



Health Reimbursement Arrangement (HRA) Plan

www.RCTPA.com

***Our website is there for you 24 / 7.
Just the information you need ... simple, quick.***

Log onto www.RCTPA.com for the first time

Click the “Sign up now” link to get started.

Step 1

Read the legal notice.

Step 2

Provide last name, date of birth, and Social Security Number.

Step 3

Create a private user ID:

- provide your e-mail address,
- create a private password, and
- answer a personal security question.

Step 4

Verify that your information is correct. (Re-enter information or click “Finish.”)

Right CHOICE
Benefit Administrators

Home | Express Requests | Plan Documents and Forms | Health Information | Dependent Authorization

Username: _____
Password: _____
Login

Helping Piece Together the Health Care Puzzle

We are RightCHOICE Benefit Administrators®, a technologically superior third party administrator of Employer health benefit plans, founded in 1996.

RightCHOICE is a subsidiary of WellPoint, Inc., one of the nation's most respected health care companies. RightCHOICE is free to transparently serve each Employer with the various Managed Care Organizations, Pharmacy Benefit Managers, Medical Management, and other service providers that best match the Employer's specific needs.

Step 1 of 4: License Agreement

Please read the license agreement. Click 'Agree' to continue or 'Disagree' to go back to the login page.

License Grant: This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement, in consideration of your agreement to these terms and for other valuable consideration, you are granted a non-exclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Health Inc., reserves all rights not expressly granted in this Agreement.

Step 2 of 4: Validation

Validation

If you are establishing a new member login, do the following:

Please fill in the fields to the left to create an account on the system. Please refer to your Enrollment Packet or Member ID card and enter your Last Name, Member ID/SSN (No dashes or spaces), and Date of Birth.

The most common sign-up problems encountered are caused by:

- Entering a name differently than it appears on the ID card / Enrollment Packet (ex: Patty vs. Patricia)
- Choosing a password shorter than eight characters in length

You only need to sign up once to establish a User Account. Please note the Username and Password for your future visits to this site.

Note: All fields with an "*" are required fields.

*Date of Birth: _____

*Last Name: _____

*Member ID or SSN (No dashes or spaces): _____

Step 3 of 4: Create User ID (Username) and Password

In order to provide password verification or lost password option, E-mail address is a required field for this website.

To get a free E-mail account click "Yahoo" or "Hotmail"

*Username: _____

Email Address: _____

*Confirm Email Address: _____

*Password: _____

*Confirm Password: _____

Select a Secret Question:
Select Secret Question [v] or Enter your own: _____

*Secret Answer: _____

Step 4 of 4: Verify

Registration Complete

Username: MissouriWorker
First Name: MICHAEL
Last Name: SAMPLE
E-Mail Address: Michael.Sample@WellPoint.com
Address: 600 MAPLE STREET
ST LOUIS MO 63103

Remember, we cannot see your password!

Previous Finish Cancel

HRA Claim Processing Flow



1. You or your family member go to a Health Care Provider. Usually you are not asked to pay anything.



2. The Provider sends a bill to Anthem.



3. Anthem processes the claim and then auto-feeds to RightCHOICE for the HRA reimbursement.



4. RightCHOICE sends HRA reimbursements to network Providers.



5. Anthem sends an Explanation of Benefits (EOB) to you, and RightCHOICE sends a monthly HRA statement to you. You also can view the HRA EOB online at www.RCTPA.com.



6. Your Health Care Provider then may bill you for any additional amount that you owe.

Closer look at “My HRA Summary”

- Check “My HRA Summary.”
- This shows your personal information.

Welcome: John Sample
[Messages \(0\)](#) [Profile](#) [Logout](#)

Home | Express Requests | Plan Documents and Forms | Health Information | Dependent Authorization

WELCOME JOHN SAMPLE!
 Group Number 00123456

My Eligibility
 My Claims
My HRA Summary

Online View | [Print View](#)

HRA Account - 2013 - Summary

Name:	MichaelSample	Member No:	Demo111111
Address:	8319 River Road Apartment 33B River City, MO 99999	Group #:	301
Plan Begin Date:	01 / 01 / 2013	Plan End Date:	12 / 31 / 2013
	INDIVIDUAL		FAMILY
Current Plan Year Contribution:	\$ 1,500.00	Current Plan Year Contribution:	\$3,000.00
Previous Year Rollover:	\$0.00	Previous Year Rollover:	\$0.00
Total HRA Funds Available:	\$1,500.00	Total HRA Funds Available:	\$3,000.00
HRA Paid Funds:	\$ 266.80	HRA Paid Funds:	\$656.12
HRA Funds Remaining:	\$ 1,233.20	HRA Funds Remaining:	\$2,343.88

If you forget your User ID or password...

If later you cannot remember your user ID or password, simply click “Recover it” and follow the prompts.

1: To be reminded of your user ID, you will be asked to enter your Social Security Number, last name, and date of birth.

2: If you do not remember your password, a new temporary password will be e-mailed to you. Use the temporary password to create a new private password.

Home | Express Requests | Plan Documents and Forms | Health Information | Dependent Authorization

Username:
 Password:
 Login

Helping Piece Together the Health Care Puzzle

Forgot your username or password? [Recover it.](#)

Forgot Username or Password?
 Enter the following information in order to retrieve your username and password

Member ID / SSN:
 Last Name:
 Date of Birth:

Step 1 Step 2 Step 3

Forgot Username or Password?
 Enter the following information in order to retrieve your username and password

Member ID / SSN:
 Last Name:
 Date of Birth:

Next Cancel

Step 1 Step 2 Step 3 Step 4 Step 5

Your username is: KentuckyWorker

Forgot your password? We'll send an identification code to your email.

