MEMBER PORTAL GUIDE

TABLE OF CONTENTS

1 To create a login for the *SIHO Member Portal,* an active member will need to create an account.

2 A license agreement screen will display, and the member will need to click the *Accept* box, then *Next.*

3 The member will complete the fields and click *Next.*

SIHK INSURANCE SERVICES

Please refer to your ID card to assist you in completing the steps on this screen.

Member ID
‥‥‥‥‥‥‥‥

First Name
Sam

Last Name
Jones

Date of Birth
05/11/1956

Format mm/dd/yyyy

Cancel	Previous	Next

4 The member will complete their profile and click on *Next.*

SIHK INSURANCE SERVICES

Create Login Information

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

Username

Email Address

Confirm Email Address

Password

Confirm Password

Security Question 1
-- Select Question --

Security Question 2
-- Select Question --

Security Question 3
-- Select Question --

Don't have an email account?

This site requires a valid email address. If you do not have an email address, you may create a FREE Email account with one of these popular providers:

- Gmail
- Yahoo!
- Hotmail

Cancel	Previous	Next

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

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Please complete the following:

Set up Two-factor Authentication

Enable additional security for your account

To keep your account secure, please enable one of the following security steps. This method, also referred to as two-factor authentication, will make it harder for someone to access your account with just a stolen password. We offer a few different ways to set this up and you can change this later from within your account settings.

Set up email verification
A code will be sent to your email account.

Set up text message verification
A code will be sent to your phone via text message.

Set up mobile app verification
A code will be generated by a mobile app like Google Authenticator, LastPass, or Authy.

Finish	Cancel

6

Enter the chosen method. A display box will appear.

Enter the required information and then click on *Send Code.*

Once you receive the security code, enter that number in the One-Time Security Code Field and click on *Enable* to finish.

The member is now logged into the Member Web Portal.

Two-Factor Authentication

Set up text message verification

To enable this method, we must first send a one-time security code to your mobile phone number. Enter or confirm the phone number below and click **Send code.**

Phone Number

[ ]   Send code

One-time security code

[ ]

Didn't receive a code? Resend

Enable   Cancel

7

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

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Please confirm the information below is correct and press "Finish" to complete your registration

Member Information

Your Name: Sam J Jones
Address: 4161 E 96th St
City: Indianapolis
State: IN
Zip: 46240

Account Information

Username: nortonhealthcaredirect.member
E-mail Address: test@siho.com

Cancel   Previous   Finish

LOGGING IN

1

The member will input their Username and Password and click *Sign In.*
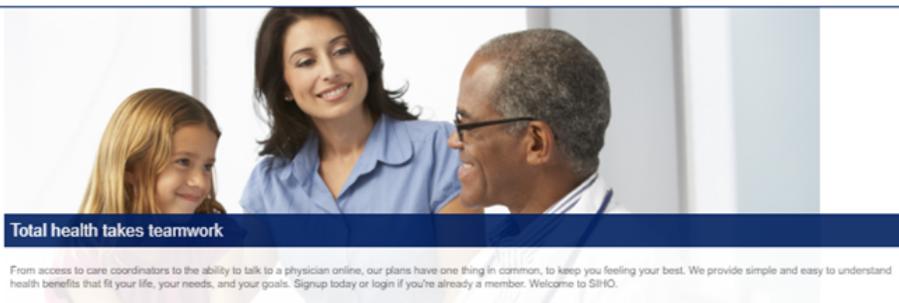
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Total health takes teamwork

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

Learn about our plans

Compare health plan options, get a quote and apply online.

Individual & Family   Medicare   Employer Sponsored

Sign into your account

Username
test.samjones.siho

Password
••••••••••••

Sign In   Create account

HOME

This this the *Home Screen* the member will see first after logging-in.
From here, the member will be able to access their claims information, coverage & benefits, important documents, provider information and more.

HOME	COVERAGE & BENEFITS	CLAIMS	FIND A PROVIDER	DOCUMENTS

Welcome back, Sam!

Member ID
66666666600

Plan
Circle City

Primary Care Provider
Billy Geiser MD

Recent claims

CLAIM NUMBER	DATE OF SERVICE	PROVIDER
7453209510	11/29/2021	Obi-wan Center
9796081248	10/29/2021	Mc Arthur Center
7735320711	9/23/2021	Mc Arthur Center
4204126316	8/20/2021	DR. Vincent Quinney, MD
5328429811	8/17/2021	DR. Vincent Quinney, MD

- Claim Access Authorization
- Request Your ID Card
- See Your Latest Claims
- Is my provider in-network?

