

# **MEMBER PORTAL GUIDE**

As a feature of your health care benefits, Union Health-An Integrated Health Plan provides **secure** internet access to give you the Information you need anytime you need it. **To access the member portal, visit** <u>www.unionintegratedhealthplan.org</u>.

Some of these services are:

### • Claims

Integrated Health Plan provides quick access to your claims status and eligibility information. You can track your medical claims as they move through the Integrated Health Plan claims processing system.

### • Forms

Finding a claim form is just two clicks away. By clicking on Members and then Forms you have instant access to important Integrated Health Plan forms.

### • Resources

Up-to-date information and references include:

- o Frequently Asked Questions
- Useful information at your fingertips about Integrated Health Plan, how to contact us, and answers to questions about our products and services
- o Helpful Links
- o Commonly used website resources

CONTACT US: (812) 645-2652 Member.Services@unionihp.org

## 1. Creating an Account

To create a login for the Integrated Health Plan Member Portal, an active member will need to create an account.





From access to care coordinators to the ability to talk to a physician online, our plans have one thing in common, to keep you feeling your best. We provide simple and easy to understand health benefits that fit your life, your needs, and your goals. Signup today or login if you're already a member. Welcome to Union Health an Integrated Health Plan.



Local: 812-645-2652 Toll-Free: 833-324-0675 TTY: 800-743-3333 Ext 711

Website: www.unionintegratedhealthplan.org

# Sign into your account

sword		
Sign in	Create accour	it

Manage your account

You'll get access to your benefits, claims, important documents and more.

View your plan benefits and summaries

Forgot your username or password?

A license agreement screen will display, and the member will need to click the Accept Box.

#### License Agreement

Please read the License Agreement. Click "Next" to continue or "Cancel" to go back to the login page.

License Agreement	
	A
License Grant. This is a legal Agreement between you and the producers of this website. T website, you are agreeing to be bound by this Agreement. In consideration of your agreem transferable, limited, terminable license to access and use the website under the laws of th granted in this Agreement.	he terms of this Agreement govern your use of and access to this website. By using this int to these terms and for other valuable consideration, you are granted a nonexclusive, non- a United States. The producer of this website, Healthx Inc., reserves all rights not expressly
Restrictions. This website is protected by United States copyright law, international treaty p copying of or access to this website is expressly forbidden. You may not copy, disclose, loa by any other person, except that you may allow your spouse or immediate family to use the process your own data. You agree not to misuse, abuse, or overuse beyond reasonable an disassemble, decompile or otherwise examine the source program code behind this websit is caused or incurred by your failure to abide by the terms of this Agreement.	ovisions, and trade secret, trade dress and other intellectual property laws. Unauthorized n, rent, sell, lease, give away, give your password to or otherwise allow access to this website website for the purpose of processing your own data. You agree to only use this website to ounts, this website. You agree not to attempt to view, disclose, copy, reverse engineer, e. You may be held legally responsible for any copyright infringement or other unlawful act that
Term and Termination. This license is effective until terminated by either you or the produce with any provisions of this Agreement. The provisions of this Agreement which by their natu. Agreement, including but not limited to the sections relating to Restrictions, Content of the Governing Law.	rs of this website. This license will automatically terminate without notice if you fail to comply re extend beyond the termination of this Agreement shall survive termination of this Vebsite, Links to Third Party Websites, Disclaimer of Warranties, Limitation of Liability, and
Content of the Website. The insurance products, data, and other information referenced in representations regarding the products, data, or any information about the products. We ar claims regarding the products or data must be directed to the appropriate provider or vendor of the approximate provider or vendor of the approxi	he website are provided by parties other than the producer of the website. We make no not liable for errors in data or transmission or for lost data. Any questions, complaints, or r.
Links to Third Party Websites. The hypertext links in the website let you leave our website. contents of any linked website. We are providing these links to you only as a convenience,	The linked websites are not under our control, and therefore we are not responsible for the and the inclusion of any link does not imply any endorsement by the producers of the site.
Z Accept	
Canoel	Next

