

# CHAMBERCARE

# 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: (317) 816-5171

Toll-Free: (844) 644-3004

## Email:

Member.Services@ChamberCare.org

## Mail:

ChamberCare  
P.O. Box 388  
Columbus, IN 47202-0388

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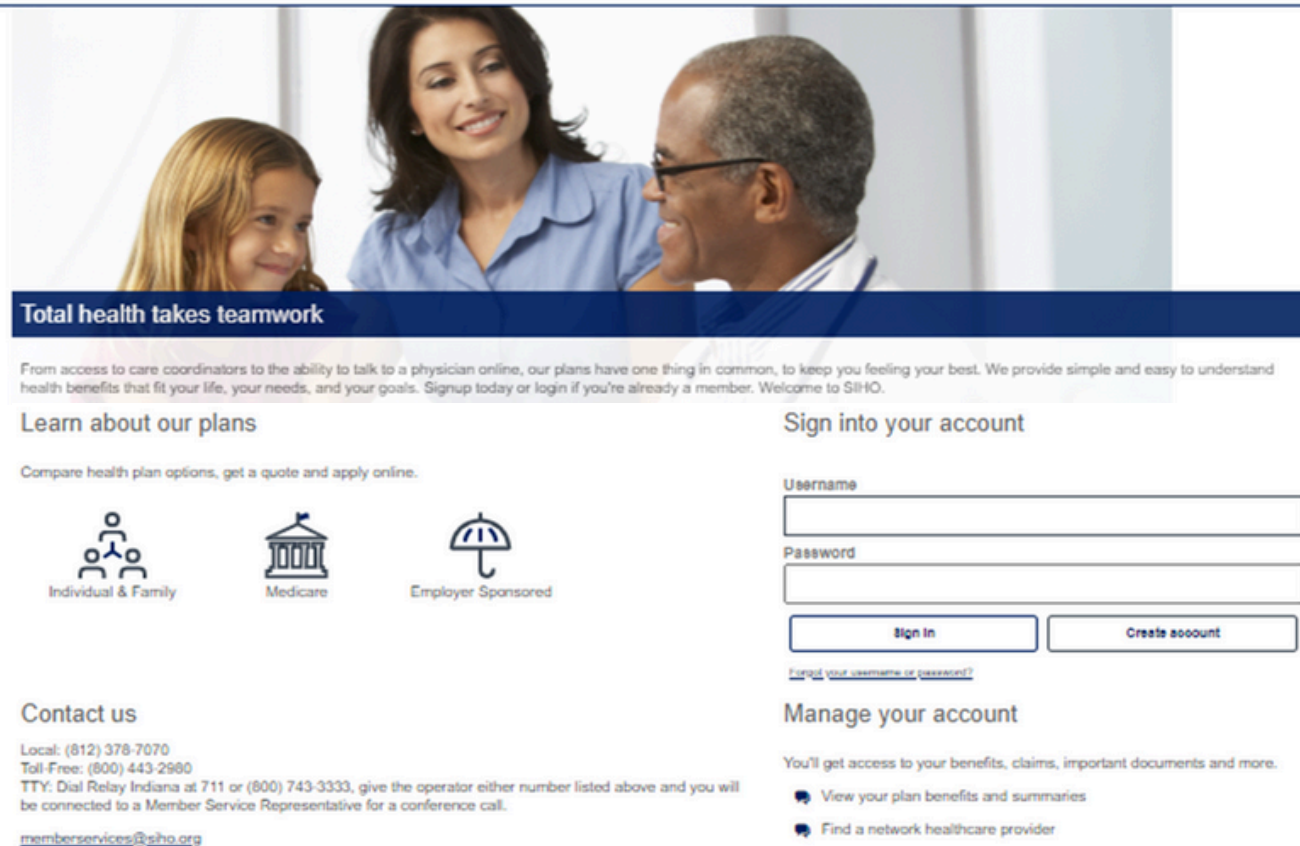
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# CREATING AN ACCOUNT

1

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

CHAMBERCARE



The screenshot shows the ChamberCare Member Portal login page. At the top, there is a banner image of a family (a woman, a man, and a child) with the text "Total health takes teamwork". Below the banner, there is a paragraph about the benefits of the plans. The page is divided into two main sections: "Learn about our plans" and "Sign into your account".

