# OhioHealthy

**myOhioHealthy.com**

# Member User Guide

UPDATED 07/2024

*Get ready to experience myOhioHealthy.com, the member portal that provides better and more personalized service. The site has a fresh look and feel, making navigation and retrieval of information easier and faster than ever before.*

## Welcome to myOhioHealthy.com

# Table of Contents

This guide takes you through the steps you'll need to register, check on claims status, get answers to your questions, and much more. Take a tour, using this guide as your roadmap!

**Use the member portal to:**

- Register as a first-time user of myOhioHealthy.com

- Update your account profile

- Check the status of claims

- Check eligibility history

- View accumulated year-to-date deductible and out-of-pocket expenses amounts

- View coverage history

- View a family summary

- Control family members' access to the system

- Use the message center to send messages to various departments to obtain information, read replies to your messages, or view the messages you've sent

- Read interesting articles

- Visit myHealthCenter and take your HRA (Health Risk Assessment)

- Access quick links to find a provider, review plan documents or obtain a copy of your ID card

**General Requirements**

- Cookies and JavaScript must be enabled in the browser.
- Pop-up blockers must be disabled to allow links to partner sites.

**PC/Mac Browser Requirements**

- Current versions of Edge, Chrome, FireFox, and Safari

**Mobile Requirements**

- Current versions of iOS, Android, Safari, Chrome, and Firefox

# Create Account - Member

Before using the portal, health plan members over the age of 18 years must register with a few simple steps.

**Note:** Members must complete the registration in one session. The system will not allow you to begin the process, stop and finish it at a later time.

1. Go to **myOhioHealthy.com**. The sign-in page displays.



2. In the *"Participant"* box, select *Create Your Account* to start the process.  The *Activation* page opens to begin the account creation.

3. *Activate a new account* by completing the following fields. *The Member ID* and *Last Name* should match the data on the ID card.

   - Your Member ID or SSN
   - Your Last Name
   - Your Postal Code or zip code
   - Your Date of Birth in mm/dd/yyyy format

Select *Next* when finished.



All portal users must be age 18 or older. If an under age member or individual tries to register as an under age member, a message displays with a link to the *Delegated Authority* page.

*"Unfortunately we are not able to create your account. In order to have a myOhioHealthy.com account, you must be 18 years or older. If you are registering on behalf of an underage member, please click* <u>here</u> *to register as a Delegated Authority user of this website. Please note, you will need to submit supporting documentation in order to gain access to this site."*

# Create Account - Member - continued

4. **Consent**

   Provide consent to electronic signatures and communications, and the Terms and Conditions. The Terms and Conditions may be printed from *My Profile* tab.

   Select *'I Agree'*. If *'I Decline'* is selected, you are returned to the Log in screen.

   **Communication**

   Enter contact information. An email address is mandatory along with one phone number.

   Mobile Phone number may be used to receive text messages.

   Select the information that you would like to receive electronically.

   Select *Save*.

## 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, 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 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

[ I AGREE ]   [ I DECLINE ]

**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 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.

[ Save ]

# Create Account - Member - continued

5. **Verification**

   Select one of the methods to be verified (email address or mobile phone). An email or text message is sent to you containing a verification code.

   Select *Start*.

   Enter the *Verification code* received by text or email.

   Select *Verify*.





Once the confirmation is received that the verification code was correct, select *Next*.

# Create Account - Member - continued

6. **Personalization**

   Create your profile by completing the *Username*, *Password* and *Security Questions*.

   Select the ❓ to review the password rules. The system informs you if the username is available and the password is acceptable.

   Select *Next*.

   ## Personalization

   ### 🔒 Create your profile.

   **User Name**

   **Password**
   At least 8 characters  ❓

   **Re-enter Password**
   Confirm password

   ### Let's keep this secure — answer these 3 security questions.

   Remember your answers as you will use these questions in the future if you forget your password!

   Select a security question ▾
   Enter your answer

   Select a security question ▾
   Enter your answer

   Select a security question ▾
   Enter your answer

   NEXT

# Sign In

The first time you sign in after creating an account you'll receive pop-up windows for *Terms and Conditions*, *Electronic Consent* and *Preferred Communications Details*.

Clicking *I Agree* is giving us your consent to obtain your electronic signature for services provided by our vendors, and receive electronic copies of documents.

If you click *I Decline*, you are returned to the Sign In page and will be unable to use the portal.



**Terms and Conditions**

ⓘ Below is the Terms and Conditions you agreed to on February 4, 2020 at 11:26 AM.

**CONSENT TO ELECTRONIC SIGNATURES AND COMMUNICATIONS AND TERMS AND CONDITIONS**

Under certain laws, **Luminare Health**, 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** 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 same. You may otherwise print or save a copy of these documents for your records.