The member will complete the fields and click Next.

ease refer to your ID card to assist you in completin	g the steps on this screen.			
Member ID				
First Name				
Sam				
Last Name				
Jones				
Date of Birth				
05/11/1956				
ormat mm/dd/yyyy				
Cancel	Previous	;	Next	

### **Create Login Information**

Username: Must be at least 3 in length, beginning with a letter. Characters accepted are: alpha-numeric, . (dot), - (dash) and @ Paseword: Must be at least 8 characters in length; and can use alpha numeric and the following special characters: -\_\_1#\$%&\*@~^\?/ Enter a valid e-mail address Select 3 security questions (for password reset or forgot password service) Click on "Next" at the bottom of the page

Username			Don't have an email account?
1			This shares in a set of second states of the set of second s
Emall Address			This site requires a valid email address. If you do not have an email address, you may create a FREE Email account with one of these popular providers:
Confirm Email Address			- <u>Gmail</u> - <u>Yahoo!</u> - <u>Hotmail</u>
Password			
Confirm Password			
Security Question 1			
Select Question	~		
Security Question 2			
Select Question	~		
Security Question 3			
Select Question	<b>~</b>		
Cancel	Previous	Next	

The security screen will display, and member will need to follow instructions.

The Two-Factor Authentication screen will display, and member will need to choose how to receive the notification (Text, Mobile, Email verification).



Enter the chosen method. A display box will appear:

	entication	
e <mark>t up text m</mark> essage verifi <b>e</b>	ation	
enable this method, we must first so confirm the phone number below an	end a one-time security code to yo td click Send code.	ur mobile phone number. Enter
hone Number		8end oode
ne-time security code		
idn't receive a code? Resend		
[	Enable Cancel	

Enter the required information and then click on Send Code.

Once you receive the security code enter that number in the One-Time Security Code Field and click on *Enable the finish*. The member is now logged into the Member Web Portal.

A confirmation will display to confirm, and the member will click on Finish.

## 2. Log-in Screen





From access to care coordinators to the ability to talk to a physician online, our plans have one thing in common, to keep you feeling your best. We provide simple and easy to understand health benefits that fit your life, your needs, and your goals. Signup today or login if you're already a member. Welcome to Union Health an Integrated Health Plan.

Contact Us



Local: 812-645-2652
Toll-Free: 833-324-0675
TTY: 800-743-3333 Ext 711

Website: www.unionintegratedhealthplan.org

Username	
Password	
Sign in	Create account

Manage your account



For additional security, we need to verify your identity before you can sign in to the account.

We sent a one-time security code to (\*\*\*) \*\*\*-1347.

Once you receive it, please enter it below. If you have not received the code or still have trouble signing in, please call member services.

One-time security code

-----

Didn't receive a code? Resend

Remember this device for 30 days

Do not check if you are on a public or shared computer.



Back

## 3. Home, Coverage & Benefits and Claim



Manage your health & wellness

Deductible and out-of-pocket balances

The member can click on a message to see the details.



Selected items 🗸

In the Member Profile screen, the member can manage his profile and security options.

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HEALIH AN INTEGRATED HEALTH PLAN		MESSAGES PROFILE LOGOUT
HOME	COVERAGE & BENEFITS	CLAIMS
Account Information		
First Name: Sam		
Last Name: Jones		
"Username:		
lest.samjones		
Account created: 8/20/2020		
Email: arice@healthx.com		
Address: 4161 E 96th St Indianapolis. IN 46240		
Lindata Annunt Information		
Change your password Please enter your current password in order to change any settings	on this page.	
Current Password:		
New Deseword		
New Password:		
New Password:		
Verify New Paseword:		
New Password:		
Verify New Paseword: Verify New Paseword: Security Questions In what city were you born? (Enter full name of city only)	∽]	
Verify New Password:  Verify New Password:  Security Questions In what city were you born? (Enter full name of city only)	~	
New Paseword: Verify New Paseword: Security Questions In what city were you born? (Enter full name of city only)	<ul> <li>✓</li> </ul>	
Verify New Password:  Verify New Password:  Security Questions  In what city were you born? (Enter full name of city only)   What is the name of the first company you worked for?   *****	<ul> <li>✓</li> </ul>	
Werthy New Paseword:  Verthy New Paseword:  Security Questions  In what city were you born? (Enter full name of city only)  What is the name of the first company you worked for?  What is the first name of your oldest niece?	<ul> <li>✓</li> <li>✓</li> </ul>	
New Password:         Verify New Password:         Security Questions         In what city were you born? (Enter full name of city only)         *****         What is the name of the first company you worked for?         *****         What is the first name of your oldest niece?         *****	<ul> <li>✓</li> <li>✓</li> </ul>	

