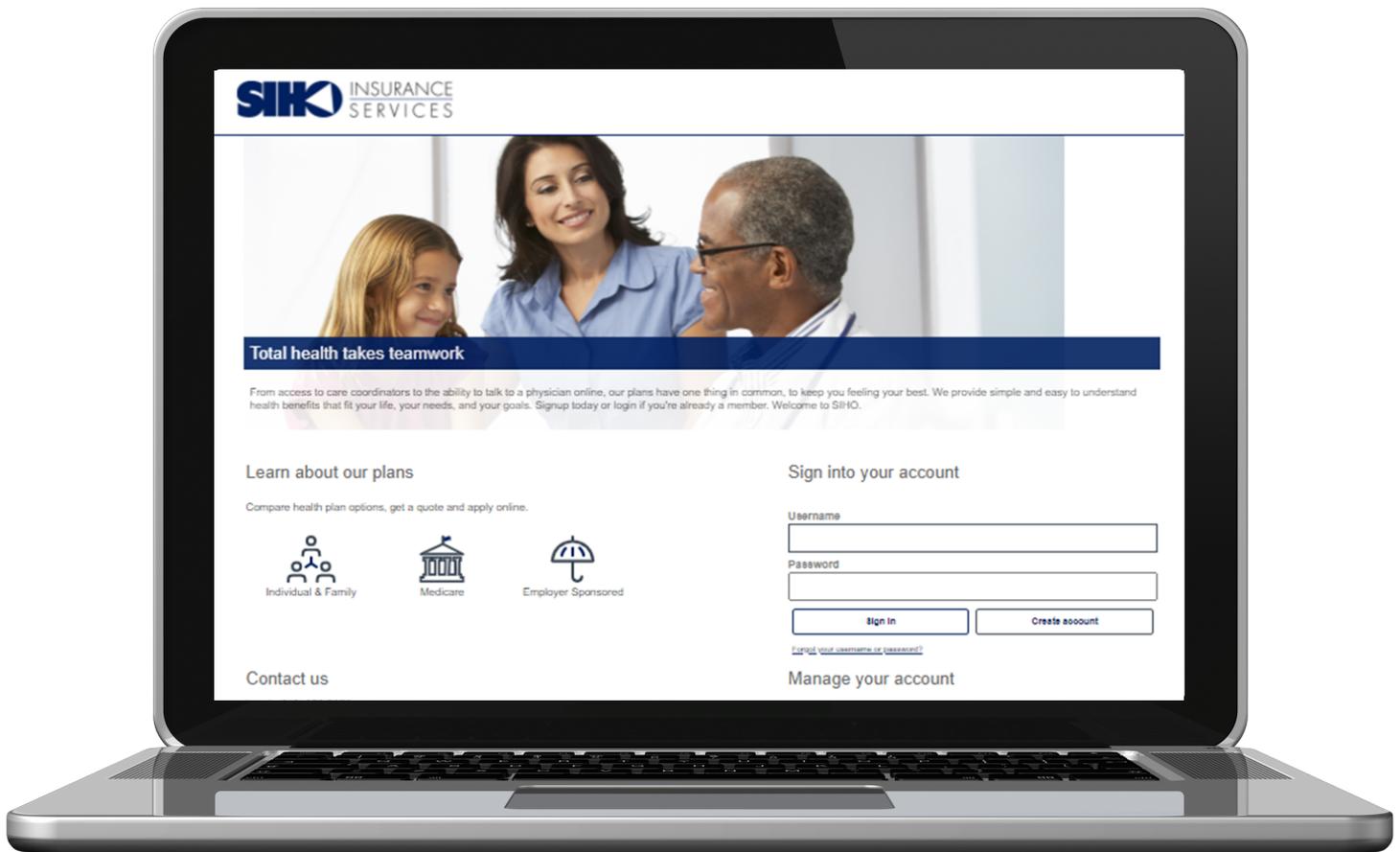


MEMBER PORTAL GUIDE



If you have any questions, please contact our Member Services team, Monday-Friday 8 a.m. - 6 p.m. EST.

Phone:

Local: (812) 378-7070

Toll-Free: (800) 443-2980

Email:

MemberServices@siho.org

Mail:

SIHO Insurance Services
P.O. Box 1787
Columbus, IN 47202-1787

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CREATING AN ACCOUNT

1

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



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

Contact us

Local: (812) 378-7070
Toll-Free: (800) 443-2980
TTY: Dial Relay Indiana at 711 or (800) 743-3333, give the operator either number listed above and you will be connected to a Member Service Representative for a conference call.

memberservices@siho.org

Sign into your account

Username

Password

Sign In

Create account

[Forgot your username or password?](#)

Manage your account

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

- View your plan benefits and summaries
- Find a network healthcare provider

2

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



License Agreement

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

License Agreement

License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthx Inc., reserves all rights not expressly granted in this Agreement.

