

myPromiseHealth.com

Member User Guide



Table of Contents

- Registration..... 4
 - Step One: Create Account..... 4
 - Step Two: Activation 5
 - Step Three: Provide Consent 6
 - Step Four: Contact Information 6
 - Step Five: Verification..... 7
 - Step Six: Personalization 7
- Navigation Menu 8
- Dashboard (Home) 9
- Claims & Expenses..... 12
 - Claims & Expenses Summary 12
 - Claim Details 15
 - Submit a Claim 20
 - View Balances..... 22
- Benefits & Coverage Personal Information 25
 - Personal Information..... 25
 - Summary of Benefits 29
 - Documents & Letters..... 32
 - Benefit Lookup Tool..... 34
- Find Care..... 39
 - Provider Finder..... 39
- ID Card Wallet 41
- Message Center..... 42
- My Account..... 44

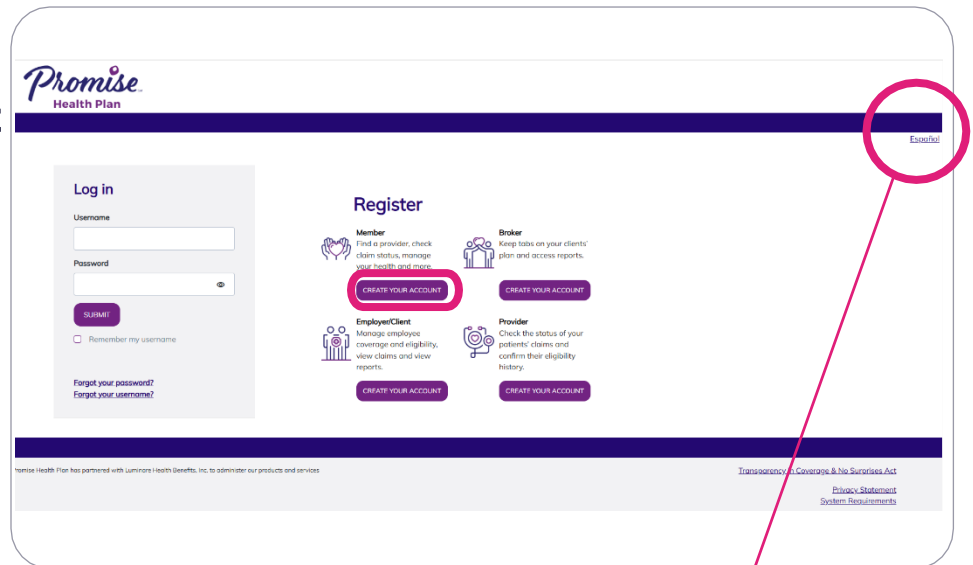
Registration

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

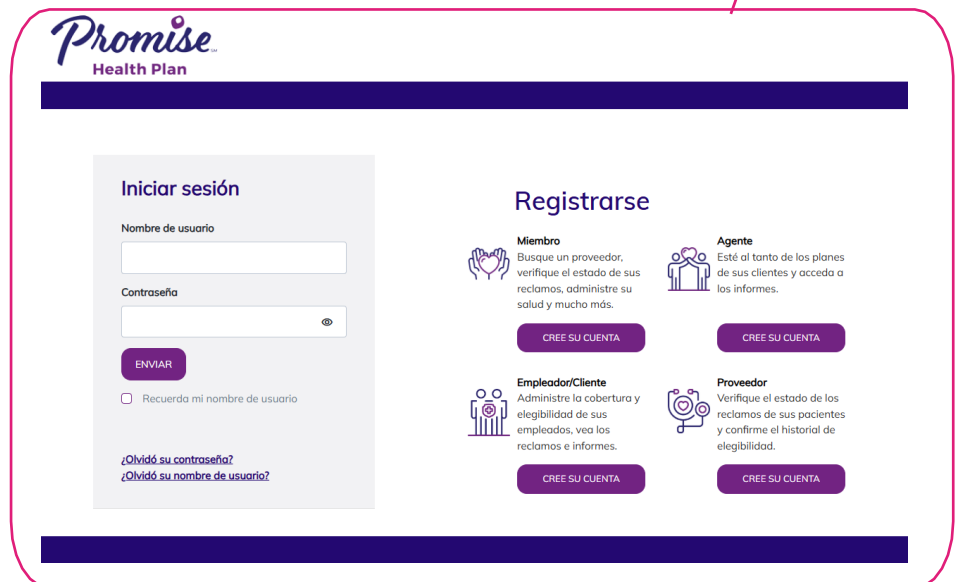
Step One: Create Account

Go to myPromiseHealthPlan.com and select the **Create Your Account** button under the Plan Participant section.

Each plan member will need to create their own account.



Also available in Spanish.



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

- a. Enter the required fields with the information from your ID card.
- b. 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

Step Three: Provide Consent

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

Consent

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

I Agree

I Decline

Step Four: Contact Information

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

Communication

Enter your contact information.

You must enter your email address and at least one phone number.

Email Address

email@email.com

Mobile Phone

555-555-1212

Alternate Phone

555-555-1212

Next

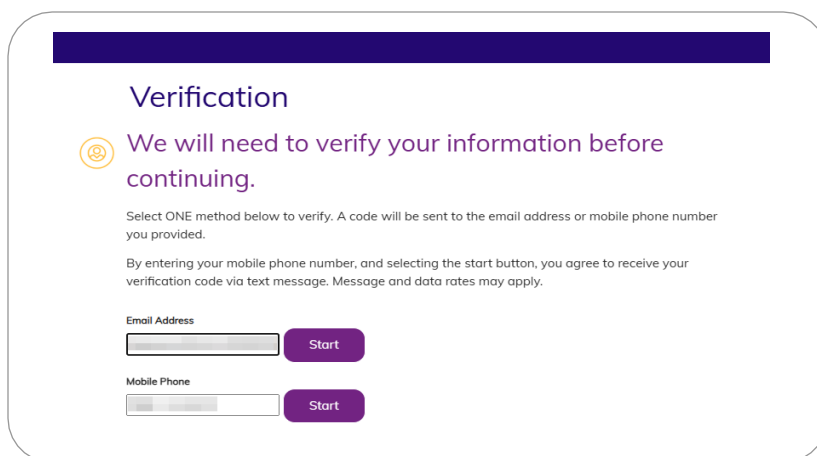


Step Five: Verification

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.

