

Welcome to your new Claims Web Portal, the one-stop portal to view and print all your Explanation of Benefits (EOB's).

- Secure/HIPAA Compliant and insures HIPAA Privacy.
- No Mailings of Explanation of Benefits.
- Easy to Use.
- Online access 24/7 with all information available in real-time.

Make sure you have your Claims Web Portal Welcome Sheet available

To begin you must login to the Web Portal at: www.wltmediportal.com/mediclm/?clientId=1789

- 1) Enter your username (First initial, last name, last 4 digits of SSN).
- 2) Select the password you would like to use.
- 3) Click the Register button.



Returning Users Log In
User Name:
Password:
( Password minimum length 8, with at least 1 letter, 1 number and 1 of the following: !@#\$%^&(*) )
Forgot Your Password?
Log In
 First Time User? Register



You will then be asked to select what type of user you are:

- 1) Select Employee/Insured or Dependent from drop down box.
- 2) Read and Accept the Statement of Understanding.
- 3) Click Next.



The next screen	will ask for	the following	information:
The next server		the following	in or mation.

- First Name
- Last Name
- Date of Birth
- Member Id (which is the member's Alternate ID. This was in your enrollment letter.)

Complete the required fields and select Next.

Perso	onal Information
First Name:	
Last Name:	
(Format DOB as M	1M/DD/YYYY)
Date of Birth:	/
Member ID:	



	Sign Up	
	User Name:	
	Password:	
assword minimum length 8,	maximum 16, with at least 1 lette	er, 1 number and 1 of the following: !@#\$%^&(*
Conf	irm Password:	
	E-mail:	
	E-mail:	
C	onfirm E-mail:	
	irity Question:	
	er when using "Forgot Password"	
Se	curity Answer:	
/hen using "Forgot Password"	you must enter the answer as de	efined here

Create User

#### The Sign-in process is complete.

Select **Continue** and you will then be redirected to the Log-In screen.

The next screen will ask for your Username and Password. This is same information you previously entered. (For security you enter this information twice.)

#### Continue to enter the requested information.

Indicate by checking the box to receive notification when claims have been processed. If checked, you will receive an email notification.

#### Select Create User.

Image: Contract of the second seco	INC.
BENEFIT MANAGEMENT,	INC.
DER DE TE MARTINE COMMENCE,	1110
Complete	
Your account has been successfully cre	eated.
Use your username and password to lo	

You now have access to the Web Portal 24/7 in real-time.

To View your claims, go to the Log-In page <a href="https://www.wltmediportal.com/mediclm/?clientId=1789">www.wltmediportal.com/mediclm/?clientId=1789</a>

Enter your username and password.

Select Log In.

BENEFIT MANAGEMENT, INC.	
Returning Users Log In	
User Name:	
Password:	
( Password minimum length 8, with at least 1 letter, 1 number and 1 of the following: I@#\$%^&(4) )	
Forgot Your Password?	
Log In	
First Time User? Register	

#### HOME PAGE

The home page shows you a menu of options on the left-hand side, benefit announcements, most recent claims (if any), dependents covered (if any) and specific links.

You will also see your **Most Recent Claims** on the left-side and if you have any dependents with claims, you will see **Your Dependent** claims listed on the right-side.

You can **SELECT** or **PRINT** a claim directly from the home page.

	-%JFP}			You	are		as:TGerritse		2/2017 10:1 Profile	1 AM Log
Ben	EFIT MANAGEMENT, INC.									
I would like to view Claims	EHIM Pharmacy Benefits. Managed. Third Party Administration	EHIM is your Pharm				acy Bene For questi		II (80)	0) 311-344	46.
Deductibles Eligibility	1 2 3 4									
ID Card	Your Most Recent Claims		Your Dependents							
Documents	Date Provider	Status	6	First	Mi	Last	Birth Dt.	Age	Relation	Status
FAQ	Select 03/30/2017 EW SPARROW HOSPITAL I	n Process Print	Select	Ryan	N	Gerritsen	08/01/1942	74	Spouse	ACTIVE
	G	et More Claims	Select	Connie	L)	Gerritsen	01/05/1988	29	Child	TERMED
	_		Select	Donald	J	Gerritsen	12/15/1993	23	Child	ACTIVE
			Select	Daniel	L I	Gerritsen	12/15/1993	23	Child	ACTIVE
			$\equiv$	Michael			01/26/1992		Child	ACTIVE
			Select	Andrew		Gerritsen	06/12/1997	19	Child	ACTIVE
	PPO NETWORKS CASE MA	NAGEMENT	2	OTHER	LIN	IKS				
	Cofinity PPO Akeso Care	Management		Connect enny Ca						

#### **CLAIMS LINK**

On the Claims page, you will be able to see All Claims that JFP has processed (Medical, Dental, Vision and Short Term Disability) for both the Employee and Dependent.

These claims can by be filtered by

- Actual Date
- Type of Benefit
- View by General Date 30/60/90 days/Current/ Last year.