GRANTING CLAIM ACCESS

1 From the Home screen, a member can grant other members access to their own data by clicking on *Claim Access Authorization.*

- Claim Access Authorization
- Request Your ID Card
- See Your Latest Claims
- Is my provider in-network?

2 This screen displays all members on the plan and which access they would like to grant. Once a member selects the other members they wish to grant or deny access, the member will click *Submit.*

Due to HIPAA privacy rules, you or your family members are not able to view online claims information for your spouse or dependent over age 18 without their consent.

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

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

Access to Your Account

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

Elizabeth Jones	○ Grant Access	○ Deny Access
Daniel Jones	○ Grant Access	○ Deny Access
Alicia Jones (No Account)	○ Grant Access	○ Deny Access

Request Access

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

○ Elizabeth Jones
○ Daniel Jones
○ Alicia Jones

Submit

REQUEST AN ID CARD

1 A member can request an ID Card by clicking on **Request your ID Card** on the Home screen.

Claim Access Authorization

Request Your ID Card

See Your Latest Claims

Is my provider in-network?
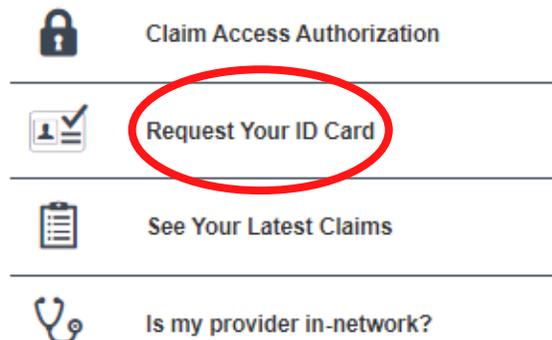
2 *Request an ID Card* populates these fields from the Member's Profile.
The member will need to choose the quantity of cards to request, then click the *Submit* button.

Member ID Card Request

To download a PDF version of your ID Card please visit the Coverage & Benefits page and select View My ID Card.

Member First Name:*
Sam

Member Last Name:*
Jones

Member ID:*
66666666600

Group Number:*
300

Number of cards requested:
1

E-mail:*
Format: mailbox@domain.ext
test@siho.com

Back   Submit

3 Upon submitting the request, an acknowledgement pops up.
The member will then need to press the *Close* button to return to the Home Screen.

Tracking #12736749

Sent by Admin Team on 1/11/2022.

Member ID Card Reply

Thank you. Your request has been submitted.
Thank you. Your request has been submitted.

Request Date:
1/11/2022

Member First Name:
Sam

Member Last Name:
Jones

Member ID:
66666666600

Group Number:
300

Username:
parkview.member

Number of cards requested:
1

E-mail:
test@siho.com

Thank you for submitting your ID Card request. The cards will be sent as soon as possible. If we have any issues with the request, we will contact you via email.

Close

VIEW CLAIMS

The member has the option to navigate to their claims by clicking the
See Your Latest Claims button.
This can also be found under the **Claims** tab on the top center of the Home Screen.
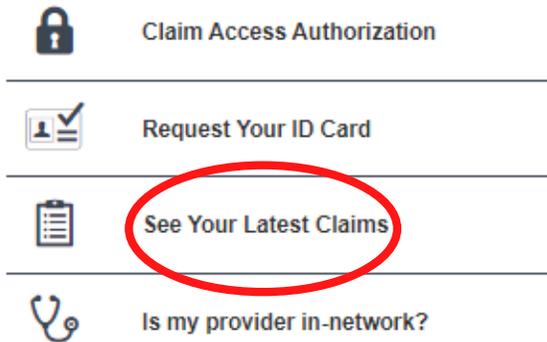
This tab displays all claims, along with a filter feature to assist with searching.
Members can also view pharmacy claims by clicking on Rx Claims.

