to your unverified card purchase.

- If you don't see a claim amount that matches your card purchase, you can select more than one claim.
- If your selected claims exceed your card purchase amount, that's ok. The excess amount will remain available, if needed for future action.
- Once you apply a claim to card purchase, you can't request reimbursement for that claim in the future.

Eligible Health Plan Claims

<table>
<thead>
<tr>
<th>Select</th>
<th>ID</th>
<th>Service Date</th>
<th>Provider Name</th>
<th>Expense Type</th>
<th>Claim Amount</th>
<th>Unreimbursed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EAAAA98XP925 Aetna Test Carrier</td>
<td>04/04/2018</td>
<td>Green Oaks Hospital Subsidiary, L.P.</td>
<td>Medical</td>
<td>$430.00</td>
<td>$419.99</td>
</tr>
<tr>
<td></td>
<td>EAAAA89R4D22 Aetna Test Carrier</td>
<td>04/04/2018</td>
<td>Skin &amp; Laser Surgery Center, P.C.</td>
<td>Medical</td>
<td>$109.47</td>
<td>$92.30</td>
</tr>
<tr>
<td></td>
<td>EAAAA98Y9Y26 Aetna Test Carrier</td>
<td>04/04/2018</td>
<td>Amzi R Sherling Dds</td>
<td>Dental</td>
<td>$95.00</td>
<td>$72.78</td>
</tr>
<tr>
<td></td>
<td>EAAAA93ZQM24 Aetna Test Carrier</td>
<td>04/04/2018</td>
<td>Crooker, Jonathan C</td>
<td>Medical</td>
<td>$40.00</td>
<td>$40.00</td>
</tr>
<tr>
<td></td>
<td>EAAAA98ZVR27 Aetna Test Carrier</td>
<td>04/04/2018</td>
<td>Dfw 5.01 (A) Corporation</td>
<td>Medical</td>
<td>$30.90</td>
<td>$30.90</td>
</tr>
</tbody>
</table>
Review your selections

### Review Your Selections

**Unverified Card Purchase:** 05/09/2018  
**THE MEDICINE SHOPPE #5 BELTON**  
**$20.20**

<table>
<thead>
<tr>
<th>ID</th>
<th>Service Date</th>
<th>Provider Name</th>
<th>Type</th>
<th>Claim Amount</th>
<th>Unreimbursed Amount</th>
<th>Applied Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAAA98ZVR27</td>
<td>04/04/2018</td>
<td>Dfw 5.01 (A) Corporation</td>
<td>Medical</td>
<td>$30.90</td>
<td>$30.90</td>
<td>$20.20</td>
</tr>
</tbody>
</table>

I certify that my spouse, eligible dependent or I have incurred the expenses listed above. I haven’t received reimbursement for any of these expenses. And I won’t seek reimbursement elsewhere, including from a Health Savings Account (HSA). If I receive reimbursement, my spouse or I won’t claim the same expenses on our income tax return.
## Verification Status

Success! We’ve applied your health plan claim(s) to your card purchase. We’ll consider your purchase "verified." This means you won’t have to send us documentation for that card purchase.

Your health plan claim(s) exceeded your card purchase amount by $10.70. This amount is still available for you to take action. You can even request reimbursement.

Would you like to request reimbursement now?

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Service Location</th>
<th>Amount</th>
<th>Health Plan Claims Applied</th>
<th>Documentation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/06/2018</td>
<td>THE MEDICINE BELTON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/06/2018</td>
<td>THE MEDICINE BELTON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/09/2018</td>
<td>THE MEDICINE SHOPPE #5 BELTON</td>
<td>$17.17</td>
<td>Health Plan Claims Applied</td>
<td>[Fax My Documentation][Upload My Documentation]</td>
</tr>
<tr>
<td>05/09/2018</td>
<td>THE MEDICINE SHOPPE #5 BELTON</td>
<td>$22.22</td>
<td>Health Plan Claims Applied</td>
<td>[Fax My Documentation][Upload My Documentation]</td>
</tr>
<tr>
<td>05/09/2018</td>
<td>THE MEDICINE SHOPPE #5 BELTON</td>
<td>$20.20</td>
<td>Health Plan Claims Applied</td>
<td>[Fax My Documentation][Upload My Documentation]</td>
</tr>
<tr>
<td>04/13/2018</td>
<td>THE MEDICINE SHOPPE #5 BELTON</td>
<td>$10.01</td>
<td>Health Plan Claims Applied</td>
<td>[Fax My Documentation][Upload My Documentation]</td>
</tr>
</tbody>
</table>
Request Health Plan Activity Payment