By selecting the **REFRESH LIST** your new selections will be listed.

The system will show status of claims

#### IN PROCESS, COMPLETED, OR PAID.

You may also SELECT a claim you would like to VIEW or PRINT from this page



### **CLAIMS LINK (CONT)**

If you **SELECT** a claim from the Claims Page, a new page will appear. This is your actual Claim with more detailed information displayed. You can **PRINT** the selected claim or if you have a question regarding this claim you can click **I HAVE A QUESTION** button to email your question directly to JFP.

	• 1								You are logge	ed in as:TGerrits	en! 3/10/20	17 12:42	
	C	100.0	ye-							AHome	Profile	⊠Cor	itact Us
BEN	EFIT M	ANAGE	MENT,	INC.									
would like to	Claim Nu	mber: 2016-2	16000341-00	00							have a que	estion	Print
									CI	aim Summary			
Claims	Provider								Tc	otal Charge:			\$100.00
Deductibles	38-2027	689/0000							Pa	id By Other Insu	rance Com	pany:	\$0.00
Deductibles	W A FOO	TE MEMORIA	AL HOSPITAL	8					To	tal Paid by Plan:			\$0.00
Eligibility	DEPT 27	2801							Pa	tient Responsibi	ility:		\$90.00
	DETROIT	, MI 48267							Cł	neck Issued To:			Provider
ID Card	PPO:								Ch	ieck No:			
Documents									Pa	id Date:		2	3/3/2016
FAQ	Service	Service	Service	Total	Not	Discount	Eligible	Expl	Deductible	Coinsurance	Copay	Paid	Benefits
	Туре	From	Thru	Charge	Covered	or Penalty	Expense	Codes	Applied	Applied	Applied	At %	Paid
	DXL	8/1/2016	8/1/2016	\$100.00	\$0.00	\$10.00	\$90.00	1	\$90.00	\$0.00	\$0.00	70	\$0.00
	TOTALS			\$100.00	\$0.00	\$10.00	\$90.00		\$90.00	\$0.00	\$0.00		\$0.00
	Expl Cod	e Desc	ription										
		76 191	Deductible										

I would view

Clai

Deduc

Eligit

#### **DEDUCTIBLE LINK**

Click the drop down arrow to display Deductibles, Colnsurance and Annual & Lifetime Limits.

You can sort information by **CURRENT** or **PREVIOUS** years and selecting the **REFRESH** button.

**DEDUCTIBLES** display In and Out of Network Amounts met by Individual and/or Family.

**COINSURANCE** display In and Out of Network Amounts met by Individual and/or Family.

**ANNUAL & LIFETIME LIMITS** will display for the current individual you are viewing. (the employee is the default and each dependent can be selected from the home page).

You can access the **HOME** page

by clicking the home page button in the upper right hand corner.

	-*.IFP	Qfo		You	are logged in as:TGerrits Contact Us	
Beni	EFIT MANAGEM	ENT, INC.				
		(	Year selection: Curre	nt Year 🔽 Refresh		
			Deduc	tibles		
		Out of Network			In Network	
	Description	Individual Met	Family Met	Description	Individual Met	Family Met
	Medical	\$0.00	\$0.00	Medical	\$0.00	\$0.00
	Dental	\$0.00	\$0.00	Dental	\$0.00	\$0.00
5			Coinsu	rance		1. 1
5		Out of Network	Coinsu	rance	<u>In Network</u>	
5	Description	Out of Network	<b>Coinsu</b> Family Met	Description	In Network	Family Met
	Description Coinsurance	Contractor and the later		0 1996 - 20 Mil	a secolar acces	Family Met \$16.00

#### Annual & Lifetime Limits

Family Annual Limits Met

Annual Limits Met

Description

Chiropract

IP Mental

**OP** Mental

**IP Alcohol** 

**OP** Alcohol

Home Healt

Skilled Nu

Dental A B

Amount

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Description	Amount
Lifetime Maximum	\$594.90
Alcohol	\$0.00
Organ	\$0.00
TMJ	\$0.00
Breavement	\$0.00
Dental D	\$0.00
Space Maintainer	\$0.00

### **ELIGIBILITY**

You can view ELIGIBILITY for you and/or your dependents by plan years.

Volumes will show for:

- Life ٠
- Supplemental Life .
- AD&D •
- Supplemental AD&D .
- Spouse Life .
- Dependent Life .
- Short term Diaability(STD) ٠
- Long Term Disability (LTD) •

as applicable.