**Scope of Your Consent**

An "electronic signature" may be clicking a check box, orally stating "I Agree", or otherwise taking any other action that indicates your agreement to and receipt of a document. By indicating your consent below, you are agreeing that any electronic signatures that you may provide are legally binding signatures with the full legal force of a handwritten signature, which does not need to be verified, validated or certified by any third party. By indicating your consent below you are also agreeing that we can send you and you will receive electronically disclosures, communications, notices, forms, applications, policies and modifications to the same, which we choose to provide you electronically, unless and until you withdraw your consent as set forth below.

This Consent is voluntary and you may refuse to sign this Consent, but your ability to submit your request for services electronically will be restricted and potentially delayed.

If you (1) do not wish to consent to electronic signatures in connection with the Services, (2) do not consent to the electronic submission and receipt of disclosures, communications, notices, forms, and modifications related to the Services or (3) otherwise wish not to engage in electronic transactions, you will not have access to this Web Portal.

In the event that we elect to discontinue the provision of any electronic communications or change the terms and conditions on which we provide electronic communications, we will provide you with any notice of such discontinuance or changes as required by law.

**Obtaining a Paper Copy**

Your copy of this Consent and all disclosures and communications related to this Consent, including documents in relation to the Service, will be sent and received electronically as set forth below. We reserve the right, but assume no obligation except as set forth in this Consent to provide a paper copy of any communication that you have authorized us to provide electronically.

You may save a paper copy of certain disclosures and communications by printing them. You may obtain additional paper copies by contacting us at the number on your I.D. card. There will be no additional charge for obtaining paper copies.

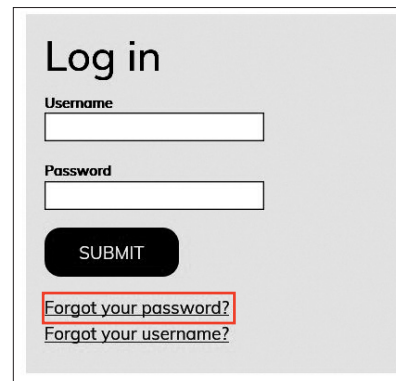**Accessing Your Electronic Records**

In order to receive documents electronically, you need a valid email address, Internet access and a computer that meets the following minimum hardware and software requirements.
Click on here for the minimum hardware and software requirements: **System Requirements**
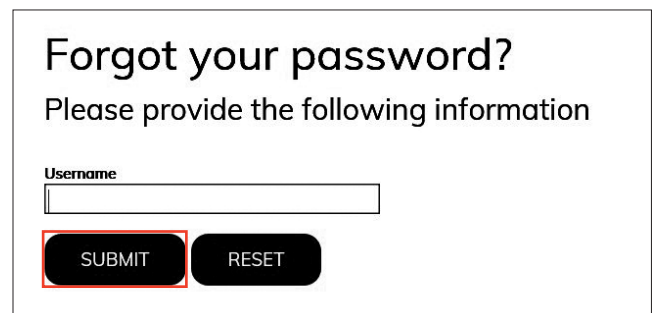
# Forgot Password or Username

The next time you sign in you may have forgotten your password or user name. Do not create another account. To unlock an account, follow this same process.

Select *Forgot your password?*

Enter your username and select *Submit*

One of the security questions you answered during registration appears.

Enter the answer to the security question, exactly as it was entered during registration. The answer is case sensitive. If the answer was entered in capital letters during registration, it must be entered with capital letters here. You are given two chances per question to answer a security question correctly.

Select *Submit* when done.

If you are unable to answer a security question correctly after the 6 tries, you will see a message: "*You have made too many incorrect attempts. You must wait 30 minutes to start the Forgot Password process again.*"

After the 30 minutes have passed, start the *Forgot Password* process again. If you are unsuccessful to answer a security question correctly after 6 more attempts, you will see a message: "*You have made too many incorrect attempts. You must wait 24 hours to start the Forgot Password process again.*"
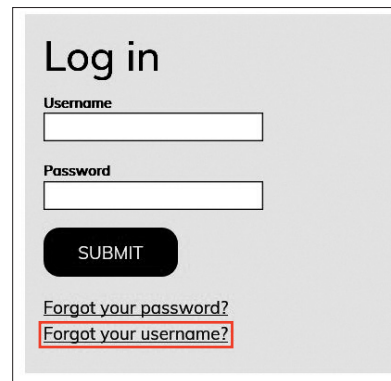
If you attempt to start the Forgot Password process too early, you will see a message to wait XX hours/minutes to start the process again.

If you successfully answer a security question, you will receive an email at the email address used during registration. Click on the link in the email to *Change Password within 24 hours*. This will take you to the *Reset Password* page. Enter a new password of 6-32 characters with at least one character not being an alphabetic character. Retype the same password and select *Submit*.

