



FirstView

User Reference Guide

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User Registration

USER REGISTRATION

If you are currently enrolled in the benefit plan, you may register for a user name online, and your password will be sent to you. When you log in for the first time, please change your password. Refer to the Change Password section of this guide on page 3 for more information.

Procedure: User Registration, Current Enrollees

Step	Action
1	Go to the FirstView Login Screen at https://firstview.firstadministrators.com



FAI

First
Administrators Inc

If you are already a registered user:

User Name:

Password:

Submit

[Forgot my password](#)

If you are a new user and need to register:

Register

2	Click Register on the Log-in page: <u>Result:</u> The initial User Registration page displays.
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Procedure: User Registration

3	Complete the items on the initial User Registration page. Enter your Social Security Number or I.D. Number; both are not required to register. The I.D. Number is an alternative to printing the SSN on I.D. cards and displays as XXXXXJDXXXXF.
4	Click Next . Result: The second User Registration page displays.

User Registration

Please fill in the form below. All fields are required.

Please check with your employer to verify if they have subscribed to this service. If they haven't, your benefit information will not be accessible online. Even if you are able to complete the registration process, there will be no information available online if your employer has not subscribed to this service.

EMPLOYEES: Please register with either your SSN or your I.D. Number; both are not required. If registering with your I.D. Number, please enter the information exactly as it appears on your card; if all caps, enter as all caps. Example: 00000JD0000F.

DEPENDENTS: As a registered dependent, you will only have access to your own information.

USER TYPE:

GROUP NUMBER: FIRSTVIEW TEST COMPANY

Social Security Number:

I.D. Number:

5	Complete the items on the second User Registration page.
6	When you click Next after completing the second User Registration Page, the Thank You screen displays informing you that you will receive your password via US Mail.

◆ USERNAME:

PASSWORD: **For security and privacy purposes, once you register, your password will be mailed to you by U.S. Mail to the address provided on your enrollment form.**

Address Line 1:

Address Line 2:

CITY:

STATE:

ZIP CODE:

Daytime Phone Number: EXT.

◆ EMAIL ADDRESS: I do not have an email address

Reset Password Settings

First Question :

Answer:

Second Question :

Answer:

Security

CHANGE PASSWORD

Purpose

Use the Change Password menu option for any of the following reasons:

- You have received your password in the mail after first-time registration and want to change it to something you can more easily remember.
- You believe that someone may have discovered your password and want to protect your information.
- Some other circumstance has arisen that leads you to believe it is a good time to do this.

Change Password

NEW
PASSWORD: *Password must be at least 6 characters*

CONFIRM NEW PASSWORD:

Submit

Password Rules

Your password must meet these requirements:

- You can use numbers and/or upper or lower case letters.
- Use a minimum of six and a maximum of ten characters and/or numbers.
Examples: sister, Flower51, FEATHERS, 09GLASS
- Your password cannot be the same as your user ID/user name.
- Use a word, number, or combination that is easy for you to remember.
- Don't use a password that's easy to guess.
Example: Do not use your birth date or anniversary date.
- Do not use any spaces or unusual characters.
Example 1: Do not use a slash (/) or asterisk (*).
Example 2: You can use an underscore, such as 123_4567.

Reminder

Warning: The next time you log on, you must use this new password. The old password will no longer work.

MY PROFILE

Purpose

Each registered user of the FirstView Online Benefit System has a basic profile stored in the system. Use this option to check and make changes to your profile.



Set the Reset Password Settings to use the Forgot My Password function to reset your forgotten password.