**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) 443-2960  
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](mailto:memberservices@siho.org)

**Sign into your account**

Username  
Password

**Sign in**    **Create account**

[Forgot your username or password?](#)

**Manage your account**

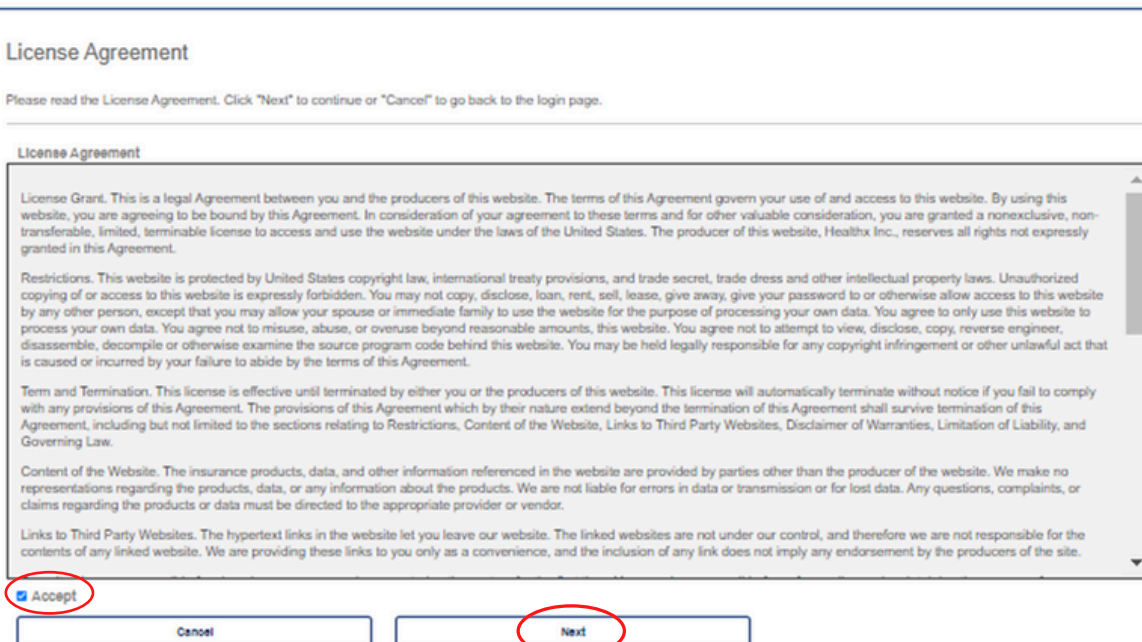
You'll get access to your benefits, claims, important documents and more.

- 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*.

CHAMBERCARE



The screenshot shows the ChamberCare License Agreement screen. At the top, there is a heading "License Agreement" and a paragraph asking the user to read the license agreement and click "Next" to continue or "Cancel" to go back to the login page.

**License Agreement**

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

**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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☒ **Accept**

**Cancel**    **Next**

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

## CHAMBERCARE

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

Member ID  
[Redacted]

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**.

## CHAMBERCARE

### 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  
[Redacted]

Email Address  
[Redacted]

Confirm Email Address  
[Redacted]

Password  
[Redacted]

Confirm Password  
[Redacted]

Security Question 1  
-- Select Question --  
[Redacted]

Security Question 2  
-- Select Question --  
[Redacted]

Security Question 3  
-- Select Question --  
[Redacted]

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).

## CHAMBERCARE

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**

7

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

## CHAMBERCARE

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

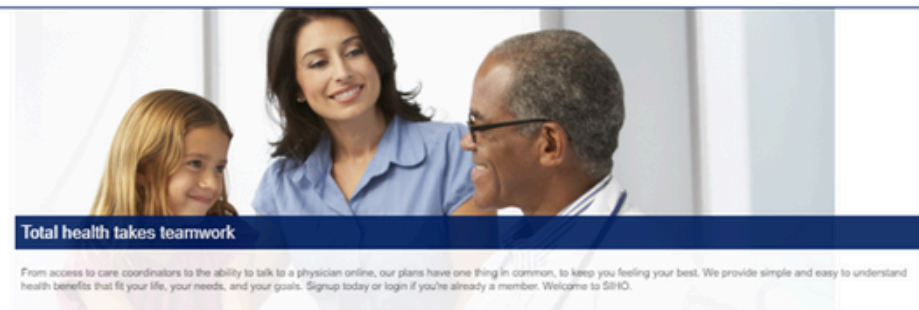
Username: nortonhealthcaredirect.member  
E-mail Address: test@siho.com

## LOGGING IN

1

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

## CHAMBERCARE



### Learn about our plans

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



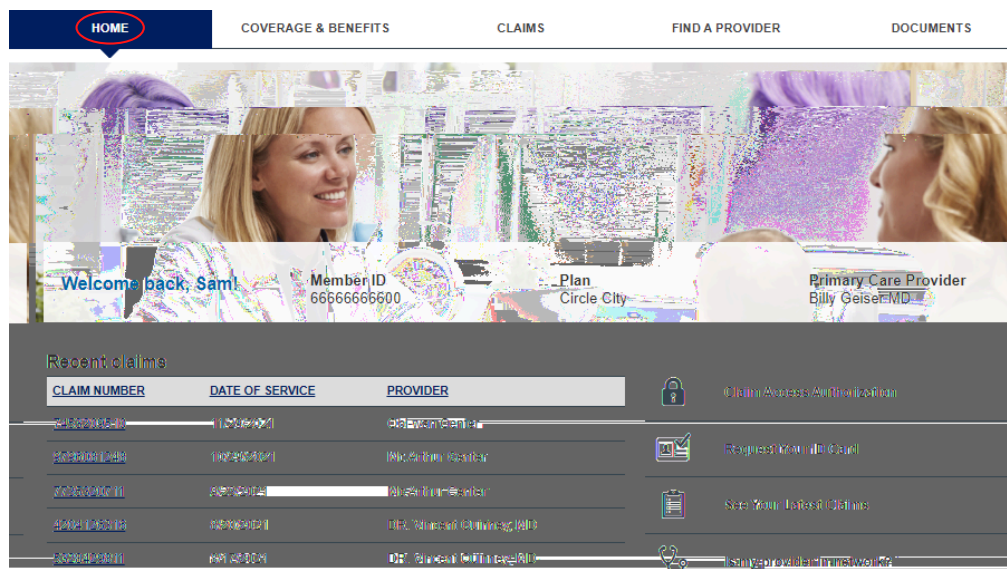
### Sign into your account

Username

Password

# HOME

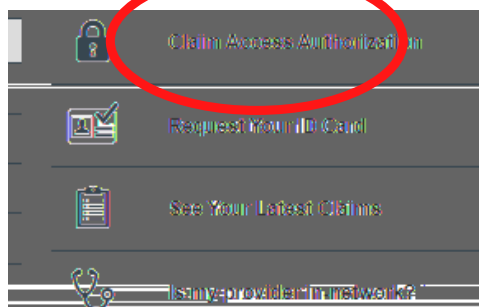
This is the *Home Screen* the member will see first after logging-in. From here, the member will be able to access their claims information, coverage & benefits, important documents, provider information and more.



## GRANTING CLAIM ACCESS

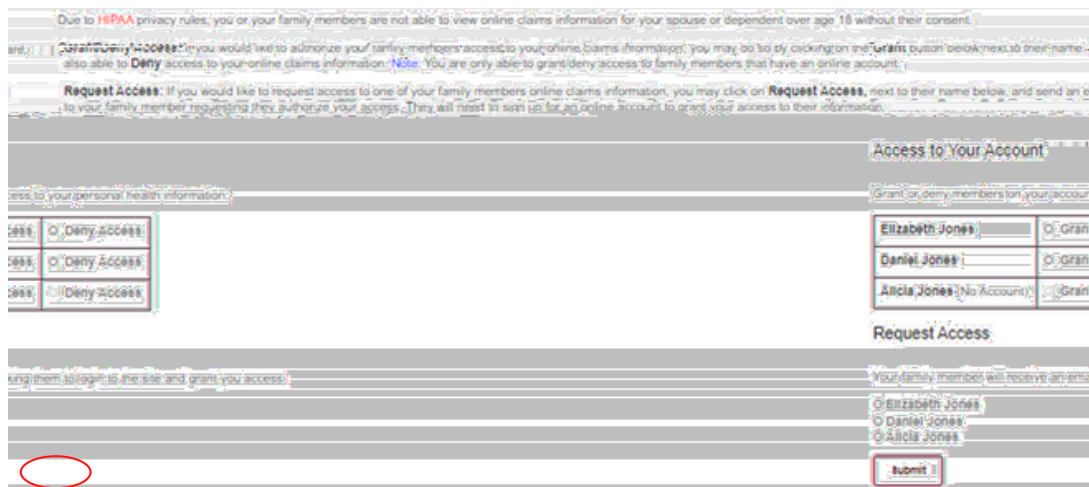
1

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



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*.