ID: FAAA98ZVR27 Aetna Test Carrier
Date: 04/04/2018
Patient Name: PAYFLEX
Provider: Dfw 5.01 (A) Corporation
Plan Paid: $0.00
Patient Amount Due: $30.90
Amount Requested to Date: $20.20
Applied to card purchase: 05/09/2018 THE MEDICINE SHOPPE #5 BELTON $20.20
Amount Remaining: $10.70

Instructions
• Review the table below for information regarding this payment
• Identify where your payment should be send
• If you have more than one account from which this payment can be made, you will have the opportunity to exclude one or more of them if you do not wish to use certain funds for this payment
• Hover on ? for more information about specific options.
• Click "Next" to continue.

<table>
<thead>
<tr>
<th>Account</th>
<th>Balance</th>
<th>Payment Amount</th>
<th>?</th>
<th>Exclude Account</th>
<th>?</th>
<th>Send Payment to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare (FSA) 01/01/2018–12/31/2018</td>
<td>$1,805.76</td>
<td>$10.70</td>
<td>?</td>
<td></td>
<td></td>
<td>Me® Provider</td>
</tr>
</tbody>
</table>

TOTAL PAYMENT REQUESTED $10.70
Review payment request

Request Health Plan Activity Payment

Total Amount Requested: $10.70
Your payment of $10.70 from your reimbursement account(s) will be sent separately to you by check.

PREVIOUS SUBMIT
Account Settings
Account settings

My linked bank accounts

Bank accounts linked to my reimbursement account(s):

You have no bank accounts linked to your PayFlex reimbursement account(s). You can get your money faster by linking an account.

LINK BANK ACCOUNT TO MY REIMBURSEMENT ACCOUNT(S)
Account notifications

You can manage your account notifications here. Select a + sign to view your options. Then choose the notifications you want to receive. And select your document delivery preferences. You should also verify your contact information under My profile.

### Security alerts

<table>
<thead>
<tr>
<th>Notification</th>
<th>Email</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent debit card ordered</td>
<td>automatic</td>
<td></td>
</tr>
<tr>
<td>Email address updated or added</td>
<td>automatic</td>
<td></td>
</tr>
<tr>
<td>Linked bank account updated or added</td>
<td>automatic</td>
<td></td>
</tr>
<tr>
<td>Mobile phone number updated or added</td>
<td>automatic</td>
<td></td>
</tr>
</tbody>
</table>

### Reimbursement Account

<table>
<thead>
<tr>
<th>Notification</th>
<th>Email</th>
<th>Text</th>
<th>Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance reminder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select frequency:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarterly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim received</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explanation of Payment</td>
<td>Paperless</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PayFlex Card®

<table>
<thead>
<tr>
<th>Notification</th>
<th>Email</th>
<th>Text</th>
<th>Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card declined</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Card documentation processed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Card suspended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Card expense verification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Request for documentation letter</td>
<td>Paperless</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Account settings

My PayFlex Card®
You can view the status of your PayFlex Card. And you can order a card for your spouse or dependent.

MasterCard® ****22

Cardholders
LINDA DOE (PRIMARY)

Accounts
Healthcare (FSA) 01/01/2017-12/31/2017

Status  Balance
Active    $117.05

ORDER A DEPENDENT DEBIT CARD

PayFlex Card Quick Tips

Activate your card
When you get a new card, you'll need to activate it. Just call the number on the activation sticker.

Use your card at qualified merchants and providers
You can use your card at qualified merchants and providers that accept MasterCard®.

Save your documentation
Be sure to save your Explanations of Benefits (EOBs), itemized statements and detailed receipts. We may ask you to send them in when we're unable to verify if a card purchase is eligible.
Help & Support
Help & Support

QUICK TIP: Go to Contact us to send us an email or start a live chat with customer service.
Questions?