After 24 hours the link is disabled and you will need to start the Forgot Password process again. You are returned to the sign in page. Sign in with the username and new password.
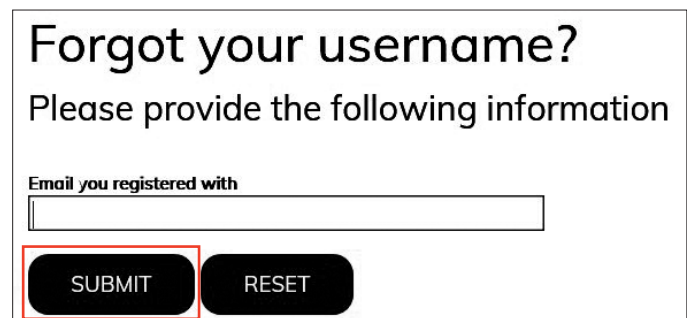
8.

# Forgot Password or Username

When you have forgotten your username, select *Forgot your username?*
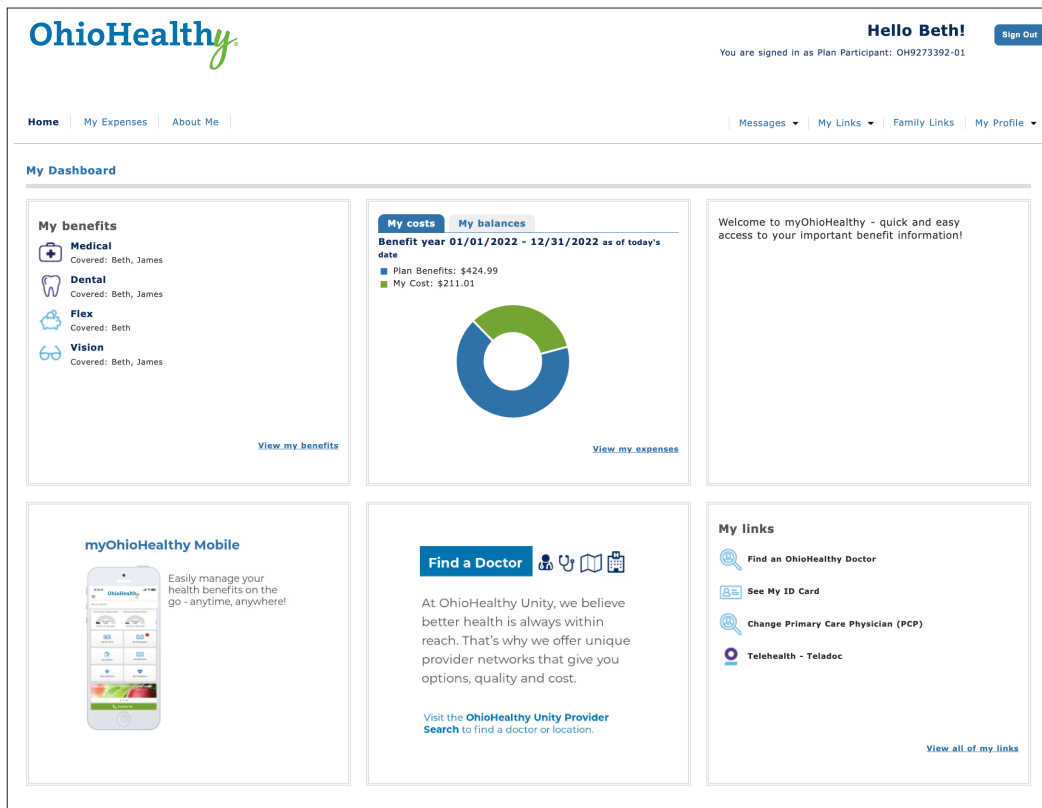


Enter the email address you used to register and select *Submit*.

You will receive an email with your username. Select the link in the email which takes you back to the portal to sign in.

# Home Page

After your account is created, the next time you sign in you will land on the **Home Page**. The Home Page provides you a personal *My Dashboard* specific to your family.



*My benefits* shows the coverages you have elected for yourself and family members. Select the link *View my benefits* to go to the Coverage page in the portal.

*My costs* gives you a snapshot of the total expenses for the current year, with the plan's payments and your responsibility of deductibles, coinsurance, and copays indicated. Select the link *View my expenses* to move to the Claim Summary page.

A *welcome message* appears in the top right box that may include your employer's logo.

*What's new* displays new information to share with you. Based upon employer setup, this tile may scroll to different images every ten seconds.

*My links* display various links selected by your employer to display for your use. These quick links enable you to find a provider, see your ID card, etc.

# View My Expenses

Select the **My Expenses** tab at the upper left of the screen.