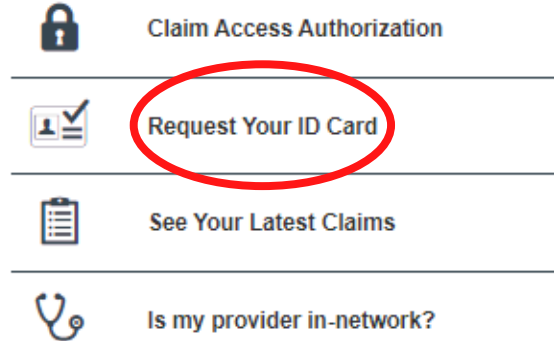




# REQUEST AN ID CARD

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:\*  
Sam

Member Last Name:\*  
Jones

Member ID:\*  
6666666600

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:  
6666666600

Group Number:  
300

Username:  
parkview.member

Number of cards requested:  
1

E-mail:  
test@siho.com

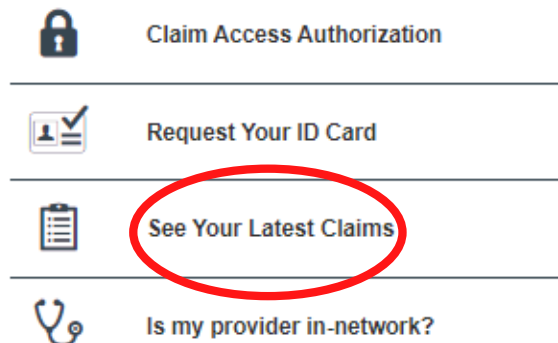
Thank you for submitting your ID Card request. The cards will be sent as soon as possible. If we have any issues with the request, we will contact you via email.

[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.



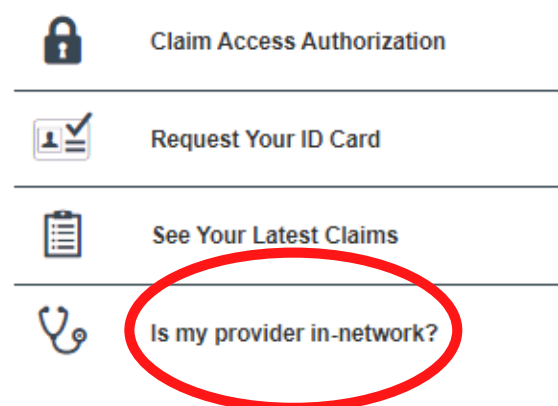
This tab displays all claims, along with a filter feature to assist with searching. Members can also view pharmacy claims by clicking on Rx Claims.

The screenshot shows the 'Claims' tab selected. At the top, there are two buttons: 'Claims' and 'Rx Claims' (circled in red). Below the buttons is a 'Filter Claims Results' button. A message states 'Showing 15 Claims for All Users' and 'Export Results (CSV)'. Below this is a table with 5 columns: CLAIM NUMBER, PATIENT NAME, SERVICE DATE, TOTAL CHARGE, and PROVIDER. The table contains 15 rows of claim data.

CLAIM NUMBER	PATIENT NAME	SERVICE DATE	TOTAL CHARGE	PROVIDER
<a href="#">7453209510</a>	Jones, Sam	11/29/2021	\$1,728.74	Obi-wan Center
<a href="#">9796081248</a>	Jones, Daniel	10/29/2021	\$18,366.72	Mc Arthur Center
<a href="#">7735320711</a>	Jones, Alicia	9/23/2021	\$4,859.59	Mc Arthur Center
<a href="#">4204126316</a>	Jones, Daniel	8/20/2021	\$1,339.94	DR. Vincent Quinney, MD
<a href="#">5328429811</a>	Jones, Sam	8/17/2021	\$9,954.96	DR. Vincent Quinney, MD
<a href="#">283745299</a>	Jones, Sam	8/1/2021	\$129.79	Mc Arthur Center
<a href="#">9105336220</a>	Jones, Alicia	7/17/2021	\$123.28	Obi-wan Center
<a href="#">1874333495</a>	Jones, Alicia	7/13/2021	\$5,496.05	Williamsburg Center
<a href="#">9362735106</a>	Jones, Sam	7/3/2021	\$1,642.99	Royal Visiting Nurses
<a href="#">9406218190</a>	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:

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:	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

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FIND A PROVIDER

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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
 <a href="#">SIHO_PHB Effective 1.1.21</a>	289 KB	12/13/2021 8:50 AM

## Group Documents

Name	Size	Date Modified
 <a href="#">SPD requirements (pocx)</a>	49 KB	10/11/2021 12:23 PM

## Plan Documents

No files found.

# MESSAGES

## CHAMBERCARE

[MESSAGES](#)[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  Sort Results  Tracking #  Descending

### 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

# PROFILE

CHAMBERCARE



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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.xampjones.sho

Account created:

8/25/2020

Email:

ajones@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 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.

# LOGOUT

CHAMBERCARE



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FIND A PROVIDER

DOCUMENTS

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

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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 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 CHC.

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.xampjones.sho

Password

\*\*\*\*\*

Sign In

Create account