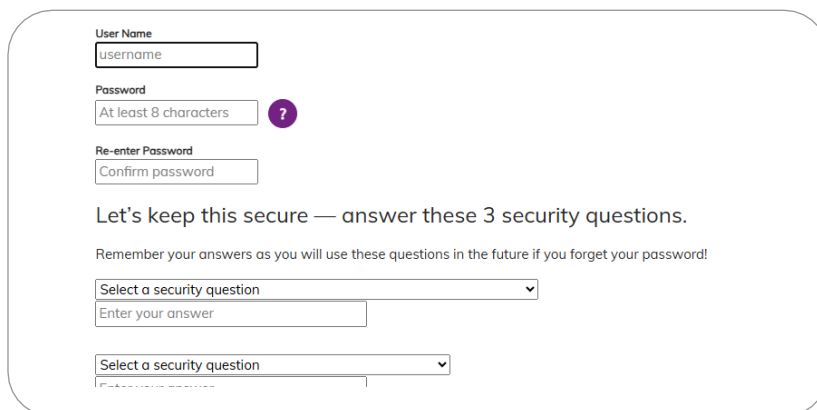
Click **Next** to continue



The mockup shows a purple header bar. Below it, the word "Verification" is centered. To the left of the text "We will need to verify your information before continuing." is a yellow smiley face icon. Below this text, there are two paragraphs of smaller text: "Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided." and "By entering your mobile phone number, and selecting the start button, you agree to receive your verification code via text message. Message and data rates may apply." Below the text are two input sections. The first is labeled "Email Address" and has a text input field followed by a purple "Start" button. The second is labeled "Mobile Phone" and has a text input field followed by a purple "Start" button.

Step Six: Personalization

Create your profile by entering a username and password. Answer three security questions and click **Next**.

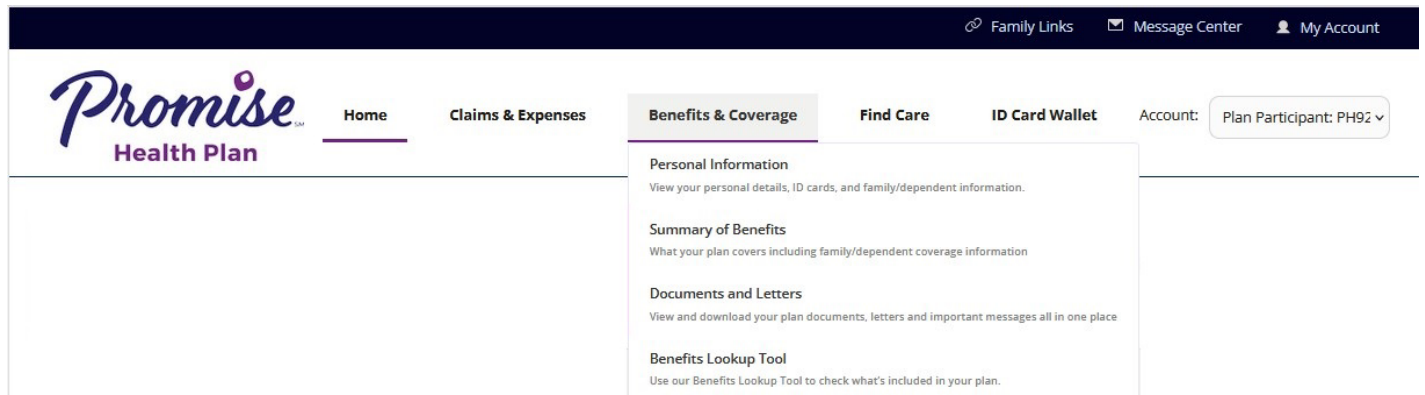


The mockup shows a white background with a light gray border. It starts with a "User Name" label above a text input field containing "username". Below that is a "Password" label above a text input field with the placeholder "At least 8 characters" and a purple question mark icon to its right. Underneath is a "Re-enter Password" label above a text input field with the placeholder "Confirm password". Below these fields is the text "Let's keep this secure — answer these 3 security questions." followed by a smaller line of text: "Remember your answers as you will use these questions in the future if you forget your password!". Then there are three security question prompts. The first two are "Select a security question" (dropdown) followed by "Enter your answer" (text input). The third is "Select a security question" (dropdown) followed by a text input field.

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

Navigation Menu

The Navigation Menu appears at the top of each page and provides access to primary portal functions.



Navigation options include:

- **Home** – Access the Dashboard
- **Claims & Expenses** – View and manage claims
- **Submit a Claim*** – Submit a manual claim
- **Benefits & Coverage** – View plan and coverage information
- **Find Care** – Search for in-network providers
- **ID Card Wallet** – Access digital ID cards
- **Message Center** – Send and receive secure messages
- **My Account** – Manage account settings
- **Family Links** – Access configured family resources

Availability of options may vary based on plan configuration.

Submit a Claim*

Your ability to submit a claim through this portal depends on your network's rules. If you don't see the option to submit a claim, your network requires that claims be submitted directly to them first.

Dashboard (Home)

The Dashboard is the homepage of the portal. It provides a summary of recent activity, benefit information, and important updates.

From the Dashboard, you can:

- Review recent claims
- Access ID cards
- View deductibles and out-of-pocket progress
- Access secure messages
- Navigate to other portal sections

Family Links

Message Center

My Account

Promise

Health Plan

Home

Claims & Expenses

Benefits & Coverage

Find Care

ID Card Wallet

Account: Plan Participant: PH

Hello Beth!

Welcome to the myPromiseHealthPlan portal -

Your personalized portal for important benefit information for you and your family!

You have a new message

View Message

Recent Claims

View All Claims

Submit a Claim

M Bob Jones Md Md

Processed

Member

Beth Doe

Claim Received Date

03/24/2025

Date of Service

03/22/2025

Claim Type

Medical

Claim Number

122901-901-18

You May Owe

\$0.00

View More

R Bob Jones Md Md

Processed

Member

Beth Doe

Claim Received Date

03/02/2025

Date of Service

02/28/2025

Claim Type

Medical

Claim Number

122901-901-13

You May Owe

\$211.01

View More

L Bob Jones Md Md

Processed

Member

Beth Doe

Claim Received Date

01/13/2025

Date of Service

12/16/2024

Claim Type

Medical

Claim Number

122901-900-93

You May Owe

\$47.95

View More

My ID Cards

View All Cards

ID Card

Plan Information

View Plan Details

Subscriber

Beth Doe

Plan

My Links

Healthcare Bluebook

Request an ID Card

Teladoc

View all links

myPromiseHealthPlan Mobile

Promise

Health Plan

HELLO BETH

Electronic Statements

Request ID Card

My ID Card

My Claims

My Account

Need Help?

Easily manage your health benefits on the go - anytime, anywhere!

Download the myPromiseHealthPlan Mobile app for quick access to your claims, ID card, and much more!

Prev Next Pause

Costs

View All Expenses

Plan Benefits

(65%) \$424.99

My Cost

(35%) \$226.01

\$651.00

Total

Balances

View All Balances

Myself

My Family

Medical

Deductibles

Individual Domestic Deductible

\$176.01 met of \$1,200.00

\$1,023.99 Remaining

Individual Network Deductible

\$176.01 met of \$2,000.00

\$1,823.99 Remaining

Individual Non-Network Deductible

\$0.00 met of \$5,000.00

\$5,000.00 Remaining

Out-of-Pocket

Individual Domestic Out Of Pocket

\$211.01 met of \$3,000.00

\$2,788.99 Remaining

Individual Network Out Of Pocket

\$211.01 met of \$5,000.00

\$4,788.99 Remaining

Promise Health Plan has partnered with Luminare Health Benefits, Inc. to administer our products and services

Transparency in Coverage & No Surprises Act

Privacy Statement

System Requirements

Site Map

10

Welcome & Alerts

The top of the page displays a personalized greeting and may include important announcements or time-sensitive updates.

Messages

If new messages are available, they will appear near the top of the page for quick access.

Recent Claims

The Recent Claims section displays:

- Provider name
- Claim status
- Date of service
- Estimated member responsibility

Select **View More** for additional details or **View All Claims** to access the full claims history.

ID Cards

Access your medical, dental, and vision ID cards digitally. You can view or request cards as needed.

Plan Information

View details about your current plan, including:

- Plan name
- Covered members
- Subscriber ID

This section helps confirm you're viewing the correct coverage information.

Costs & Balances

The Costs & Balances section displays:

- Deductible progress
- Out-of-pocket maximum progress
- Total plan costs compared to member responsibility

You may toggle between individual and family views when applicable.

Quick Links

Use the links on the right side of the page to quickly access helpful tools such as finding a provider, requesting an ID card, or using cost transparency resources.

Claims & Expenses

Claims & Expenses Summary

The Claims & Expenses page displays claim history and allows you to review claim status, costs, and benefit application.

From this page, you can:

- Filter and sort claims
- View detailed claim information
- Submit a new claim*
- Access Explanation of Benefits (EOB) documents

Submit a Claim*

Your ability to submit a claim through this portal depends on your network's rules. If you don't see the option to submit a claim, your network requires that claims be submitted directly to them first.

Claims & Expenses Page

Family Links

Message Center

My Account

Promise Health Plan

Home

Claims & Expenses

Benefits & Coverage

Find Care

ID Card Wallet

Claims and Expenses

View and manage your claims

Submit a Claim

Member Selection

ALL

Medical

Pharmacy

Provider Name:

Status:

Claim #:

Export Claims

Your Recent Medical Claims

M Bob Jones Md Md

Processed

Date of Service

03/22/2025

Relationship

Plan Participant

Claim Number

122901-901-18

Claim Received Date

03/24/2025

Total Billed

\$187.00

Network Discounts

\$53.81

Plan Pays

\$133.19

You May Owe

\$0.00

View Details

View Explanation of Benefits

Ask a question about this claim

R Bob Jones Md Md

Processed

Date of Service

02/28/2025

Relationship

Plan Participant

Claim Number

122901-901-13

Claim Received Date

03/02/2025

Total Billed

\$449.00

Network Discounts

\$148.24

Plan Pays

\$89.75

You May Owe

\$211.01

View Details

View Explanation of Benefits

Ask a question about this claim

L Bob Jones Md Md

Processed

Date of Service

12/16/2024

Relationship

Plan Participant

Claim Number

122901-900-93

Claim Received Date

01/13/2025

Total Billed

\$679.00

Network Discounts

\$199.50

Plan Pays

\$431.55

You May Owe

\$47.95

View Details

View Explanation of Benefits

Ask a question about this claim

Claims from:

54 Claims

Provider	Claim #	Service Date	Status	Total Billed	Plan Pays	You May Owe	
M Bob Jones Md Md	122901-901-18	03/22/2025	Processed	\$187.00	\$133.19	\$0.00	View Details
R Bob Jones Md Md	122901-901-13	02/28/2025	Processed	\$449.00	\$89.75	\$211.01	View Details
L Bob Jones Md Md	122901-900-93	12/16/2024	Processed	\$679.00	\$431.55	\$47.95	View Details
Bob Jones Md	122901-900-94	09/25/2024	Processed	\$697.68	\$0.00	\$0.00	View Details
D Bob Jones Md Pa	122901-900-92	12/28/2024	Processed	\$255.00	\$144.97	\$18.01	View Details

Page 1 of 11, Results 1 - 5 of 54

First

Previous

1

2

3

4

5

6

7

Next

Last

Promise Health Plan has partnered with Luminare Health Benefits, Inc. to administer our products and services

Transparency in Coverage & No Surprises Act

Privacy Statement

System Requirements

Site Map

13

Member & Coverage Selection

At the top of the page, you can select which member you're viewing and select the type of coverage. This helps ensure you're seeing the correct claims.

Filters & Sorting

Use the filters to narrow down your claims by:

- Service type
- Provider
- Claim status

You can also sort claims by date to find the most recent activity first.

Submit a Claim

Select **Submit a Claim** to start the process of submitting a new claim if you received services that haven't yet been filed.

Understanding your claims

Each claim card displays:

- Provider name
- Date of service
- Claim status
- Estimated member responsibility

Select View Details to review the full claim record.

View Claim Details

Select **View Details** to see a full breakdown of the claim, including line-item services and how your benefits were applied.

Explanation of Benefits (EOB)

Select **View Explanation of Benefits** to review your EOB, which explains how the claim was processed and what portion you're responsible for.

Questions About a Claim

If something doesn't look right, use **Ask a Question About This Claim** to get help or clarification.

Claims list view

Below the claim cards, you'll find a list view that shows multiple claims at once. This view is helpful if you want to:

- Scan several claims quickly
- Compare amounts
- Access details for older claims

You can also export your claims to excel for your records.

Claim Details

The Claim Details page provides a complete view of a specific claim, including processing status, benefit application, and financial responsibility.

Family Links

Message Center

My Account

Promise Health Plan

Home

Claims & Expenses

Benefits & Coverage

Find Care

ID Card Wallet

Account: Plan Participant: PH92

Claims and Expenses > Bob Jones Md

Bob Jones Md

✓ Processed

Claim Number
122901-892-13

Date of Service
01/21/2024

Paid Date
02/02/2024

Provider
Bob Jones Md

Claim Received Date
01/27/2024

Explanation of Benefits

Ask a question about this claim

Claim Info

Payment Breakdown

Documents

Links

Patient
Jennifer Doe

Member Type
Dependent

Source
Electronic Claim

Contact Your Claims Team
Email

Claim Progress

✓

✓

✓

✓

Claim Submitted

Eligibility Check

Review

Claim Processed

Your claim has been received and is in our system.

We've verified your coverage and benefits.

Our team is reviewing your claim.

Your claim has been processed.

Currently: Claim Processed

Our team has reviewed your claim, and corresponding documentation, and processed your claim based on your benefit plan.

Review Progress

100%

Description of Services

For further payment breakdown see [Payment Breakdown](#)

Service	Service Date	Reason Code	Reason Description	You Were Billed	Plan Pays	You May Owe
Lab	01/21/2024			\$130.00	\$31.63	\$0.00
Lab	01/21/2024			\$130.00	\$31.63	\$0.00

Total Billed

\$ 260.00

You May Owe

\$ 0.00

Claim summary

At the top of the page, you'll see a snapshot of the claim, including:

- Provider name
- Claim number
- Date of service
- Claim status (such as processed or in review)

Claim progress

The Claim Progress section displays the current processing stage:

- Claim Submitted
- Eligibility Check
- Review
- Claim Processed

A progress indicator shows the current status.

Coverage tracker

The Coverage Tracker displays how the claim impacts:

- Deductible accumulations
- Out-of-pocket maximum accumulations

This information reflects processed claims only.

Description of services

This section breaks down the services included in the claim. For each service, you can see:

- The type of service received
- What was billed
- What your plan paid
- The amount you may owe

On the right side, you'll see a summary of the **total billed amount** and the **total you may owe** for the entire claim.

Need help?

If clarification is needed:

- Select **Ask a Question**
- Review the Explanation of Benefits

Payment Breakdown

The Payment Breakdown page provides a detailed summary of how a claim was processed and how costs were allocated.

Family Links

Message Center

My Account

Promise Health Plan

Home

Claims & Expenses

Benefits & Coverage

Find Care

ID Card Wallet

Account: Plan Participant: PH92

Sign Out

Electronic Consent and Terms and Conditions

Claims and Expenses > Bob Jones Md

Bob Jones Md

✓ Processed

Explanation of Benefits

Ask a question about this claim

Claim Number
122901-892-13

Provider
Bob Jones Md

Date of Service
01/21/2024

Claim Received Date
01/27/2024

Paid Date
02/02/2024

Claim Info

Payment Breakdown

Documents

Links

Total Billed by Provider

\$260.00

This is the total amount billed to your health benefit plan for the services provided.

Discounts

\$196.74

These are savings you receive because your provider is in-network for your plan. It reduces the total billed amount before your share is calculated.

Paid by Your Plan

\$63.26

This is the portion of the bill your plan covers, based on your benefits and after discounts have been applied.

Other Plan Payment

\$0.00

This amount was paid by someone else, such as a secondary insurance plan, government program, or other coverage.

Copay

\$0.00

Also called copayments. This is a set fee you pay each time you receive a certain service. Copayments do not count toward your deductible.

Applied Toward Deductible

\$0.00

Your deductible is the amount, if any, that you must pay before your plan starts paying benefits for covered services. Some services can be covered before the deductible is met.

Co-Insurance

\$0.00

Coinsurance is the amount you pay for covered health care before or after you meet your deductible. This amount is a percentage of the cost of the covered care. For example, if the amount paid by your plan is 80%, your coinsurance would be 20%.

Other Adjustments

\$0.00

Negotiated or ineligible amounts that are not your responsibility.

Ineligible

\$0.00

Amount of submitted charges not covered by the plan.

Total You May Owe

\$0.00

This is the total amount you may owe the provider or medical facility for this claim, unless you have co-payments automatically deducted from an HSA, FSA or HCA.

This total may not reflect any co-payments or other payments you may have made directly. Please check with your provider to determine the amount you may owe.

Payments Made

As of 02/19/2026

View all your payments next to your providers payments

Paid Date	Provider Payment #	Plan Participant Payment #	Provider Payment Amount	Plan Participant Payment Amount
02/02/2024	88437		\$63.26	\$0.00

Total Billed by Provider

This is the total amount billed to your benefit plan for the services provided.

Discounts

These are savings you receive because your provider is in- network for your plan. It reduces the total billed amount before your share is calculated.

Paid by Your Plan

This is the portion of the bill your plan covers, based on your benefits and after discounts have been applied.

Other Plan Payment

This amount was paid by someone else, such as a secondary insurance plan, government program, or other coverage.

Ineligible

Amount of submitted charges not covered by the plan.

Copay

Also called copayments. This is a set fee you pay each time you receive a certain service. Copays do not count towards your deductible.

Applied Towards Deductible

Your deductible is the amount, if any, that you must pay before your plan starts paying benefits for covered services. Some services can be covered before the deductible is met.

Co-Insurance

Coinsurance is the amount you pay for covered health care before or after you meet your deductible. This amount is a percentage of the cost of the covered care. For example, if the amount paid by your plan is 80%, your coinsurance would be 20%.

Total You May Owe

The **Total You May Owe** section summarizes the amount you may need to pay your provider for this claim.

This amount:

- Reflects how your benefits were applied
- May not include payments you've already made directly to the provider
- May change if adjustments are made to the claim

It's always a good idea to compare this amount with your provider's bill.

Payments made

The Payments Made section shows any payments related to this claim, including:

- Payments made by your benefit plan
- Payments you may have already made
- Dates and payment reference numbers

This helps you track what has already been paid and avoid duplicate payments.

Submit a Claim

The Submit a Claim page allows you to submit a manual claim for eligible healthcare services. Required fields are marked with an asterisk (*).

Before You Begin

Have the following information available:

- Patient name
- Dates of service
- Provider name and details
- Total amount charged for the service
- Copies of receipts or itemized bills

Family LinksMessage CenterMy Account

PromiseHealth Plan

HomeClaims & ExpensesBenefits & CoverageFind CareID Card WalletAccount: Plan Participant: PH92

Submit a Claim

Please fill out all the required fields (marked with *) to submit your claim.
All itemized bills must be attached and include: Patient's name, diagnosis, date of services and charge amount.
If you or a dependent are covered by another plan (including Medicare), please submit the bill to the Primary Plan first then submit your claim to us with a copy of the Explanation of Benefits. This does not apply to Benefit Spending Accounts (FSA, HRA, Commuter, Lifestyle Accounts) claims, life insurance claims, or disability claims.

If this request is for a gym membership reimbursement, contact us by clicking the below link. To ensure your claim is processed in a timely manner, please be sure to include all detailed information including attachments of your receipts. [Submit a gym reimbursement claim](#)

Patient

Service

Provider

Accident

Other insurance

Reimbursement

Documents

Authorization

Select Patient

Select the patient for whom this claim is being submitted

Select Patient *

Service Information

Details about the services you received

Start Date of Service *

End Date of Service *

Nature of Visit/Illness *

Service Provided *

Amount Charged: *

\$0.00

Additional Service Information

Diagnosis Code:

Procedure Code:

Provider Information

Name of Provider *

20

Claim Information Sections

The claim form is divided into sections to make it easier to complete. Use the navigation on the left side of the page to move between sections.

Patient Information

Select the patient for whom the claim is being submitted.

Service Information

Enter details about the services you received, including the dates of service and the type of visit.

Documents

Upload any required receipts or supporting documentation related to your claim.

Authorization

Review and acknowledge the required authorizations before submitting your claim.

Completing the Form

You may move between sections as needed using the left-hand navigation. Be sure all required fields are completed before submitting your claim.

After You Submit

After submission, the claim will be reviewed for processing. Claim status can be monitored in the **Claims & Expenses** section.

Note: Fields marked with an asterisk (*) are required to submit your claim.

Your ability to submit a claim through this portal depends on your network's rules. If you don't see the option to submit a claim, your network requires that claims be submitted directly to them first.

View Balances

Use the **View Balances** page to track how much you've paid, and how much remains, for your healthcare expenses throughout the plan year.

This page helps you understand your **deductibles** and **out-of-pocket maximums** at a glance.

Family Links

Message Center

My Account

Promise

Health Plan

Home

Claims & Expenses

Benefits & Coverage

Find Care

ID Card Wallet

Balances

View and manage your claim expenses

Current Year (01/01/2025 - 12/31/2025)

Previous Year (01/01/2024 - 12/31/2024)

Member Selection

Beth Doe

Medical

My Deductibles

Myself

My Family

Domestic Deductible

As of February 19, 2026

\$176.01

used of \$1,200.00

\$1,023.99

Remaining to meet deductible

Network Deductible

As of February 19, 2026

\$176.01

used of \$2,000.00

\$1,823.99

Remaining to meet deductible

Non-Network Deductible

As of February 19, 2026

\$0.00

used of \$5,000.00

\$5,000.00

Remaining to meet deductible

Out of Pocket Expenses

Myself

My Family

Domestic Out Of Pocket

As of February 19, 2026

\$211.01

used of \$3,000.00

\$2,788.99

Remaining to meet out of pocket expenses

Network Out Of Pocket

As of February 19, 2026

\$211.01

used of \$5,000.00

\$4,788.99

Remaining to meet out of pocket expenses

Promise Health Plan has partnered with Luminare Health Benefits, Inc. to administer our products and services

Transparency in Coverage & No Surprises Act

Privacy Statement

System Requirements

Site Map

23

What You'll Find on the View Balances Page

Member & Year Selection

At the top of the page, you can:

- Select the member whose expenses you want to view
- Toggle between the **current year** and **previous year**

Deductibles

The **My Deductibles** section shows how much of your deductible has been met and how much remains.

Each tracker includes:

- A progress bar showing how close you are to meeting your deductible
- The amount used so far
- The remaining amount needed to meet your deductible

You can also toggle between **Myself** and **My Family**, if applicable.

Out-of-Pocket Expenses

The **Out-of-Pocket Expenses** section shows how much you've paid toward your out-of-pocket maximum.

This section helps you understand:

- How much you've paid so far
- How much remains before your plan pays 100% of covered services

Like deductibles, this information may be shown for:

- Preferred providers
- In-network services
- Out-of-network services

Helpful Tips

- Progress bars update as claims are processed
- Amounts shown reflect claims processed as of the date displayed on the page
- Hovering over progress bars may provide additional detail

Benefits & Coverage Personal Information

Personal Information

The Personal Information page displays identifying, contact, and employment information for covered members.

Select a member to view details.

Some information may be partially masked for security.

Family Links

Message Center

My Account

Promise

Health Plan

Home

Claims & Expenses

Benefits & Coverage

Find Care

ID Card Wallet

Account: Plan Participant: PH92

Personal Information

To access additional information for a member, click their name in the list below.

Member ID	Member Name	Relationship	Date of Birth
PH9273392-01	Doe, Beth	Plan Participant	09/29/1964
	Doe, Josh	Spouse	06/16/1959
PH9273392-03	Doe, Jennifer	Dependent	01/16/1990
PH9273392-04	Doe, James	Dependent	03/19/1993

Member Selection

Beth Doe

Inquire about this member

Refresh

Personal Details

SSN:
***-**-5731

Gender:
Female

Marital Status:

Tobacco User:

USA:
☒

Address:
85 W Street Lane, , Small Town ,OH, 12345

Work Phone/Extension:

Home Phone:

Preferred Communication Details

To update the below information, click "Edit".

Email Address:
person@email.com

Mobile Phone:

Alternate Phone:

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

Member has not responded to receive 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.

ID Card History

No ID Card History exist for this member.

Promise Health Plan has partnered with Luminare Health Benefits, Inc. to administer our products and services

Transparency in Coverage & No Surprises Act

Privacy Statement

System Requirements

Site Map

26

What You'll Find on the Personal Information Page

Members

At the top of the page, you'll see a list of members covered under your plan.

This section includes:

- Member ID
- Member name
- Relationship to the Plan Participant
- Date of birth

This helps you confirm who is covered and select the correct member when viewing details.

Member Selection

Select a member from the list to view their personal information.

Once selected, the page will update to display details for that specific member.

You can also select **Inquire about this member** if you have questions related to their information. This allows you to communicate securely with our team via the Message Center.

Personal Details

The **Personal Details** section displays important identifying and contact information for the selected member.

This may include:

- Partially masked Social Security number
- Gender
- Marital status
- Tobacco use status
- Home address
- Work and home phone numbers

For privacy and security, certain information may be partially hidden.

Employment Information

This section shows employment details associated with your health plan, such as:

- Employer name
- Location or division

Preferred Communication Details

Your **Preferred Communication Details** indicate how you receive important updates and notifications.

This includes:

- Email address
- Mobile phone number
- Alternate phone number

Select **Edit** to update your contact information.

Helpful Tips

Keeping your contact details up to date helps ensure you receive important notifications, including Explanation of Benefits (EOB) emails.

ID Card History

The **ID Card History** section shows past ID card requests for the selected member, including:

- Request date
- Print date
- Mail date

This helps you track when ID cards were issued and mailed.

Summary of Benefits

The Summary of Benefits page displays coverage details and coverage history for each covered member.

You can:

- Review current and historical coverage
- Filter by date range
- Confirm effective and termination dates

Summary of Benefits Page

Family Links

Message Center

My Account

Promise
Health Plan

Home

Claims & Expenses

Benefits & Coverage

Find Care

ID Card Wallet

Summary of Benefits

What your plan covers including family/dependent coverage information.

Member ID »	Member Name »	Relationship »	Date of Birth »
PH9273392-01	Doe, Beth	Plan Participant	09/29/1964
	Doe, Josh 🛡️	Spouse	06/16/1959
PH9273392-03	Doe, Jennifer	Dependent	01/16/1990
PH9273392-04	Doe, James	Dependent	03/19/1993

Use the arrows in the column headings to sort the information contained in the specific column. For additional information, please review your summary plan document.

Member Selection

Beth Doe ▾

Access Benefit Lookup Tool

Coverage History

Location/Division »	Benefit Plan »	Network »	Effective Date	Termination Date	Medical	Dental	Flex Health Care	HRA	Vision	Details	Termination Reason
- LOCATION BT	Choice Plan w/Optional Coverages	ABC HEALTH + ABC HEALTH	01/01/2025		☑	☑	☑	☑	☑		
- LOCATION BT	Exclusive Plan w/Optional Coverages	ABC HEALTH + ABC HEALTH	01/01/2024	12/31/2024	☑	☑	☑	☑	☑		
- LOCATION BT	Exclusive Plan w/Optional Coverages	ABC HEALTH + ABC HEALTH	01/01/2023	12/31/2023	☑	☑	☑	☑	☑		Benefit Package Changed
- LOCATION AW		ABC HEALTH + ABC HEALTH	01/01/2021	12/31/2022						MED HEC DNT V11 HRA	Initial Enrollment

Benefit Documents

Medical Plan Document

View Document ↗

Promise Health Plan has partnered with Luminare Health Benefits, Inc. to administer our products and services

Transparency in Coverage & No Surprises Act

Privacy Statement

System Requirements

Site Map

30

What You'll Find on the Summary of Benefits Page

Members

At the top of the page, you'll see a list of members covered under your plan.

This section includes:

- Member name
- Relationship to you
- Date of birth

Select a member to view their benefit information.

Member Selection

Once you select a member, the page updates to show coverage details specific to that individual.

You can also select **Access Benefit Lookup Tool** for additional benefit information.

Coverage History

The **Coverage History** section shows your benefit coverage over time.

You can:

- Filter coverage by date range
- Review current and past coverage periods
- See when coverage began or ended

This is helpful if you need to confirm coverage during a specific time period.

Coverage Details Table

The table provides a summary of benefit information, which may include:

- Plan name
- Network type
- Effective dates
- Coverage indicators for medical, dental, vision, pharmacy, and other benefits
- Termination reasons, if applicable

Use the column headings to sort information as needed.

Helpful Tips

- Coverage details may vary by member
- Some benefit indicators show whether coverage is included, not how much is covered
- For the most detailed benefit information, refer to your official plan documents

Documents & Letters

The Documents & Letters page provides access to official plan documents and correspondence. Documents are organized by member.

Select **View** to open a document.

Family Links

Message Center

My Account

Promise

Health Plan

Home

Claims & Expenses

Benefits & Coverage

Find Care

ID Card Wallet

Account: Plan Participant: PH92

Documents & Letters

View and download your plan documents, letters and important messages all in one place.