From the Home Screen, the member can click the *View All Claims* which navigates the member to the Claims tab which displays all claims and there is a filter feature to assist with searching.



#### Showing S Claims for All Users

Export Results (CSV)

CLAIM NUMBER	PATIENT NAME	BERVICE DATE	TOTAL CHARGE	PROVIDER
4908852432	Jones, Daniel	1/3/2018	\$485.23	DR. Connie Straker, MD
634586714	Jones, Sam	12/14/2017	\$9,831.72	DR. Betty Bayerl, MD
5160754348	Jones, Daniel	12/14/2017	\$6,233.72	DR. Connie Straker, MD

A member can grant other members access to their own data, by clicking on Claims Access Authorization.



Deductible and out-of-pocket balances

That screen displays all members on the plan and which access they would like to grant.



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.

Grant/Deny Access: If you would like to authorize your family members access to your online claims information, you may do so by clicking on the Grant button below next to their name. You are also able to Deny access to your online claims information. Note: You are only able to grant/deny access to family members that have an online account.

Request Access: If you would like to request access to one of your family members online claims information, you may click on Request Access, next to their name below, and send an email to your family member requesting they authorize your access. They will need to sign up for an online account to grant your access to their information.

#### Access to Your Account

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

Elizabeth Jones	O Grant Access	O Deny Access
Daniel Jones	O Grant Access	O Deny Access
Alicia Jones (No Account)	<ul> <li>Grant Access</li> </ul>	O Deny Access

### Request Access

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

O Elizabeth Jones O Daniel Jones O Alicia Jones



## 4. Request an ID Card

A member can request an ID Card by clicking on Request your ID Card.



Request and ID Card populates these fields from the Member's Profile. The member chooses the quantity of cards requesting, then clicks on the *Submit* button.

### Member ID Card Request

Member First Name:*
Sam
Member Last Name:*
Jones
Member ID:*
1111111100
Group Number:*
100
Number of serge requested:* Select One - E-mail.*
arice@healthx.com
Book Submit

### Once submitting the request, an acknowledgement pops up.

Tracking #10725768 Sent by Admin Team on 10/29/2020. 5-4T Member ID Card Reply Thank you. Your request has been submitted. Thank you. Your request has been submitted. Request Date: 10/20/2020 Member First Name: Sam Member Last Name: Jones Member ID: 11111111100 Group Number: 100 Username: test.samjones. Number of cards requested: 2 E-mall: arice@healthx.com Thank you for submitting your ID Card request. The cards will be sent as soon as possible. If we have any issues with the request, we will contact you via email.



## 5. View Claims

The member has the option to navigate to their claims also by clicking on See your latest claims button.



## 5. Find a Provider

The member can access the Provider Directory by clicking on the Is my provider in-network and completing the form.



	HOME	COVERAGE & BENEFITS	CLAIMS	
--	------	---------------------	--------	--

First Name:		 	
Sam			
Last Name:			
Jones			
Member ID:*			
1111111100			
PCP Name:*			
John Smith			
PCP Location:			
Columbus, INdian	з		
Other:			

A message is sent to Integrated Health Plan Member Services making the inquiry and an acknowledgement will be displayed.

HOME	COVERAGE & BENEFITS	CLAIMS	
Tracking #10725845 Sent by Sam Jones on 10/29/2020. ™™			
Is my provider in-network?			
First Name: Sam			
Last Name: Jones			
Member ID: 11111111100			
PCP Name: John Smith			
PCP Location: Columbus, INdiana			
Other:			
Close			

### 6. Deductible and out-of-pocket balances

By clicking View all balances, it will navigate the member to the Coverages and Benefits Tab.



# 7. Coverage and Benefits Tab

This tab will display the member's provider and demographics.

Viewing Information for: San	n Jones 🗸		
View my ID Card			
Coverages and be	enefits		
I have a general plan or ooverage	quection		
Personal Info			
Personal Info Member Name:	Sam Jones	Relationship to Subscriber:	Insured (Policyholder/Employee)
Personal Info Member Name: Member ID:	Sam Jones 11111111100	Relationship to Subscriber: SSN:	Insured (Palicyholder/Employee) 111111110
Personal Info Member Name: Member ID: Date of Birth	Sam Jones 11111111100 1/5/1962	Relationship to Subscriber: \$\$N: Gender:	Insured (Policyholder/Employee) 111111110 M

#### Contact Info

Main Address 1:	4161 E 96th St
Main Address 2:	
Main City:	Indianapolis
Main State:	IN
Main Zip:	46240

### Plan Info

Group Name:	Circle City	Group Number:	100
Member Number:	1111111100	Date of Birth:	1/5/1962
Relationship:	Insured (Policyholder/Employee)		

### This page displays the member out-of-pocket amounts.

#### Coverage Info

Error: Cannot read property 'toLowerCase' of null. Error: Cannot read property 'toLowerCase' of null.

#### My Balances

NAME	TYPE	COVERAGE		MAXAMOUNT	PERCENT NET
Chiropractic	Family	Chiropractic	\$0.00	\$3.00	
Chiropractic	Family	Chiropractic	\$1.00	\$3.00	
Chiropractic	Individual	Chiropractic	\$0.00	\$3.00	
Chiropractic	Individual	Chiropractic	\$1.00	\$3.00	
Dental	Individual	D	\$200.00	\$1.500.00	
Dental	Family	Dectal	\$0.00	\$400.00	
Dental	Family	Dental	\$0.00	\$400.00	
Dental	Individual	Dental	\$0.00	\$2.500.00	
Dental	Individual	Dental	\$0.00	\$500.00	
Dental	Freely	Dental	20.00	\$360.00	
Dental	Family	Dental	30.00	\$7,500.00	
Dental	Family	Dental	\$0.00	\$7,500.00	
Dental	Individual	Dental	\$0.00	\$4,000.00	
Dental	Individual	Dental	\$0.00	\$2,000.00	
Dental	Individual	D	\$300.00	\$300.00	
Medical - Family	Family	м	\$900.00	\$900.00	
Medical	Individual	м	\$1,035.00	\$1,500.00	
Medical	Individual	м	\$175.00	\$500.00	
Medical	Family	Medical	\$275.00	\$3,500.00	•
Medical	Family	Medical	\$833.80	\$3,500.00	
Medical	Individual	Medical	\$100.00	\$3,000.00	•
Medical	Individual	Medical	\$238.54	\$1,000.00	
Medical	Family	Medical	\$275.00	\$20,000.00	
Medical	Family	Medical	\$833.80	\$20,000.00	•
Medical	Individual	Medical	\$100.00	\$6,000.00	
Medical	Individual	Medical	\$238.54	\$4,000.00	•
Vision	Family	Vision	\$135.00	\$1,000.00	<u> </u>
Vision	Family	Vision	\$407.45	\$1,000.00	
Vision	Individual	Vision	\$75.00	\$2,500.00	
Vision	Individual	Vision	\$103.35	\$500.00	
Vision	Family	Vision	\$135.00	\$3,000.00	•
Vision	Family	Vision	\$407.45	\$3,000.00	<u> </u>
Vision	Individual	Vision	\$75.00	\$4,000.00	
Vision	Individual	Vision	\$103.35	\$2,000.00	•