Claims	Rx Claims

Claims

Filter Claims Results

Showing 15 Claims for All Users
Export Results (CSV)

CLAIM NUMBER	PATIENT NAME	SERVICE DATE	TOTAL CHARGE	PROVIDER
7453209510	Jones, Sam	11/29/2021	$1,728.74	Obi-wan Center
9796081248	Jones, Daniel	10/29/2021	$18,366.72	Mc Arthur Center
7735320711	Jones, Alicia	9/23/2021	$4,859.59	Mc Arthur Center
4204126316	Jones, Daniel	8/20/2021	$1,339.94	DR. Vincent Quinney, MD
5328429811	Jones, Sam	8/17/2021	$9,954.96	DR. Vincent Quinney, MD
283745299	Jones, Sam	8/1/2021	$129.79	Mc Arthur Center
9105336220	Jones, Alicia	7/17/2021	$123.28	Obi-wan Center
1874333495	Jones, Alicia	7/13/2021	$5,496.05	Williamsburg Center
8362735106	Jones, Sam	7/3/2021	$1,642.99	Royal Visiting Nurses
9406218190	Jones, Alicia	6/29/2021	$5,974.01	Mc Arthur Center

IN-NETWORK PROVIDER REQUEST

1 The member can access the Provider Directory by clicking on the
Is my provider in-network? tab and completing the form.
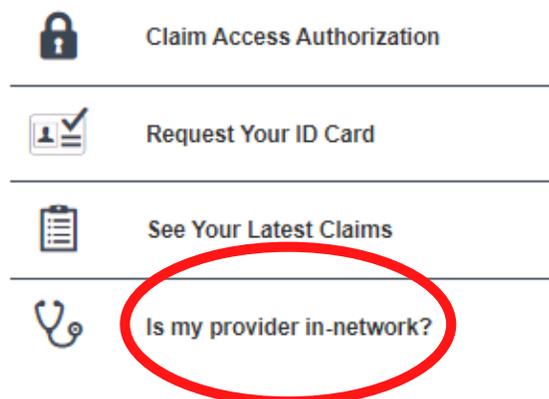
2 Upon completion of the form, the member will need to click the *Submit* button.

A message is then sent to Member Services making the inquiry and an acknowledgement will be displayed. Click *Close* to return to the Home Screen.

Is my provider in-network?

First Name:
Sam

Last Name:
Jones

Member ID:*
66666666600

PCP Name:*

PCP Location:

Other:

Back   Submit

Tracking #12737115

Sent by Sam Jones on 1/11/2022.

Is my provider in-network?

First Name:
Sam

Last Name:
Jones

Member ID:
66666666600

PCP Name:
John Smith

PCP Location:

Other:

Close

COVERAGE & BENEFITS

HOME	COVERAGE & BENEFITS	CLAIMS	FIND A PROVIDER	DOCUMENTS

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

Viewing Information for: Sam Jones

View my ID Card

Coverages and benefits

I have a general plan or coverage question

Personal Info

Member Name:	Sam Jones	Relationship to Subscriber:	Insured (Policyholder/Employee)
Member ID:	11111111100	SSN:	111111110
Date of Birth:	1/5/1962	Gender:	M
Disabled:			

Contact Info

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

Plan Info

Group Name:	Circle City	Group Number:	100
Member Number:	11111111100	Date of Birth:	1/5/1962
Relationship:	Insured (Policyholder/Employee)		

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

Coverage Info

DENTAL		
Plan Name:	Coverage Dates:	1/1/2017 - 12/31/2017
Status:		
MEDICAL		
Plan Name:	Coverage Dates:	1/1/2017 - 12/31/2017
Status:		
VISION		
Plan Name:	Coverage Dates:	1/1/2018 - 12/31/9999
Status:		
DENTAL		
Plan Name:	Coverage Dates:	1/1/2018 - 12/31/9999
Status:		
MEDICAL		
Plan Name:	Coverage Dates:	1/1/2018 - 12/31/9999
Status:		

Previous Year Balances

NAME	AMOUNT MET	MAX AMOUNT	PERCENT MET
Medical	$0.00	$500.00	
Medical	$300.00	$300.00	
Medical	$0.00	$500.00	
Medical	$0.00	$1,500.00	
Medical	$300.00	$600.00	
Medical	$0.00	$1,500.00	
Medical - Family	$14.62	$1,000.00	
Medical - Family	$900.00	$900.00	
Medical - Family	$0.00	$1,000.00	
Medical - Family	$0.00	$3,000.00	
Medical - Family	$1,007.50	$1,800.00	
Medical - Family	$0.00	$3,000.00	

FIND A PROVIDER

HOME	COVERAGE & BENEFITS	CLAIMS	FIND A PROVIDER	DOCUMENTS

Members can input the required information and click *Find A Provider* or click the *Facility* tab to find a facility.

Provider	Facility

Start Over   Find A Provider

Provider Search

By Location
Located
○ No preference
⦿ Within 10 Miles ⌄
○ Only inside

- of -

Zip Code [?]

☐ Use current location

By Provider Detail
Provider First Name [?]