Member ID	Member Name	Relationship	Date of Birth
PH9273392-01	Doe, Beth	Plan Participant	09/29/1964
	Doe, Josh	Spouse	06/16/1959
PH9273392-03	Doe, Jennifer	Dependent	01/16/1990
PH9273392-04	Doe, James	Dependent	03/19/1993

Member Selection

Beth Doe

Documents

Correspondence

Member Name	Document Type	Document Name	
Doe, Beth	CERTIFICATE_OF_COVERAGE_VERIFICATION	CoverageVerification_Certificate	View

Promise Health Plan has partnered with Luminare Health Benefits, Inc. to administer our products and services

[Transparency in Coverage & No Surprises Act](#)

[Privacy Statement](#)

[System Requirements](#)

[Site Map](#)

What You'll Find on the Documents & Letters Page

Member List

At the top of the page, you'll see a list of covered members on your plan.

This section includes:

- Member name
- Relationship to you
- Date of birth

Use this information to confirm you're viewing documents for the correct person.

Member Selection

Select a member to view documents associated with that individual.

Once selected, the page will update to show documents for that member only.

Documents

The **Documents** tab displays official plan documents available for the selected member.

For each document, you'll see:

- Member name
- Document type
- Document name

Select **View** to open the document.

Correspondence

The **Correspondence** tab includes letters and notifications sent to you regarding your coverage or claims.

This may include:

- Notices related to claims or benefits
- Other official communications

Helpful Tips

- Documents are organized by member for easy access
- Some documents may appear more than once if they were issued at different times
- You can return to this page anytime to review past documents and letters

Benefit Lookup Tool

The **Benefit Lookup Tool** allows you to explore how specific services are covered under your health plan.

This tool provides an estimate of your plan benefits based on your current coverage, including coinsurance, copayments, and deductible information.

You can use the Benefit Lookup Tool to understand coverage for common services such as:

- Preventive care
- Specialist visits
- Diagnostic services
- Prescription medications
- Allergy testing and treatments
- Mental health services

The information displayed is intended to help you better understand your benefits before receiving care.

Helpful Tip: The Benefit Lookup Tool helps you understand how a service may be covered under your plan. Actual benefit payments may vary depending on factors such as provider network status, medical necessity, and how the claim is processed.

Access to the Benefit Lookup Tool is based on plan configuration and may not be available to all users.

Accessing the Benefit Lookup Tool

1. Select **Benefits & Coverage** from the main navigation menu.
2. Select **Benefit Lookup Tool**.
3. Review the **Lookup Disclaimer**.
4. Select **Accept & Continue** to proceed.

The disclaimer explains that the information provided by the tool is an estimate and that final benefit determinations are based on the terms of your health plan and the processing of submitted claims.

Benefit Lookup Tool

[Dashboard](#) > [Benefit Lookup Tool](#)

Use our Benefits Lookup Tool to check what's included in your plan.

Welcome!

Please take a look at our 'lookup disclaimer' before using the tool:



Lookup Disclaimer

Benefits, payments, or eligibility are not guaranteed. Any statement made should not be relied on as such. Benefits are subject to all plan provisions and are determined upon review of submitted claims.

Accept & Continue →

Step 1: Select a Member

If your plan includes family members, you will first be asked to select the individual whose benefits you want to review.

1. Choose the **Plan Participant or Dependent** from the list.
2. Select **Continue**.

The benefit lookup results will reflect the selected member's coverage and accumulators.

Benefit Lookup Tool

Step 1 of 2

Which member are you looking for?

For Benefit year 01/01/2026 - 12/31/2026

Choose a member

Plan Participant

Spouse

Continue →

Step 2: Choose a Benefit Category

Next, select the type of service you want to review.

The available options represent common healthcare services and categories covered under your plan.

Examples may include:

- Allergy Injections
- Allergy Testing
- Diagnostic Laboratory Services
- Imaging Services
- Preventive Care Services

Each category includes a short description to help you identify the appropriate benefit. Select the category you would like to explore and select **Continue** to proceed.

Benefit Lookup Tool

Step 2 of 2

Which benefit are you looking into?

Choose the benefit category you'd like to explore. Each category includes detailed coverage information to help you understand your options :

Allergy Injections
Allergy injections (immunotherapy) are treatments for patients with diagnosed allergic conditions to help reduce sensitivity to allergens over time.

Allergy Testing
Allergy testing is used to diagnose allergic sensitivities.

Minor Diagnostic Lab - Independent / Free Standing Lab
Diagnostic lab services performed at facilities not affiliated with a hospital or physician office.

Minor Diagnostic Lab - Office
Lab services performed during a visit in a physician office, often part of routine care.

← Back

Continue →

Viewing Benefit Details

After selecting a benefit category, the Benefit Lookup Tool displays an overview of how the service is covered under your plan.

This may include:

- In-Network Coverage
- Out-of-Network Coverage
- Domestic or Tier Coverage
- Copayment or Coinsurance Amounts
- Pre-certification Requirements

For each coverage tier, the tool may show:

- The percentage you pay
- The percentage your plan pays
- Any applicable copayment amount
- Whether pre-certification is required

Deductible and Out-of-Pocket Information

The Benefit Lookup Tool may also display your current deductible and out-of-pocket accumulator balances, including:

- Individual Deductible
- Family Deductible
- Individual Out-of-Pocket Maximum
- Family Out-of-Pocket Maximum

These values help you understand how much of your deductible or out-of-pocket limit has already been met for the current benefit year.

Searching for Another Benefit

To review a different service:

1. Select **Search for Another Benefit**.
2. Choose another benefit category.
3. Review the coverage details.

Important Notes

- The Benefit Lookup Tool provides **estimated coverage information only**.
- Final benefits are determined when a claim is submitted and processed.

If you have questions about your coverage, you can contact us through the **Message Center** or by calling the number on the back of your ID card.

Find Care

Provider Finder

The Find Care page provides access to provider search tools based on your plan configuration. Select **Search for Providers** to begin.

Family Links

Message Center

My Account

Promise Health Plan

Home

Claims & Expenses

Benefits & Coverage

Find Care

ID Card Wallet

Provider Finder

Medical Providers

Find a Promise Health Provider

Search for Providers

Healthcare Bluebook

Search for Providers

PHCS Providers

Search for Providers

Teladoc

Search for Providers

Promise Health Plan has partnered with Luminare Health Benefits, Inc. to administer our products and services

Transparency in Coverage & No Surprises Act

Privacy Statement

System Requirements

Site Map

What You'll Find on the Find Care Page

Provider Search Options

You may see one or more provider search links, depending on your plan.