◆ Required Information	
◆ USER ID:	<input type="text" value="johndoe"/>
◆ PASSWORD:	<input type="password" value="•••••"/>
◆ CONFIRM PASSWORD:	<input type="password" value="•••••"/>
SSN:	<input type="text"/>
I.D. Number:	<input type="text"/>
◆ FIRST NAME:	<input type="text" value="JOHN"/>
◆ LAST NAME:	<input type="text" value="DOE"/>
Address Line 1	<input type="text" value="PO BOX 8150"/>
Address Line 2	<input type="text"/>
CITY:	<input type="text" value="RAPID CITY"/>
STATE:	<input type="text" value="SOUTH DAKOTA (SD)"/> ▼
ZIP CODE:	<input type="text" value="57709"/>
EMAIL ADDRESS:	<input type="text" value="test@firstadministrators.com"/>
<input type="checkbox"/> I do not have an email address. Please use my HR manager's email address.	
Daytime Phone Number	(<input type="text" value=""/> <input type="text" value=""/>) <input type="text" value=""/> - <input type="text" value=""/> ext. <input type="text" value=""/>
Reset Password Settings	
First Question :	<input type="text" value="What is your mother's maiden name?"/> ▼
Answer	<input type="text" value="joe"/>
Second Question :	<input type="text" value="What is your favorite pet's name?"/> ▼
Answer	<input type="text" value="john"/>

Reimbursement Plan Account Balance Inquiry - Balance Report

Group #: 00000 FIRSTVIEW TEST COMPANY
Certificate ID #: 0002 JOHN DOE
I.D. Number: 00000JD0002F
Social Security Number: xxx-xx-x234

To view claims detail, click on the glasses.

	Benefit Description	Annual Election	YTD Contribution	YTD Payments	Current Balance	Remaining Unused Election
Plan Year: 01/01/2008-12/31/2008						
No records						
Plan Year: 01/01/2007-12/31/2007						
	DEPENDENT CARE	2,500.00	0.00	0.00	0.00	0.00
	MEDICAL CARE REIMBURSEMENT	2,000.00	0.00	0.00	0.00	2,000.00

Please be aware that the "Remaining Unused Election" balance(s) represent the unpaid portion of your total election as of 1/21/2008. You will have until January 01, 2009 in which to incur eligible expenses for reimbursement. You will have 91 days after that to submit your claims. (If you are no longer employed by the company, submitted expenses must be incurred within your dates of employment to qualify for reimbursement.)

Reimbursement Plan Account - Claim Detail

Group #: 00000 FIRSTVIEW TEST COMPANY
Certificate ID #: 0002 JOHN DOE
I.D. Number: 00000JD0002F
Plan Year: 01/01/2007-12/31/2007
Benefit: MEDI MEDICAL CARE REIMBURSEMENT

Payments

Claim Number	Seq	Service Dates	Description	Requested Amount	Paid Amount	Not Paid Amount	Msg	Payee Name	Check Number	Print Date	Clear Date	Status
--------------	-----	---------------	-------------	------------------	-------------	-----------------	-----	------------	--------------	------------	------------	--------

Contributions

Contribution Amount	Date
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[Back](#)

5 Click Back at the bottom of the screen.
Result: The Balance Report page displays.

CLAIMS INQUIRY

Purpose

Allows you to verify the status of pending or paid claims.

Note: Only those claims that have been registered in the FAI claims system are displayed in Claims Inquiry on the Web.

Note: When you enter the service dates for the claims you want to display, the FROM and TO dates are not included in the results. If you are looking for a specific date, the FROM and TO dates should be before and after that date, respectively.

Procedure: Inquiring About a Claim

Step	Action
1	Select Claims Inquiry at the left of the page. <u>Result:</u> The initial Claims Inquiry page displays.

Claims Inquiry

Group #/Name: 00000 /

Division Number/Name: 001 / FIRSTVIEW TEST COMPANY-ACTIVE

Social Security Number: xxx-xx-x234

Certificate ID #: 0002

I.D. Number: 00000JD0002F

SELECT A NAME:

ENTER THE DATE OF SERVICE RANGE. TO ACCEPT THE DEFAULT RANGE, PRESS SUBMIT.

FROM: THRU:
MM/DD/YYYY MM/DD/YYYY




2	Does the Claim involve an insured person other than the employee (policyholder)? <ul style="list-style-type: none"> ▪ If yes, click the employee's (policyholder's) name next to SELECT A NAME: and select the person's name from the list that displays. ▪ If no, go to the next step.
3	Type the date or range of dates in which the treatment took place for the Claim you are seeking in the ENTER THE DATE OF SERVICE RANGE item. Note that the dates entered as FROM and TO are not included in the result. <u>Displayed dates:</u> Dates covering the last three months are automatically displayed. The dates displayed are not included in the results.
4	Click Submit at the bottom of the page. <u>Result:</u> The Claims Summary page displays.