The **Claims** tab opens, defaults to the *My Claims* sub menu, and displays claims information for medical, dental, vision, etc. under the *Claim Summary*.
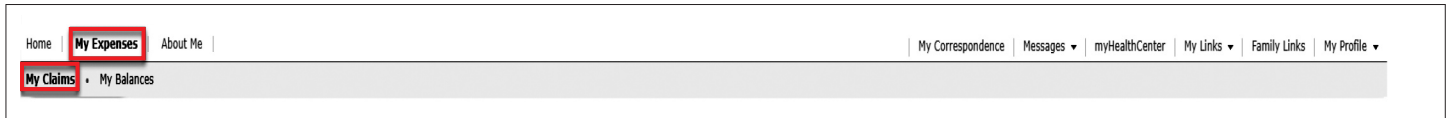


You can access and view claims information in several ways from the Claim Summary:

The Claim Summary lists 5, 10, or 100 claims at a time. Change the Claims Per Page drop down list to view more than 5 claims on a screen. *To view additional pages of claim summary information*, select the page number and/or arrows at the bottom right of the screen.

To *sort the claim summary information*, select any column heading. The color of the sorted column heading changes. A Birth Date column is available to distinguish between a parent and child with same first name.

To *view claim detail*, select the view details link.



If you have an Integrated HRA (Health Reimbursement Agreement) with us, you will also be able to see the HRA payment made on a claim.

# View My Expenses

To *filter the claim summary information*, select the *Filter* banner (upper left) to expand the Claim Summary section. Then select the filter criteria: Service Date, Type of Claim (medical, dental, vision, etc.), Patient Name, or Claim Status (open, processed) or Claims per Page (5, 10, or 100). To remove a filter, select the blue X above the Filter and Export banner.

Select the *Export* button to create an Excel spreadsheet of the claims (filtered or non-filtered list).

An icon appearing in front of the Status indicates if the claim is medical, dental, vision or flexible spending claim.

**My benefits**

**Medical**
Covered: Beth, James

**Dental**
Covered: Beth, James

**Flex**
Covered: Beth

**Vision**
Covered: Beth, James

View claim detail information:

- Billed charges
- Discounts
- Other adjustments and plan payments
- Ineligible amounts
- Co-pay
- Deductible
- Co-insurance
- Benefit payment
- HRA/HSA payment (This column appears if your employer offers an integrated HRA/HSA plan with us.)

- Reason codes tied to the claim. (Code descriptions appear in the Reason Code Descriptions.)
- Claim status:
- Open claims have been received but have not completed processing. Therefore, limited details are available – billed charges, date of service. Open claims do not have an option to View EOB.
- Processed claims have been completed and may be paid, pended, corrected, or denied.
- Estimated claims are dental pretreatment estimates.

**Claim Details**

Claim #: 030502-947-96  
Plan Participant: Beth Doe  
Patient: Beth Doe  
Provider: R Bob Jones Md Md  

Coverage Type: Medical  

View explanation of benefits  
Ask a question about this claim  

| Line# | Service | Service Date | Billed | Discount | Adjustments | Other Plan Payment | Ineligible | Co-Pay | Deductible | Co-Ins | Benefit Payment | HRA/HSA Payment | Reason Codes | Status |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 99214-Office Visit | 02/28/2020 | $159.00 | $34.25 | $0.00 | $0.00 | $0.00 | $35.00 | $0.00 | $0.00 | $89.75 | $0.00 | MCY | Processed |
| 2 | 20610-Surgery | 02/28/2020 | $136.00 | $44.74 | $0.00 | $0.00 | $0.00 | $0.00 | $91.26 | $0.00 | $0.00 | $91.26 | MCY | Processed |
| 3 | 73010-X-Ray | 02/28/2020 | $54.00 | $17.52 | $0.00 | $0.00 | $0.00 | $0.00 | $36.48 | $0.00 | $0.00 | $36.48 | MCY | Processed |
| 4 | 73030-X-Ray | 02/28/2020 | $52.00 | $11.77 | $0.00 | $0.00 | $0.00 | $0.00 | $40.23 | $0.00 | $0.00 | $40.23 | MCY | Processed |
| 5 | J3301-Injection | 02/28/2020 | $48.00 | $39.96 | $0.00 | $0.00 | $0.00 | $0.00 | $8.04 | $0.00 | $0.00 | $8.04 | MCY | Processed |
| | Total: | | $449.00 | $148.24 | $0.00 | $0.00 | $0.00 | $35.00 | $176.01 | $0.00 | $89.75 | $176.01 | | |

**Payment Information:**

| Line# | Paid Date | Provider Payment Number | Provider Payment Amount | Plan Participant Payment Number | Plan Participant Payment Amount |
|---|---|---|---|---|---|
| 1 | 03/09/2020 | 235034 | $89.75 | | $0.00 |
| 2 | 03/09/2020 | | $0.00 | | $0.00 |
| 3 | 03/09/2020 | | $0.00 | | $0.00 |
| 4 | 03/09/2020 | | $0.00 | | $0.00 |
| 5 | 03/09/2020 | | $0.00 | | $0.00 |

**Reason Code Descriptions:**

| Reason Code | Reason Code Description |
|---|---|
| MCY | Patient Not Responsible |

Close

If you have a question regarding this claim, select *Ask a question about this claim* to send a message to Customer Service. You'll receive a message when the question has been sent successfully. Expect an answer within 1-2 business days.