Each option allows you to:

- Search for in-network doctors, specialists, clinics, and hospitals
- View important details such as contact information and network status

Select **Search for Providers** to begin your search.

Helpful Tips

- Provider availability and network status can change, so it's a good idea to confirm details before scheduling care

ID Card Wallet

The ID Card Wallet allows you to view digital ID cards for covered members.

Select **View Card** to open the digital ID.

What You'll Find on the ID Card Wallet Page

Member Selection

At the top of the page, select the member whose ID card you want to view.

If you have dependents on your plan, you can switch between members to access their ID cards as well.

See ID Cards

The **See My ID Card** section lets you open a digital version of the selected member's ID card.

From here, you can:

- View your ID card online
- Access cards for dependents (if applicable)
- Use your digital card when visiting a provider or pharmacy

Select **View Card** to open the ID card.

ID Card History

The **ID Card History** section shows past ID card requests for the selected member.

This includes:

- The date the card was requested
- When it was printed
- When it was mailed

This helps you track previous ID card activity.

Helpful Tips

- Digital ID cards can be used in place of physical cards in many situations
- If your coverage changes, your ID card may update automatically
- Keep your ID card handy for appointments, prescriptions, and billing questions

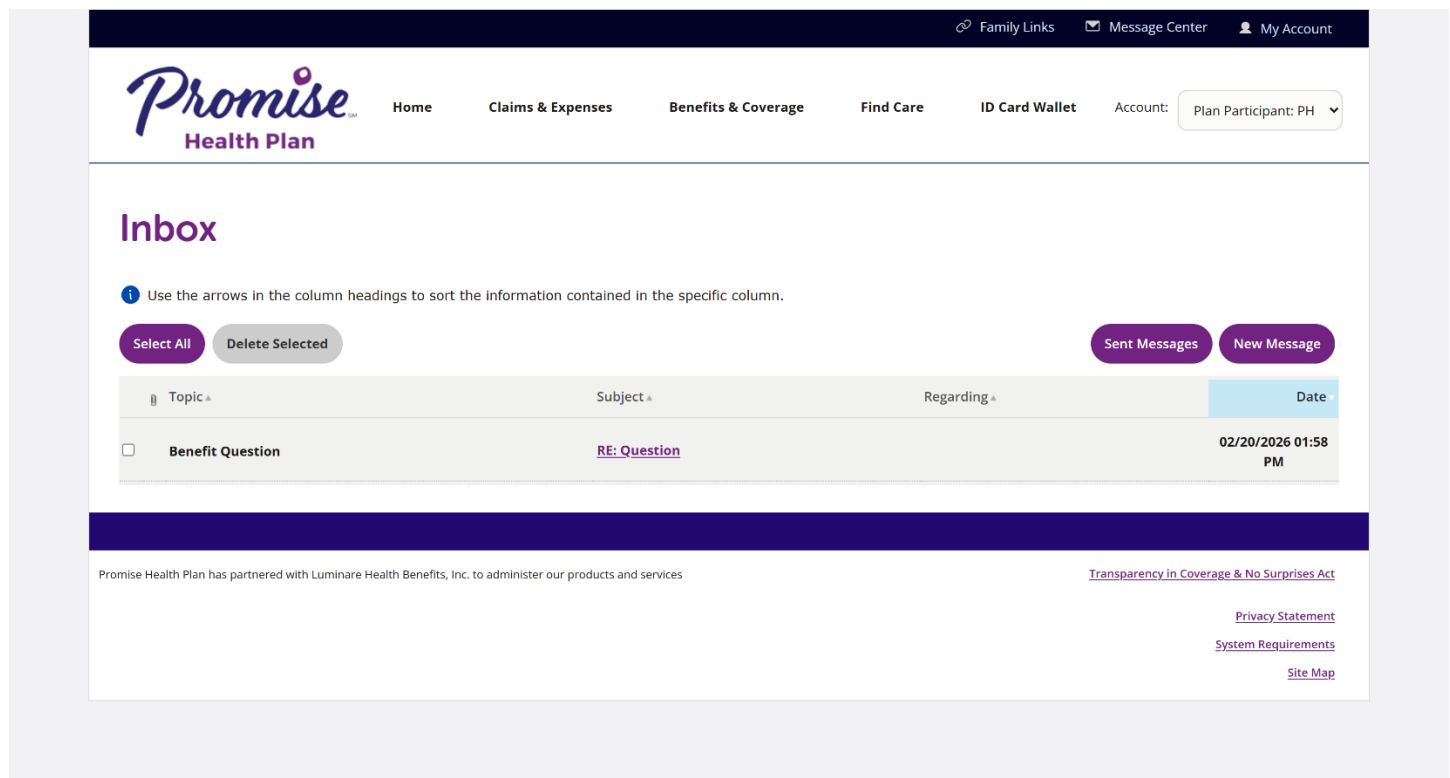
Message Center

The Message Center allows secure communication related to your health plan.

You can:

- View received messages
- Send new messages
- Reply to existing messages
- Attach supporting documentation

All messages are securely stored within the portal.



What You'll Find in the Message Center

Inbox

Your **Inbox** displays messages you've received.

From this view, you can:

- Review previous messages and correspondence
- Sort messages using the column headings
- Select and delete messages you no longer need

Sent Messages

Select **Sent Messages** to view messages you've previously sent through the portal.

This allows you to track:

- Topics you've contacted us about
- When a message was sent
- Any responses received

Sending a New Message

Select **New Message** to contact us securely.

When composing a message, you'll be asked to:

- Select a **Topic** to help route your message to the correct department
- Enter a **Subject**
- Add your message details

Attachments (Optional)

You may include supporting documents with your message, such as:

- Explanation of Benefits (EOBs)
- Receipts
- Forms or other documentation

Attachments can be uploaded by dragging and dropping files or browsing your device.

Secure Communication

All messages sent through the Message Center are:

- Secure and private
- Routed to the appropriate department
- Stored within the portal for future reference

You can also reply directly to messages you receive, keeping all related communication in one place.

My Account

User Profile

The User Profile page allows you to update:

- Password
- Email address
- Mobile phone number

Maintain accurate contact information to ensure timely communication.