You are logged in as:TGerritsen! 4/11/2017 12:50 PM Logout

Contact Us Profile AHome

would like to		From Date	Thru Date	Med	Den	Vis	Drug	Misc	Life	LTD	STD
view	Select	01/01/2012	12/31/2999	~	~		~	~	~	~	~
Claims	Select	01/16/2001	12/31/2011	~	~		~	~	~	~	~
Deductibles	Select	01/01/2001	01/15/2001	~	~		~	~	~	~	~
	Select	07/01/2000	12/31/2000	~	~		~	~	~		~
Eligibility	Select	04/07/2000	06/30/2000	~							
ID Card											
Documents	Information	for eligibility starti	ng 1/1/2012								
FAQ	In-Network	R Plan Information	for selected cove	rage period	i						
	PPO: (13) 5	SPHN PPO									

Plan: (1) Plan 1 - Example

#### Other Information for selected coverage period

#### Location: (0)

Life/AD&D Volume	s	Dependent/Disability Volumes				
Life:	\$50,000.00	Spouse Life:	\$25,000.00			
Supplemental Life:	\$50,000.00	Dependent Life:	\$10,000.00			
AD&D:	\$50,000.00	STD Volume:	\$0.00			
Supplemental AD&D	: \$0.00	LTD Volume:	\$2.083.33			

#### **TEMPORARY ID CARDS**

Employees can **PRINT TEMPORARY ID CARDS** as applicable. This will open a new screen with the ID Card which you can print.

Employees can **REQUEST ID CARD** – (the request automatically generates an email to JFP Benefit Management).

	You are logged in as:TGerritsen! 4/11/2017 1:19 PM Logout				
BENEFIT MANAGEMENT, INC.					
I would like to view Claims Deductibles	Print Temporary ID Card				
Eligibility ID Card Documents FAQ	Request ID Card				
Date Printed: 4/11/2017	Pre-Determination:				
Sample JFP Company	Pre-Determinations must be submitted for charges over \$200				
Member Benefit Plan	Submitting Claims:				
Name: Tess Gerritsen	Submit Dental claims to: JFP Benefit Management, Inc.				
ID #: 082010000200	PO Box 189 Jackson ML 49201				
<b>Group #:</b> 8201	Jackson MI, 49201				
Dental benefits are self-funded by the Company and paid through JFP Benefit Management, Inc. All Payments are the R&C made by a dentist for necessary care. Benefits are not guaranteed until the claim is received and processed by JFP.	Eligiblity and Benefits: For Eligibility and Benefit questions please contact us at: (517) 784-0535 or (800) 589-7660				

#### DOCUMENTS

Under the Document Section, the employee can VIEW and DOWNLOAD documents.

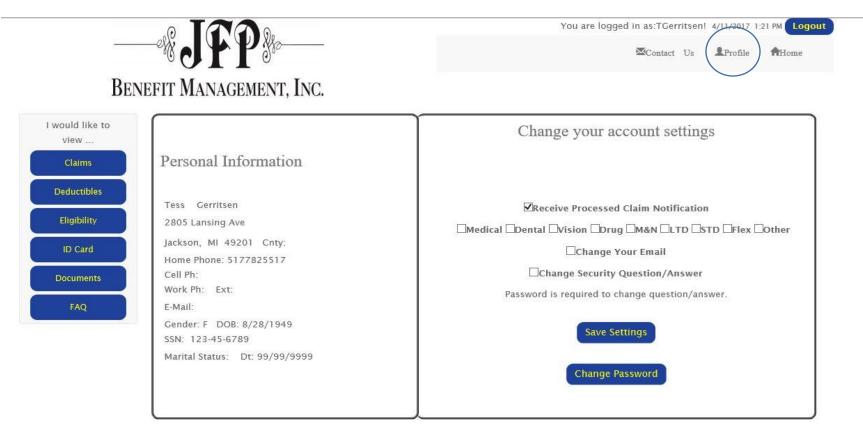


#### **PROFILE LINK**

Under the Profile Link the employee finds their personal information.

The employee can select to have **EMAILS SENT** when a claim is processed (by benefit type).

The employee can also change the EMAIL, SECURITY QUESTION/ANSWER and their PASSWORD.



### **CONTACT US**

- For direct email access to JFP Benefit Management, click the **CONTACT US** Button on the top right of your screen.
- Click COMPOSE NEW.
- Click the **TO** area on your email and it will pop-up a list of question types that you can select.
- Type your question.
- Click **SEND** and the email is forwarded to the appropriate person at JFP Benefit Management.
- Your email becomes a permanent record.

			-		You ar	re logged in as:TGerritsen! 4/11/2017 1:22 PM Logout
BEN	© CO L IEFIT MANAG	GEMENT, IN	с.			
I would like to view Claims	F	PO Box 189 Jack	t Management son, MI 492040000 35 Fax : 517-784-0821	St	tay conne	cted to JFP Benefit Management <b>y f</b>
Deductibles	Inbox	Compose New	Sent			Recipient Selector - Internet Explorer         —          X         MedicIm/Message/MessageRecipient.aspx         Insert Checked Contacts         Cancel
Eligibility ID Card	To: Subject:	Click the [To:] li	nk to add message recipients			Claims Question Eligibility Question Flex Question
Documents FAQ	Attachments:			Browse	Add	HRConnection Question     Prescription Question     Insert Checked Contacts     Cancel
	Send	ancel				

### <u>EXIT</u>

Remember to always exit the system properly by selecting the LOGOUT button on the top right side of your screen.