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Term and Termination. This license is effective until terminated by either you or the producers of this website. This license will automatically terminate without notice if you fail to comply with any provisions of this Agreement. The provisions of this Agreement which by their nature extend beyond the termination of this Agreement shall survive termination of this Agreement, including but not limited to the sections relating to Restrictions, Content of the Website, Links to Third Party Websites, Disclaimer of Warranties, Limitation of Liability, and Governing Law.

Content of the Website. The insurance products, data, and other information referenced in the website are provided by parties other than the producer of the website. We make no representations regarding the products, data, or any information about the products. We are not liable for errors in data or transmission or for lost data. Any questions, complaints, or claims regarding the products or data must be directed to the appropriate provider or vendor.

Links to Third Party Websites. The hypertext links in the website let you leave our website. The linked websites are not under our control, and therefore we are not responsible for the contents of any linked website. We are providing these links to you only as a convenience, and the inclusion of any link does not imply any endorsement by the producers of the site.

Accept

Cancel

Next

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



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
05/11/1954
Format mm/dd/yyyy

Cancel Previous **Next**

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



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
I

Email Address

Confirm Email Address

Password

Confirm Password

Security Question 1
-- Select Question --

Security Question 2
-- Select Question --

Security Question 3
-- Select Question --

Cancel Previous **Next**

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](#)

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).



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

One-time security code

Didn't receive a code? [Resend](#)

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



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

Member Information

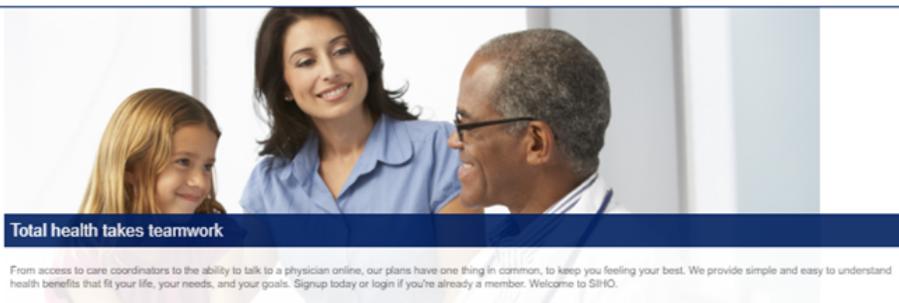
Your Name: Sam J Jones
Address: 4161 E 96th St
City: Indianapolis
State: IN
Zip: 46240

Account Information

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

LOGGING IN

1 The member will input their Username and Password and click *Sign In*.



Learn about our plans

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



Individual & Family



Medicare



Employer Sponsored

Sign into your account

Username

Password

HOME

This is 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.

The Home Screen features a navigation bar with tabs for HOME, COVERAGE & BENEFITS, CLAIMS, FIND A PROVIDER, and DOCUMENTS. Below the navigation bar is a banner with a photo of a smiling woman. The banner includes a welcome message: "Welcome back, Sam!". To the right of the message are three pieces of information: Member ID (66666666600), Plan (Circle City), and Primary Care Provider (Billy Geiser MD).

Below the banner is a section titled "Recent claims" with a table:

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

To the right of the table are four action items:

- 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*.

The screenshot shows the same Home Screen as above, but with the "Claim Access Authorization" option circled in red. The other options are "Request Your ID Card", "See Your Latest Claims", and "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	<input type="radio"/> Grant Access	<input type="radio"/> Deny Access
Daniel Jones	<input type="radio"/> Grant Access	<input type="radio"/> Deny Access
Alicia Jones (No Account)	<input type="radio"/> Grant Access	<input type="radio"/> Deny Access

Request Access

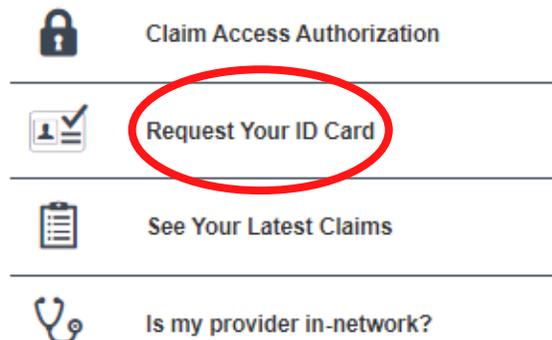
Your family member will receive an email asking them to login to the site and grant you access.