Send identification code via email

Next Cancel

From: DoNotReply@healthx.com [mailto:DoNotReply@healthx.com]
Sent: Monday, October 21, 2013 8:47 AM
To: Member, Sample
Subject: Forgot Service]

Note: This is a service message regarding the Identification Code you requested.

Dear SAMPLE MEMBER:

Here is the Identification Code you will need to reset your password.

Your Identification Code is: 12345678

Closer look at your eligibility details

1. Click “My Eligibility”
- 2: First screen shows you and your dependents who are covered under this Medical Plan.
- 3: Click the blue name. Next screen shows:
 - details of each person
 - plan coverage
 - accumulators

Welcome: John Sample
Messages (0) Profile Logout

Home | Express Requests | Plan Documents and Forms | Health Information | Dependent Authorization

WELCOME JOHN SAMPLE!
Group Number 00226785

Name	Date of Birth
John Member	9/20/1959
Janice Member	6/20/1962
Joey Member	1/9/1995

My Eligibility
My Claims
My HRA Summary

MedlinePlus
Trusted Health Information for You

Plan Summary | Coverages | Accumulators

Plan Summary

Insured:	John Member		
Address:	4344 Forest Drive Hometown, IA 99999		
DOB:	09/20/1959	Gender:	Male
Member No:	Demo000000	Group No:	300
Group Name:	Demo Medical Group		
Division No:	CC3	Division Name:	
Payor:	Right Choice Benefit Administrators (RCBA)	COBRA EE:	no

Top menu shows your plan and general health info

- Send “Express Requests” e-mails to Customer Service. Many questions are pre-formed for you. *Check “Messages” for our response.*
- Download your Medical Plan information and forms.
- “Health Information” links you to valuable health news and practical information.

Welcome: John Sample
Messages (0) Profile Logout

Home | Express Requests | Plan Documents and Forms | Health Information | Dependent Authorization

WELCOME MICHAEL SAMPLE!
Group Number 00226785

My Eligibility
My Claims
My HRA Summary

Home | Documents & Links | Documents and Links

Helpful Links

General Health

- [National Institute of Health *Top Pick*](#)
- [Medscape - Health News and Information](#)
- [Food and Drug Administration](#)
- [WebMd](#)

Diet and Nutrition

- [Diet Advice and Evaluation *Top Pick*](#)
- [Tools - Food Analyzer, Fast Food Facts and More](#)
- [Food Facts, Food Safety, and Health Management](#)
- [The Diet Channel - Find the diet for YOU!](#)

Home » Plan Documents
[East Central College HRA Summary Plan Information](#)

Home » Express Requests

[Click here to create your own question](#)

[Click here to authorize or revoke another person's permission to view your claims information form.](#)

Plan/Coverage Requests or Questions:

- [What is my coverage effective date?](#)
- [What is my HRA Balance?](#)

Claims Questions

- [Have you received my claim?](#)
- [Have you paid my claim?](#)
- [Why was my claim denied?](#)
- [My claim was paid, but why wasn't more of my claim paid?](#)
- [Did you request and receive information from me or from the provider needed to process my claim?](#)

Top menu has Dependent Authorization option

- Dependents on your plan who are 18 years or older are considered adults.
- They have to give you Access Rights for you to view their claims.
- You must give them (such as your spouse) Access Rights to view your claims.

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Welcome: John Sample
Messages (0) Profile Logout

Home | Express Requests | Plan Documents and Forms | Health Information | **Dependent Authorization**

Dependent Authorization

Due to HIPAA privacy rules, you or your family members are not able to view online claims information for your spouse or dependent over age 18 without their consent.

Access to your account
Grant or deny members on your account access to your personal health information.

Request Access
Your family member will receive an email asking them to login to the site and grant you access.

Grant/Deny Access: If you would like to authorize your adult family members (over age 18) access to your online claims information, you may do so by clicking on the **Grant** button above next to their name. You are also able to Deny access to

Authorizations

Due to HIPAA privacy rules, you or your family members are not able to view online claims information for your spouse or dependent over age 18 without their consent.

Access to your account
Grant or deny members on your account access to your personal health information

Spouse	<input type="radio"/> Grant	<input type="radio"/> Deny	(No Account)
Daughter	<input type="radio"/> Grant	<input type="radio"/> Deny	(No Account)
Son	<input type="radio"/> Grant	<input type="radio"/> Deny	(No Account)

Request Access
Your family member will receive an email asking them to login to the site and grant you access.

Spouse	Request Access
Daughter	Request Access
Son	Request Access

- Note:* Adults also can deny Access Rights by clicking the “Deny” button.

Left menu shows your personal information

- Check eligibility.
- View HRA claims.
- Click “My HRA Summary” for an outline of how your HRA Plan works.

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Welcome: John Sample
Messages (0) Profile Logout

Home | Express Requests | Plan Documents and Forms | Health Information | Dependent Authorization

WELCOME JOHN SAMPLE!
Group Number 00123456

My Eligibility

My Claims

My HRA Summary

MedlinePlus
Trusted Health Information for You

News From MedlinePlus!

Medline Health News

- Rating Robotic Surgery
- Gene Mutation's Benefit for Ovarian Cancer Patients May Not Last
- Tips to Avoid Return Trip to the Hospital
- Almost One-Third of Chemotherapy Used "Off-Label"
- As Economy Rebounds, More Folks Try Turning Back Hands of Time