Claims Summary


Group #/Name: 00000 / FIRSTVIEW TEST COMPANY
Division Number/Name: 001 / FIRSTVIEW TEST COMPANY-ACTIVE
Patient Name: JOHN DOE
Date of Service Range: 08/29/2003 - 11/27/2007 [Modify](#)
Primary SSN: xxx-xx-x234
Certificate ID # 0002
I.D. Number: 00000JD0002F

Claims:

To view claims detail, click on the glasses.

View Detail	Date of Service	Provider Name	Ttl. Chg.	Ttl. Amt. Pd.	Last Pmt. Date	Status	Document#
	6/9/2004 - 6/9/2004	46-0218851 RAPID CITY MEDICAL CENTER	\$285.00	\$0.00		In Progress	0416102507
	6/9/2004 - 6/9/2004	46-0319070 RAPID CITY REGIONAL HOSPITAL	\$1,560.00	\$1,076.00		In Progress	0416102518
	4/15/2007 - 4/15/2007	46-0224743 AVERA MCKENNAN HOSPITAL	\$100.00	\$0.00		In Progress	0712303799

Procedure: Reviewing the Claim Detail page

Step	Action
1	Review the desired information. Do you want to view more detail about any Claim listed? <ul style="list-style-type: none"> If yes, click the View Detail button  to the left of the Claim. Result: The Claim Detail page displays. <ul style="list-style-type: none"> If no, go to step 4.

Claim Detail



Group #/Name: 00000 / FIRSTVIEW TEST COMPANY
Division Number/Name: 001 / FIRSTVIEW TEST COMPANY-ACTIVE
Patient Name: JOHN DOE [Contact Us about This Claim](#)
Date of Service Range: 8/29/2003 - 11/27/2007 [Return to Claim Summary](#)
Primary SSN: xxx-xx-x234 [EOB/Checks](#)
[Click here to download Adobe Acrobat Reader](#)
Certificate ID # 0002
I.D. Number: 00000JD0002F

Date of Service	Provider Name	Ttl. Chg.	Ttl. Amt. Pd.	Last Pmt. Date	Status	Document#
6/9/2004 - 6/9/2004	RAPID CITY REGIONAL HOSPITAL	\$1,560.00	\$1,076.00		In Progress	0416102518

Status	Date of Service	Chg. Amt.	Inelg. Amt.	Message	Contract Discount	Ded. Amt.	Co-Pay Amt.	Patient Coins.	Paid Amt.
In Progress	6/9/2004	\$1,560.00	\$0.00	No	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CLAIMS PAYMENTS/EOBs

Date	Amt.	Payee	Ck.#	EOB#	Check Clear Date
------	------	-------	------	------	------------------

2	<p>Review the information. Do you see a code in the Message column?</p> <ul style="list-style-type: none"> ▪ If yes, click the code in the Message column. <p><u>Result:</u> A new window opens that displays the message code and an explanation. If there was an asterisk next to the text in the Message column, there are multiple messages related to this Claim. All of the message codes and explanations related to this Claim display.</p> <ul style="list-style-type: none"> ▪ If no, go to the next step.
3	<p>Click Close when you have read the explanation.</p> <p><u>Result:</u> The message explanation closes and leaves the Claim Detail page in view.</p>
4	<p>Do you want to view an electronic copy of the EOB?</p> <ul style="list-style-type: none"> ▪ If yes, click the EOB/Checks button to the right of the SSN.  <p><u>Result:</u> The EOB will display in PDF format. Electronic EOBs are only available for claims with dates of service after 1/1/06 and after the claim has been funded.</p>
5	<p>Do you have a question about this particular claim?</p> <ul style="list-style-type: none"> ▪ If yes, click the Contact Us about This Claim button to the right of the patient name.  <p><u>Result:</u> The Contact Us Screen displays. Contact information is available and an online inquiry can be submitted to First Administrators.</p>
6	<p>Click Return to Claim Summary at the top of the page.</p> <p><u>Result:</u> The Claims Summary page displays.</p>
7	<p>Do you want to view the detail about any other claim listed?</p> <ul style="list-style-type: none"> ▪ If yes, repeat steps 1-4. ▪ If no, go to the next step.
8	<p>Do you want to change the dates for the time period that covers the claim you are checking on?</p> <ul style="list-style-type: none"> ▪ If yes, click Modify at the left of Date of Service in blue text. <p><u>Result:</u> The Claims Inquiry page displays again.</p> <ul style="list-style-type: none"> ▪ If no, you have completed the procedure.

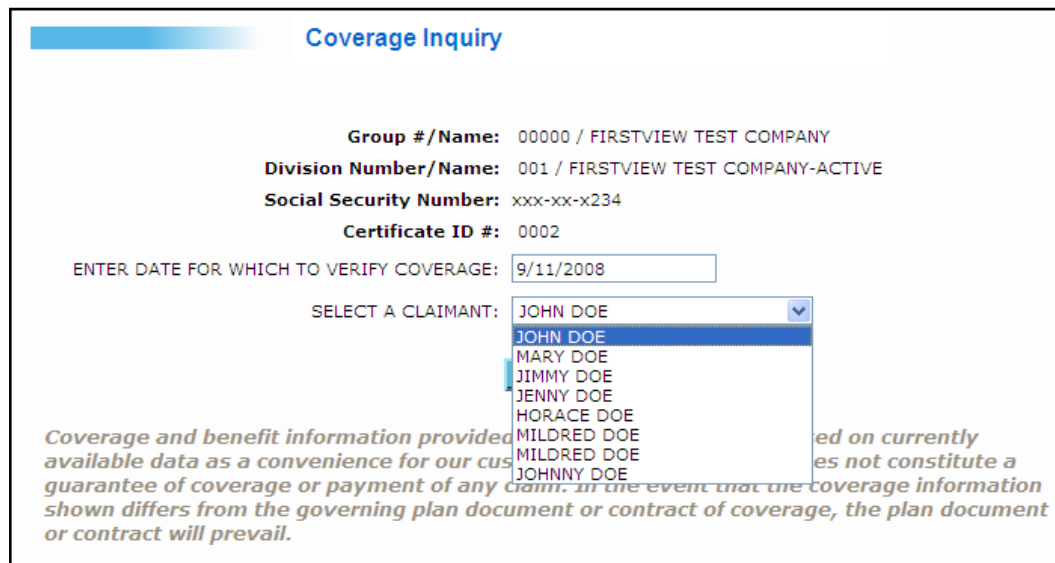
COVERAGE INQUIRY

Purpose

Allows you to verify the status of coverage for you or your covered dependents.

Procedure: Inquiring Eligibility and Benefits

Step	Action
1	Select Coverage Inquiry at the left of the page. <u>Result:</u> The initial Coverage Inquiry page displays.



Coverage Inquiry

Group #/Name: 00000 / FIRSTVIEW TEST COMPANY
Division Number/Name: 001 / FIRSTVIEW TEST COMPANY-ACTIVE
Social Security Number: xxx-xx-x234
Certificate ID #: 0002

ENTER DATE FOR WHICH TO VERIFY COVERAGE: 9/11/2008

SELECT A CLAIMANT: JOHN DOE
 JOHN DOE
 MARY DOE
 JIMMY DOE
 JENNY DOE
 HORACE DOE
 MILDRED DOE
 MILDRED DOE
 JOHNNY DOE

Coverage and benefit information provided is based on currently available data as a convenience for our customers. It does not constitute a guarantee of coverage or payment of any claim. In the event that the coverage information shown differs from the governing plan document or contract of coverage, the plan document or contract will prevail.

2	Do you wish to view coverage information for an insured person other than the employee (policyholder)? <ul style="list-style-type: none"> ▪ If yes, click the employee's (policyholder's) name next to SELECT A NAME: and select the person's name from the list that displays. ▪ If no, go to the next step.
3	Click Submit at the bottom of the page. <u>Result:</u> The Eligibility Page displays.

Items and Descriptions - Eligibility Page

This table lists and describes the items for the Eligibility page.

Item	Description
Case Number/Name	The number and the name of the company or group to which the employee belongs.
Division Number/Name	The division the employee is currently listed under.
Certificate ID#	The individual identifier in FAI's claims system.
Insured Policy/Plan	The Policy and Plan number separated by a slash.
Requested Date of Service	The date the service provided for which coverage inquiry is sought.