Select *View Explanation of Benefits* to see an image of the Explanation of Benefits. It may take 1-2 days after a claim is processed to display an Explanation of Benefits image.

# View My Balances

View balance information to determine how much deductible or out of pocket expenses have been accumulated for each family member. This information is updated nightly.

Select the **My Expenses** tab at the upper left of the screen. Select the *My Balances* sub menu.

*My Balances* displays member and family accumulators for Year-to-Date Deductibles and Out of Pocket Expenses.
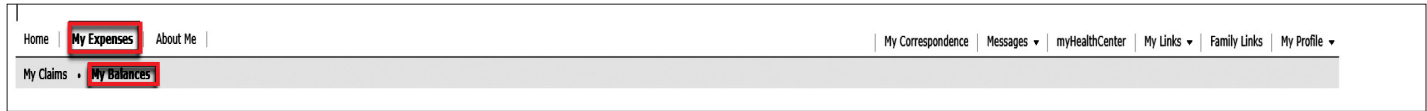


You can view additional information for the current and prior benefit year. To *change the benefit year*, select the *Benefit Year* drop-down menu at the top left of the page and select *Current* or *Previous* plan year.

To *view additional pages of accumulator information*, select the page number and/or arrows at the bottom right of the section.

To *sort the accumulator information*, select any column heading in the section.

To *filter the accumulator information*, select the *Filter* banner (upper left) to expand the section.

Accumulator data can be filtered by coverage type (medical, dental, etc.).

# View About Me

View enrollment information for members, including personal demographic information, and plan information.

Select the **About Me** tab at the upper left of the screen. The *About Me* section opens and defaults to the About Me sub menu.



The My Summary section appears. To view additional members, select the page number and/or arrows at the bottom right of the section.

Icons may be attached to some family members to indicate access to information:

 *Full Family Access* is granted by the plan participant to allow another member in the family to see each family member's claims and enrollment information.

 *Full Lock* indicates that no other family members have access to this member's records.

 *Partial Lock* indicates that only the plan participant and this member have access to the member's record.

For the full or partial lock, appropriate privacy paperwork must be submitted to OhioHealthy



To grant *Full Family Access*, the employee clicks on an adult Family Member's name.
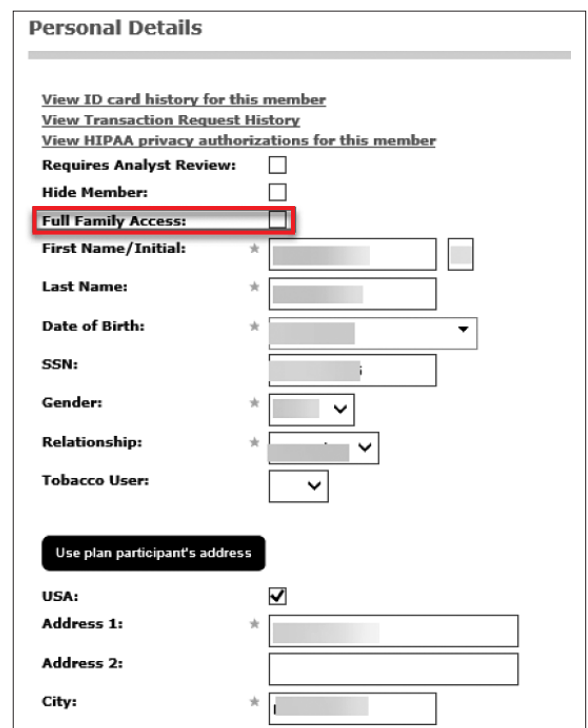
Select *Edit*.

Under the 'Personal Details', check the box for Full Family Access.

Select *Save*.

*Full Family Access* means that member can view claims or enrollment information for any family member listed on the plan.

The Plan Participant can change the family member's access at any time to remove the 'Full Family Access' by unchecking the box.



14.

# View About Me

The member's personal information displays in the *Personal Details* section. The plan participant's Personal Details are the default, unless another family member's name has been selected from the Member Summary.



Select *View my ID card history* to generate a history of ID card request, print and mail dates.



Select *Ask a question about this member* to send a message from the portal to the enrollment team.

There are limited fields that you may edit, such as your Preferred Communication Details. To do so, select the family member from the Member Summary. Select *Edit.*

# View About Me
## Preferred Communication Details

Preferences for the receipt of electronic *Explanation of Benefits (EOBs)* and other notifications are set under *Preferred Communication Details* for the Plan Participant's name.

The advantages of receiving EOBs electronically are:

* Prompt notification when an EOB has been issued

* No waiting for mail delivery

* No risk of others seeing your medical information

* Reduces paper

* Easy access to review again through email account or the portal as provider's bills are received.

* In the *Preferred Communication Details* section, enter an email address and either a mobile phone or alternate phone number.

* Select the information that you would like to receive electronically

Change your Communication Details at any time by following the same process. After making your selections, select *Save*.

---

**Personal Details**

View ID card history for this member
? Ask a question about this member

| | |
|---|---|
| **First Name/Initial:** | Beth |
| **Last Name:** | Doe |
| **Date of Birth:** | 09/29/1964 |
| **SSN:** | ***-**-5731 |
| **Gender:** | Female |
| **Marital Status:** | |
| **Tobacco User:** | |
| **USA:** | ☑ |
| **Address 1:** | 85 W Street Lane |
| **Address 2:** | |
| **City:** | Small Town |
| **State:** | OH **ZIP Code:** 12345 |
| **Work Phone/Extension:** | |
| **Home Phone:** | |

**Employment Information**

| | |
|---|---|
| **Employer:** | ABC COMPANY |
| **Date of Hire:** | 07/01/2002 |
| **Location/Division:** | - LOCATION BT |
| **Salary Effective Date:** | |
| **Annual Salary:** | |

[ Save ] [ Cancel ]

**Preferred Communication Details**

| | |
|---|---|
| **Email Address:** | person@email.com |
| **Mobile Phone:** | 123-456-7891 |
| **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** 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, or services I agree and understand

☑ **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.

# View About Me
## COBRA Notices

The **Documents** link in the **About Me** tab displays COBRA Notification letters specific to each member if we administer COBRA benefits for the corresponding employer. The COBRA coverage offer letter is automatically generated for a former employee when their eligibility period ends.

Select **Documents** in the **About Me** tab.



If there are documents available, they will be listed in the **Documents Summary**. If there are no documents, it will say **"No documents to display"**.

Select **View** to see the document.

# View My Benefits

Select the *About Me* tab at the upper left of the screen.

Select *My Benefits* sub menu.
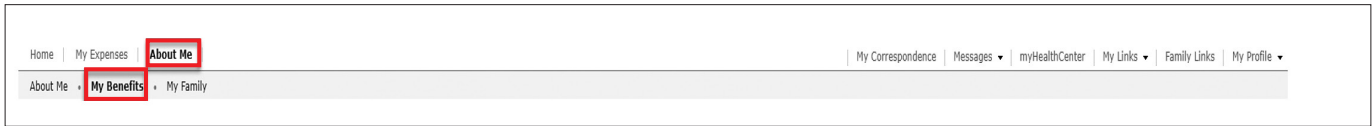


In the *My Summary* section, select the member's name to display the member's coverage history.



The member's coverage history displays in the *Coverage* section below.



Review the benefit information including the location or division, benefit plan description, network, effective and termination date, type of coverage, and termination reason.

- **To sort the coverage history**, select any column heading in the section.

- **To filter the coverage history**, select the *Filter* banner (upper left) to expand the section. Coverage history can be filtered by effective date, termination date, and coverage type. To remove a filter, select the blue **X** above the Filter banner.

# View My Family

The **My Family** page displays an overview of enrollment information for the entire family.

Select the *About Me* tab at the upper left of the screen.

Select the *My Family* sub menu. The Family Summary page opens.



Review the family summary.

To *expand information,* select *View Details*.

Select *Edit* to make a change to the personal details for any family member.



If you have a Flexible Spending Account through us and your employer you can select *View Details* to review your deductions, and account information (if direct deposit was offered and elected).

If your plan requires a Primary Care Physician (PCP) on file, view your current PCP election by electing *View Details* next to *Coverage Information*.

# View Correspondence

Through the **My Correspondence** tab, you have the ability to view correspondence sent to you, and respond through our portal. Examples of correspondence you may receive include: letters regarding accident details related to a claim, coordination of benefits with other insurance, and student status updates. When a new correspondence exists, which you have not responded to, an alert will display on the dashboard when you log in to portal.
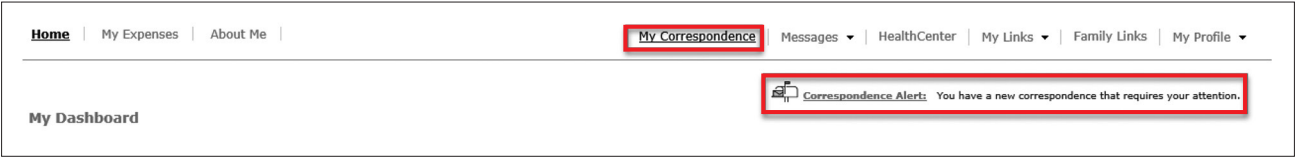


When you select the **My Correspondence** tab, a *Correspondence Summary* appears. It includes the Letter Number, Claim Number, Letter Status, Patient Name, and Service Date.

Select the *View Letter* link to see an image of the actual letter that was mailed to you.



To respond to a letter, select the "*Respond*" link for the applicable letter.

# View Correspondence

After selecting to respond to your letter, questions will display specific to the letter for which you are responding. Based on how you respond to the questions, additional questions may become enabled or mandatory.



Select the *Next* button to continue through the questions.



When you answer the last question, verify the data is correct, add an electronic signature, and select *Submit*. Your letter has now been submitted! You can log in at any time to view your letter history, including the date you responded and the answers you provided for each question.
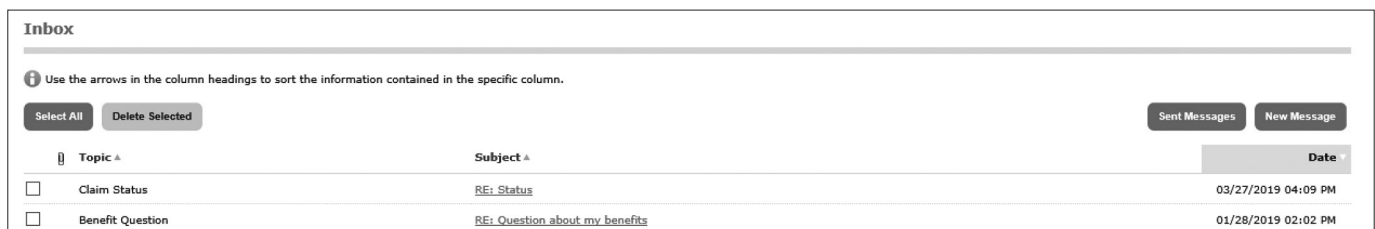
# Messages

The **Messages** tab allows you to send messages or ask questions about claims or eligibility to customer service. Messages stay within the secure features of the portal. You will receive an email notification that a message has been received and then you can log into Messages to view the response.

Select the *Messages* tab at the upper right of the screen.

| Home | My Expenses | About Me | | My Correspondence | Messages ▾ | myHealthCenter | My Links ▾ | Family Links | My Profile ▾ |

You are able to see any messages sent or received by the username you used to log in, meaning you are not able to see messages sent or received by another family member who has created a username.

If there are no incoming messages, you receive a message the message list is empty.

**Inbox**

ⓘ Use the arrows in the column headings to sort the information contained in the specific column.

| Select All | Delete Selected | | Sent Messages | New Message |

| ☐ | Topic ▲ | Subject ▲ | Date |
|---|---|---|---|
| ☐ | Claim Status | RE: Status | 03/27/2019 04:09 PM |
| ☐ | Benefit Question | RE: Question about my benefits | 01/28/2019 02:02 PM |

- To *view a message*, select the message subject.

- To *delete messages*, select the checkbox to the left of the message(s) you want to delete. Then select *Delete Selected*.

*To send a message:*

Select *New Message* in the drop-down *Messages* tab or select the *New Message button* above your Inbox. The *Compose Message* pop-up window will appear.

Select your topic from the drop-down list and type a subject. Enter your message.

If applicable, documentation can be included with the message. To include documentation, select *Browse* to the right of Attachment. A file explorer pop-up window will appear. Navigate to the desired file, select it and then select *Open*. The maximum file size is 5 MB. Select *Send*.

*To submit a claim:*

Follow "To send a message"  instructions above, choose *General Inquiry* in the Topic dropdown.

In the subject line enter "*Member Claim Submission*"

**Compose Message**

Topic: ★

- Benefit Question
- Change E-mail Address
- Change Mailing Address
- Claim Payment or Denial
- Claim Status
- Eligibility Question
- General Inquiry
- Personal Information
- Pre-certification Question
- Web Access Question

Subject: ★

Attachment:  [ Browse... ]

*(File size limited to 5MB):*

[ Send ]  [ Cancel ]

Please allow up to two business days for a reply

In the body of the message, please write *"Attached is a claim form for the (MEMBER'S NAME)'s services for (DATES) with (PROVIDER NAME). Please reimburse (ME DIRECTLY/THE PROVIDER). I have attached the claim form, the itemized statement, proof of payment and, if applicable, medical records."*

Next, attach all applicable files from the listing above and select *Send*.

# Messages

**To respond to a message:**

In your inbox, select the message subject. Select *Reply.* The original subject appears in the Subject box with *RE* for reply.

Add your message in the top box and select *Send.*



**To view your sent messages:**

Select *Sent Messages* in the drop-down *Messages* tab or select the *Sent Messages* button above your Inbox
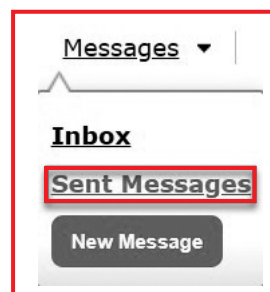
# My Links

The **My Links** tab provides quick and easy access to the information such as find a provider, plan documents, etc.

Select the drop-down *My Links* tab at the upper right of the screen. A list of links opens.



Select the link you need. Some links, such as Find a Provider, may redirect you to another site to locate PPO providers. The list of links varies depending on how your employer set up the portal.
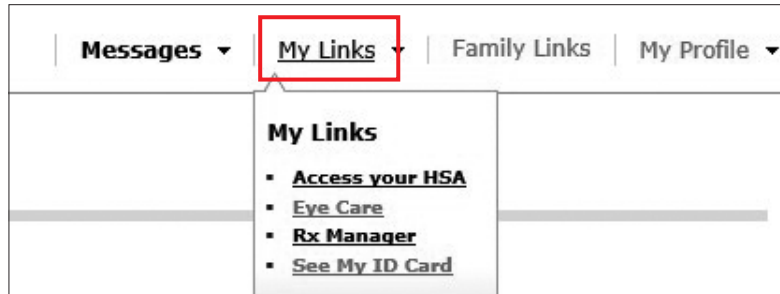
Links that are associated with plan records such as the PPO network, benefit packages, and types of coverage (medical, dental, etc.) display based on effective coverage. If you or your group has terminated with us, links related to your coverage will appear based on your last date of coverage. For example, if your last date of coverage is 12/31/2023, Benefit Summary, Search Providers, *myHealthCenter*, plan documents, etc. display based on the plan you had on that date. You can continue to review claims and enrollment information in the portal after termination.

# Family Links

The **Family Links** tab provides quick and easy access to the information for each family member such as find a provider, plan documents, etc.

Select the drop-down *Family Links* tab at the upper right of the screen.

A page opens displaying the links for all family members who are not fully blocked if you are the plan participant. If you are a spouse or dependent, you will see the links for other family members only if you have been assigned Full Family Access.

The links are specific to the coverage for each family member. For example, if some family members do not have medical coverage through the plan, they will not have the link to Find a Provider.



Links that redirect the user to an external website are marked with an icon in compliance with the American with Disabilities Act (ADA).



This icon is read by a screen reader used by visually impaired individuals and will indicate that they are leaving the current website. This feature is available at the request of the group and requires that the icon is added to the portal setup for the group.

Select the link you need for a specific family member. Some links, such as Find a Provider, may redirect you to another site to locate PPO providers. The list of links varies depending on how your employer set up the portal.

Links that are associated with plan records such as the PPO network, benefit packages, and types of coverage (medical, dental, etc.) display based on effective coverage. If you or your group has terminated with us links related to your coverage will appear based on your last date of coverage. For example, if your last date of coverage is 12/31/2022, Benefit Summary, Search Providers, the *myHealthCenter*, plan documents, etc. display based on the plan you had on that date. You can continue to review claims and enrollment information in the portal after termination.

# My Profile

You can update your portal password, name, and/or email address in the **My Profile** tab.

Select the drop-down *My Profile* tab at the upper right of the screen.

| Home | My Expenses | About Me | | Messages ▾ | My Links ▾ | Family Links | My_Profile ▾ |
|------|-------------|----------|---|-----------|-----------|--------------|-------------|

The *Update Account Profile* screen opens. The Terms and Conditions are available for review or printing.

Update your account profile information as necessary. Then select *Update* to save your changes. The email address listed here is used when username is forgotten. Your account profile is updated with the new information.

If you update your email address here, you may also need to update it in your Communication Preferences under the Personal Information page.

## User Profile

ⓘ Update Account Profile - You must supply your current password to update your profile information.

Username

Current Password

New Password

Confirm New Password

Password Strength

First Name

Last Name

Email Address

Confirm Email Address

Note: Changes to this information apply only to your online account. Changes made here will not update information stored in the Trustmark Health Benefits healthcare benefit administration system.

**UPDATE**  **CLOSE**

# My Profile

Select *Registration* to add yourself to another group with OhioHealthy. This is only necessary if you have coverage with OhioHealthy under multiple groups, possibly as an employee for one group and a dependent for another.

Select *Member*.

Select *Next*.



When *Member* is selected, the *Activation, Consent, Communication* and *Verification* pages appear (from the Registration process), then you go to the Home page. When activating the second Member ID, enter your other Member ID from the second plan. Do not use your Social Security Number.



You are registed for two accounts under the same username. When you log in you will be prompted to Select Role. Select the appropriate User Role to access your records under the group you want to review.

*Thanks for walking through this user guide. If you have any questions about your myOhioHealthy.com member portal, please contact customer service by calling the number located at the top of our ID card.*