- Elizabeth Jones
- Daniel Jones
- Alicia Jones

REQUEST AN ID CARD

1

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



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:*

Member Last Name:*

Member ID:*

Group Number:*

Number of cards requested:

E-mail:*
Format: mailbox@domain.ext

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:
6666666600

Group Number:
300

Username:
parkview.member

Number of cards requested:
1

E-mail:
test@siho.com

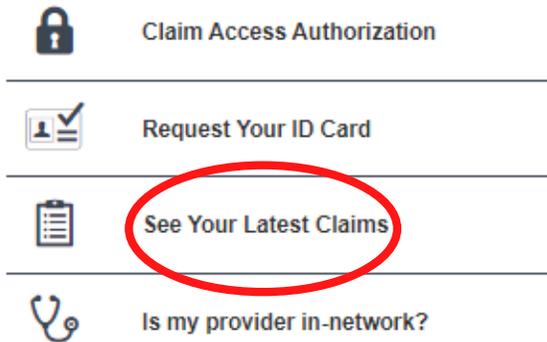
Thank you for submitting your ID Card request. The cards will be sent as soon as possible. If we have any issues with the request, we will contact you via email.



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.



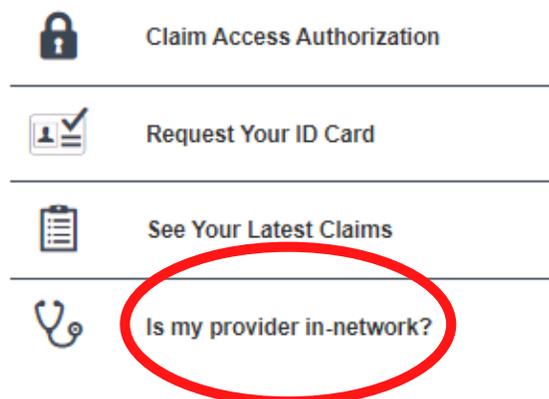
This tab displays all claims, along with a filter feature to assist with searching. Members can also view pharmacy claims by clicking on Rx Claims.

A screenshot of the Claims page. At the top, there are two tabs: 'Claims' and 'Rx Claims' (circled in red). Below the tabs is a 'Filter Claims Results' button. The page shows 'Showing 15 Claims for All Users' and an 'Export Results (CSV)' link. A table of claims is displayed with the following data:

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.



- 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:

Last Name:

Member ID: *

PCP Name: *

PCP Location:

Other:



Tracking #12737115

Sent by Sam Jones on 1/11/2022.

Is my provider in-network?

First Name:
 Sam

Last Name:
 Jones

Member ID:
 6666666600

PCP Name:
 John Smith

PCP Location:

Other:

COVERAGE & BENEFITS

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

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

Viewing Information for:

[View my ID Card](#)

Coverages and benefits

Personal Info

Member Name:	Sam Jones	Relationship to Subscriber:	Insured (Policyholder/Employee)
Member ID:	1111111100	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:	1111111100	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	<div style="width: 0%;"></div>
Medical	\$300.00	\$300.00	<div style="width: 100%;"></div>
Medical	\$0.00	\$500.00	<div style="width: 0%;"></div>
Medical	\$0.00	\$1,500.00	<div style="width: 0%;"></div>
Medical	\$300.00	\$600.00	<div style="width: 50%;"></div>
Medical	\$0.00	\$1,500.00	<div style="width: 0%;"></div>
Medical - Family	\$14.62	\$1,000.00	<div style="width: 1%;"></div>
Medical - Family	\$900.00	\$900.00	<div style="width: 100%;"></div>
Medical - Family	\$0.00	\$1,000.00	<div style="width: 0%;"></div>
Medical - Family	\$0.00	\$3,000.00	<div style="width: 0%;"></div>
Medical - Family	\$1,007.50	\$1,800.00	<div style="width: 56%;"></div>
Medical - Family	\$0.00	\$3,000.00	<div style="width: 0%;"></div>

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



HOME

COVERAGE & BENEFITS

CLAIMS

FIND A PROVIDER

DOCUMENTS

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

Messages

Filter Messages

Search by Folder Sort Results

Message List

[All Messages](#) [Inbox \(14\)](#) [Sent](#) [Archived](#)

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

1 2 "

Selected items

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

Account Information

First Name:
Sam

Last Name:
Jones

*Username:

Account created:
8/25/2020

Email:
alice@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) 550-1547 [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.

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 help 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.



Sign into your account

Username:

Password: