



A Member's Guide To Registering on the myPromiseHealthPlan.com Member Portal

To register as a member on the **myPromiseHealthPlan.com** member portal for the first time, you will need to follow these steps:

Step One: Create an Account

Go to the **myPromiseHealthPlan.com** member portal and select the **Create Your Account** button under the Participant section. Each plan member will need to create their own account.

Promise Health Plan

[Español](#)

Log in

Username

Password

[Forgot your password?](#)
[Forgot your username?](#)

Register

Member
Find a provider, check claim status, manage your health and more.
CREATE YOUR ACCOUNT

Broker
Keep tabs on your clients' plan and access reports.
CREATE YOUR ACCOUNT

Employer/Client
Manage employee coverage and eligibility, view claims and view reports.
CREATE YOUR ACCOUNT

Provider
Check the status of your patients' claims and confirm their eligibility history.
CREATE YOUR ACCOUNT

Note: If at any time, you forget your username or password, you can select the appropriate link under the login button on the home page, and then follow the prompts.

Step Two: Activation

- Enter the required fields with information from your ID card.
- Click **"Next"**.

Activation

Let's get started!

To keep this simple, all of the fields below are required.

Your Member ID or SSN

Your Last Name

Your ZIP/Postal Code

Your Date of Birth

NEXT

Promise Health Plan

Member Information:

- Member: JOHN SMITH
- Member ID: 002345678
- Employer: ABC Company
- Group ID: 1234
- Customer Service: 855-504-6363
- Service: www.myPromiseHealthPlan.com

Member Responsibility:

- Next Promise Tier 2: First Network's Health Network \$60-\$75
- Primary/Secondary Member Cost: \$0-\$100
- Urgent Care/Emergency Room: \$0-\$100
- Co-insurance/Out-of-Pocket: \$100-\$2000 / \$1000-\$5000
- Out-of-Pocket Max/Per Year: \$1000 / \$5000

Your Pharmacy Plan:

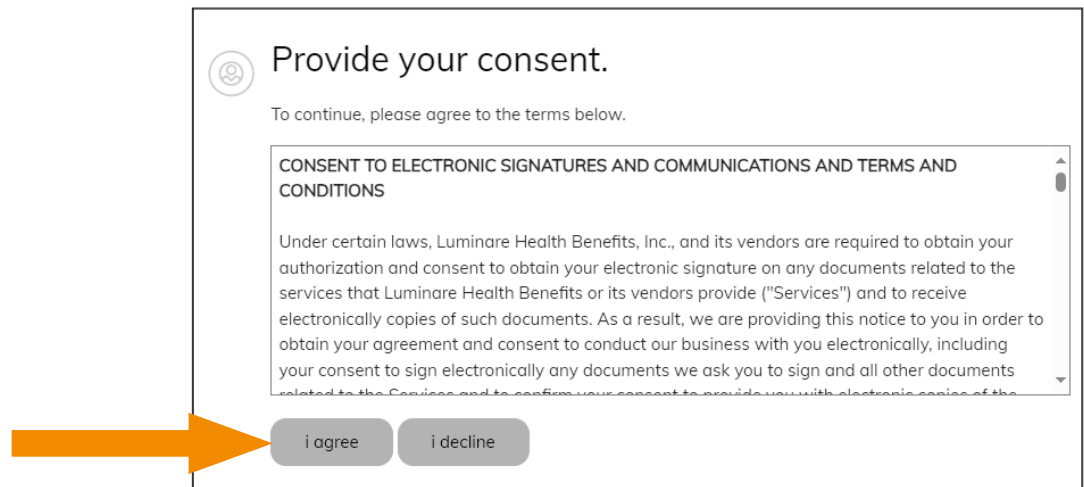
- Plan: HMO
- Pharmacy: 855-504-6363
- Network: PPO
- Member: 855-504-6363
- Address: 12345
- Phone: 855-504-6363
- Website: www.myPromiseHealthPlan.com

NOTICE: Care must be obtained for services as specified in the member plan. The plan does not guarantee coverage or payment for the services or procedures covered. Please call the number on this card to verify eligibility.

THIS CARD DOES NOT GUARANTEE ELIGIBILITY FOR PAYMENT

Step Three: Provide Your Consent

Click "I agree" to accept the consent to electronic signatures and communications and terms and conditions.



The screenshot shows a consent form titled "Provide your consent." with a sub-header "To continue, please agree to the terms below." The main text is titled "CONSENT TO ELECTRONIC SIGNATURES AND COMMUNICATIONS AND TERMS AND CONDITIONS" and explains that Luminare Health Benefits, Inc. and its vendors require electronic signatures and communications. At the bottom, there are two buttons: "I agree" and "I decline". An orange arrow points to the "I agree" button.

Provide your consent.

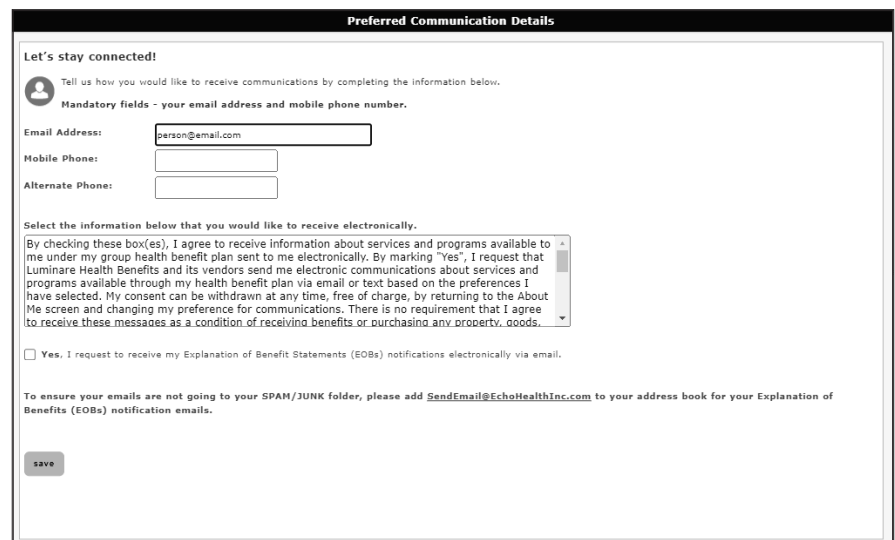
To continue, please agree to the terms below.

CONSENT TO ELECTRONIC SIGNATURES AND COMMUNICATIONS AND TERMS AND CONDITIONS

Under certain laws, Luminare Health Benefits, Inc., and its vendors are required to obtain your authorization and consent to obtain your electronic signature on any documents related to the services that Luminare Health Benefits or its vendors provide ("Services") and to receive electronically copies of such documents. As a result, we are providing this notice to you in order to obtain your agreement and consent to conduct our business with you electronically, including your consent to sign electronically any documents we ask you to sign and all other documents related to the Services and to confirm your consent to provide you with electronic copies of the

Step Four: Contact Information

Enter your contact information in the fields below. You must enter your email address and at least one phone number.



The screenshot shows a form titled "Preferred Communication Details" with the heading "Let's stay connected!". It asks the user to tell how they would like to receive communications by completing the information below. The form includes fields for "Email Address" (pre-filled with "person@email.com"), "Mobile Phone", and "Alternate Phone". Below these fields, there is a section for selecting how the user wants to receive information electronically, with a checkbox for "Yes, I request to receive my Explanation of Benefit Statements (EOBs) notifications electronically via email." and a "Save" button at the bottom.

Preferred Communication Details

Let's stay connected!

Tell us how you would like to receive communications by completing the information below.

Mandatory fields - your email address and mobile phone number.

Email Address:

Mobile Phone:

Alternate Phone:

Select the information below that you would like to receive electronically.

By checking these box(es), I agree to receive information about services and programs available to me under my group health benefit plan sent to me electronically. By marking "Yes", I request that Luminare Health Benefits and its vendors send me electronic communications about services and programs available through my health benefit plan via email or text based on the preferences I have selected. My consent can be withdrawn at any time, free of charge, by returning to the About Me screen and changing my preference for communications. There is no requirement that I agree to receive these messages as a condition of receiving benefits or purchasing any property, goods.

☐ Yes, I request to receive my Explanation of Benefit Statements (EOBs) notifications electronically via email.

To ensure your emails are not going to your SPAM/JUNK folder, please add SendEmail@EchoHealthInc.com to your address book for your Explanation of Benefits (EOBs) notification emails.

Step Five: Verification

- Click **"Start"** next to the communication method you would like to verify and a code will be sent to the email address or mobile phone number you provided.
- Enter the verification code in the indicated field.
- Click **"Next"** to continue

The first screenshot shows the 'Verification' screen with the instruction 'We will need to verify your information before continuing.' and 'Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.' There are two input fields: 'Email Address' (with 'email@email.com' entered) and 'Mobile Phone' (with a masked number and an 'x' icon). Both fields have a 'START' button next to them. An orange arrow points to the 'START' button for the Email Address field.

The second screenshot shows the same 'Verification' screen but with a message: 'Please enter the verification code that has been sent to your Mobile Phone in the field below.' Below this, there are three input fields: 'Email Address' (masked), 'Mobile Phone' (with '111-111-1111' entered), and 'Verification Code' (empty). The 'Email Address' and 'Mobile Phone' fields have 'START' buttons, and the 'Verification Code' field has a 'VERIFY' button. An orange arrow points to the 'VERIFY' button.

The third screenshot shows the 'Verification' screen with a success message: '✓ Your code is correct! Click 'Next' below to continue.' Below this, there are two input fields: 'Email Address' (masked) and 'Mobile Phone' (masked). Both fields have 'START' buttons. The 'Mobile Phone' field also has a 'NEXT' button. An orange arrow points to the 'NEXT' button.

Step Six: Personalization

Create your profile by choosing a user name and password. Answer three security questions and click **"Next."**

The 'Personalization' screen has the title 'Create your profile.' and includes fields for 'User Name', 'Password' (with a note 'At least 8 characters'), and 'Re-enter Password' (with a note 'Confirm password'). Below these fields, it says 'Let's keep this secure — answer these 3 security questions.' and 'Remember your answers as you will use these questions in the future if you forget your password!'. There are three security questions, each with a dropdown menu to 'Select a security question' and a text field to 'Enter your answer'. An orange arrow points to the 'NEXT' button at the bottom of the form.

Once you're registered on this site, please be sure to bookmark it as a favorite, and return directly to the **myPromiseHealthPlan.com** member portal for all future visits.