Provider Last Name [?]

Provider Gender [?]
○ Male
○ Female
○ Any Gender

By Coverage and Care Requirements
Network [?]
Please Select ⌄

Provider Type [?]
Any Type ⌄

Specialty [?]
Any Specialty ⌄

⊕ More Search Options

Start Over   Find A Provider

DOCUMENTS

| HOME | COVERAGE & BENEFITS | CLAIMS | FIND A PROVIDER | **DOCUMENTS** |

This tab provides the member with important documents regarding their account. Members can access Line of Business, Group and Plan Documents from this page.

Line of Business Documents

Name	Size	Date Modified
📄 SIHO_PHB Effective 1.1.21	289 KB	12/13/2021 8:50 AM

Group Documents

Name	Size	Date Modified
📄 SPD requirements (DOCX)	49 KB	10/11/2021 12:23 PM

Plan Documents

No files found.

MESSAGES

SIHO INSURANCE SERVICES

MESSAGES (14)   PROFILE   LOGOUT

| HOME | COVERAGE & BENEFITS | CLAIMS | FIND A PROVIDER | DOCUMENTS |

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

Messages

Filter Messages

Search by [Tracking #] [   ] Folder [All Messages] [Search]   Sort Results [Tracking #] [Descending]

Message List

📭 All Messages 📥 Inbox (14) 📤 Sent 📧 Archived

	SUBJECT	FROM	UPDATED DATE	SUBMITTED DATE	TRACKING #	GROUP	STATUS
☐	Re: Mobile General Question	Cassandra Robinson	6/28/2022	6/28/2022	13684394		Open
☐	Re: Mobile General Question	Jaime Patrick-Slinkard	4/22/2022	4/21/2022	13317954		Open
☐	Re: Mobile General Question	Jaime Patrick-Slinkard	4/22/2022	4/21/2022	13317962		Open
☐	Re: Mobile General Question	Jaime Patrick-Slinkard	4/22/2022	4/21/2022	13317903		Open
☐	Re: Mobile General Question	Jaime Patrick-Slinkard	4/22/2022	4/21/2022	13317880		Open
☐	Re: Mobile General Question	Jaime Patrick-Slinkard	4/22/2022	4/21/2022	13317853		Open
☐	Member ID Card Request	Member Services	3/22/2022	3/22/2022	13145330	300	Done
☐	Re: Is my provider in-network	Jaime Patrick-Slinkard	1/13/2022	1/11/2022	12737115		Open
☐	Member ID Card Request	Admin Team	1/11/2022	1/11/2022	12736749	300	Done
☐	Re: Claim Questions	Jaime Patrick-Slinkard	12/20/2021	12/20/2021	12619523		Open

1 2 »

[Selected items ▾]

MESSAGES   PROFILE   LOGOUT

HOME   COVERAGE & BENEFITS   CLAIMS   FIND A PROVIDER   DOCUMENTS

In the member's *Profile* screen, the member can manage their profile and security options.

Account Information

First Name:
Sam

Last Name:
Jones

*Username:
test.samjones.siho

Account created:
8/20/2020

Email:
arice@healthx.com

Address:
4161 E 96th St
Indianapolis, IN 46240

Update Account Information

Security Information

Change your password

Please enter your current password in order to change any settings on this page.

Current Password:

New Password:

Verify New Password:

Security Questions

In what city were you born? (Enter full name of city only)

What is the name of the first company you worked for?

What is the first name of your oldest niece?

Update Security Information

Set up Two-Factor Authentication

Two-Factor Authentication or verification (2FA) is a security process in which the person provides two factors to verify they are who they say they are. For example, your existing username and password as well as a one-time security code that is sent to a device you own.

For your security your plan requires that Two-Factor Authentication be configured, if you have any questions please contact your plan.

Text message verification is currently set up with the following number:
(812) 350-1347 Change your mobile number

Set up mobile app verification
A code will be generated by a mobile app like Google Authenticator, LastPass, or Authy.

Set up email verification
A code will be sent to your email address.

LOGOUT

MESSAGES   PROFILE   LOGOUT

HOME   COVERAGE & BENEFITS   CLAIMS   FIND A PROVIDER   DOCUMENTS

This will sign the member out of their account and will bring them back to the *Sign In* Screen.

Total health takes teamwork

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

Learn about our plans

Compare health plan options, get a quote and apply online.

Individual & Family   Medicare   Employer Sponsored

Sign into your account

Username
test.samjones.siho

Password

Sign In   Create account