Eligibility

Case Number/Name: 00000 / FIRSTVIEW TEST COMPANY
Division Number/Name: 001 / FIRSTVIEW TEST COMPANY-ACTIVE
Certificate ID #: 0002
I.D. Number: 00000JD0002F
Individual Policy/Plan: 00000/
Requested Date of Service: 11/27/2007

Individual Section	
Individual SSN	The masked social security number of the primary insured.
Name	Name of the primary insured on the group insurance.
Address	The address of the primary insured.
Birth Date	The birth date of the primary insured.
Effective Date	The date on which the primary insured became effective in the system.
Term Date	The date on which the primary insured was terminated in the system.
Home Phone	The home telephone number of the primary insured.

Individual:	
Individual SSN: xxx-xx-x234	
Name: JOHN DOE	
Address Line 1 512 MAIN STREET	
RAPID CITY, SD 57701	
Birth Date: 01/01/1955	
Effective Date: 01/01/2003	
Term Date:	
Home Phone: 605-399-7344	

Claimant Section	
Patient Name	Name of the insured whose coverage you are verifying.
Birth Date	The birth date of the insured whose coverage you are verifying.
Effective Date	The effective date of coverage of the insured whose coverage you are verifying.
Term Date	The termination date of coverage of the insured whose coverage you are verifying.

Claimant:	
Claimant Name: JOHN DOE	
Birth Date: 01/01/1955	
Effective Date: 01/01/2003	
Term Date:	

Plan Documents Section	
Document	The title of the document.
Effective Date	The effective date of the document.

The document opens in PDF format, allowing the user to search, save, etc. Amendments are delineated by a red box with a description within the box. To view the amendment, click within the red box. The amendment will open in PDF format.

Documents:	
Document	Effective Date
FirstView SPD.pdf	06/01/2004

Benefit Codes	
Benefit	The name of the Benefit Code.
Abbreviation	The abbreviation of the Benefit Code as defined in GBAS.
Description 1	The first line of the description of the Benefit Code from the Benefit Parameter file in GBAS. (Limit of ten characters)
Description 2	The second line of the description of the Benefit Code from the Benefit Parameter file in GBAS. (Limit ten characters)
Term Date	The date the Benefit was terminated for this Individual or Claimant. If this field is blank, the Benefit has not been terminated.

Benefit Codes:					
Benefit	Abbreviation	Description 1	Description 2	Effective Date	Term Date
21	FAM HLTH	HEALTH	FAMILY	05-01-2007	
DF	FAM DENT	DENTAL	FAM DENT	05-01-2007	


Accumulators	
<u>Note:</u> The Accumulators section only displays if accumulators have been properly set up in GBAS for the individual selected.	
Accumulator	The name of the deductible, out-of-pocket expense, co-pay, or lifetime maximum being detailed on this line.
Individual Max	The maximum amount that this Individual can be required to pay out-of-pocket toward this accumulator for the year.
Individual Met	The amount that the Individual has already paid out-of-pocket toward that maximum amount for this accumulator for the year.
Family Max	The maximum amount that the Individual's family can be required to pay out-of-pocket toward this accumulator for the year.
Family Met	The amount of the Family Max that the Individual's family has already paid out-of-pocket for this accumulator for the year.
Click here to download Adobe Acrobat Reader	Your Benefit Plan documents may be published in a format known as PDF, which requires a program that can read this format. This link is to a free downloadable PDF reader known as Acrobat Reader

Accumulators:				
Accumulator	Individual Max	Individual Met	Family Max	Family Met
DEDUCTIBLE	500.00	500.00	1000.00	500.00
COINSURANCE	2500.00	162.27	5000.00	162.27
LIFETIME	2000000.00	17964.66		

LINKS

Purpose

The Links menu option takes you to a page where links to sites and documents that may be of interest or assistance to you can be accessed.



Links

First Administrators, Inc.

Medical Reference Websites:

[Medline Plus](#)

[MedicineNet](#)

PPO Networks

[SelectFirst™ \(formerly Wellmark Select\)](#)

[Beech Street](#)

Pharmacy Benefit Manager

[Medco Health](#)

NOTES
