

Member's Guide to Wellstar Health Plan Portal Registration



Step One: Enroll in Your Benefits

To enroll in your benefits, go to **MyBenefits** at **wellstarmybenefits**.org.

From inside the Wellstar network:

Visit eSource, click **Navigating Your Benefits**, and you will be taken to your personalized page where you can review your benefits and make elections.

From outside the Wellstar network:

If you have VIP Access installed and set up on your smartphone:

Access **wellstarmybenefits.org** from your device, which can include your phone. Log in using your current Wellstar information:

- Username: WHS\EE ID No. or Wellstar email
- Password: Wellstar network password you use every day

If you are a new hire or newly eligible, your enrollment window will pop up automatically for you as your landing page once you log in. When you hit **Finish**, you will receive a confirmation page. If you do not have VIP Access installed and set up on your smartphone:

Go to **wellstarmybenefits.bswift.com** (this is a different website than the one used while at work). Different credentials need to be set up when this website is first accessed. All usernames and passwords have been set to the following:

- Username: The first initial of your first name plus your last name (e.g., John Smith = JSmith)
- Password: the last four digits of your Social Security number. The password will then have to be reset.

These instructions are also in the Benefits Guide (BaaG).



To register as a member on the Wellstar Health Plan portal for the first time, you will need to follow these steps:

Step Two: Create an Account

Go to **wellstarhealthplan.org** and select the **Create Your Account** button under the Participant section. Each plan member will need to create their own account.

Sellstar Health Plan		
Log in Username Password SUBMIT Forgot your password? Forgot your username?	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><text><text><text><text></text></text></text></text></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	Broker Keep tabs on your clients' plan and access reports. CREATE YOUR ACCOUNT Vor Provider Check the status of your patients' claims and confirm their eligibility history. CREATE YOUR ACCOUNT

Note: If at any time, you forget your username or password, you can select the appropriate link under the login button on the home page, then follow the prompts.

Step Three: Activation

	-	
a.	Enter the required fields with information from	Activation
	your ID card.	Let's get started!
b.	Click Next.	To keep this simple, all of the fields below are required.
		Your Member ID or SSN
		Your Last Name EMPLOYEE PREMIER OOA FAM GA Swings Using the Wester Health FAM GA FAM GA Sample Wester Health Member ID: WARY732995698
		Your ZIP/Postal Code Group #: LIB317/M004 L08317/M004 BRAND bit Effet1 UNS0000
		Your Date of Birth VSGV V VSGV Birth
		NEXT
	-	



Step Four: Provide Your Consent

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

To continue, please agree to the terms below.	
CONSENT TO ELECTRONIC SIGNATURES AND COMMUNICATIONS AND TERMS AND CONDITIONS	
Under certain laws, Luminare Health Benefits, Inc., and its vendors are required to obtain authorization and consent to obtain your electronic signature on any documents related to services that Luminare Health Benefits or its vendors provide ("Services") and to receive electronically copies of such documents. As a result, we are providing this notice to you in obtain your agreement and consent to conduct our business with you electronically, inclu your consent to sign electronically any documents we ask you to sign and all other docum related to the Sonices and to explicit yours provide your with electronical	your to the n order to iding ments

Step Five: Contact Information

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

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			save	



Step Six: Verification

- a. Click Start next to the communication method you would like to verify and a code will be sent to the email address or mobile phone number you provided.
- b. Enter the verification code in the indicated field.
- c. Click **Next** to continue.



Verification We will need to verify your information before (2) continuing. Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided. Please enter the verification code that has been sent to your Mobile Phone in the field below. Email Address le@gmail.com START Mobile Phone 111-111-1111 START Verification Code b VERIFY Verification (We will need to verify your information before

continuing. Select ONE method below to verify. A code will be sent to the email address or mobile phone number

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Mobile Phone			
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you provided.

Step Seven: Personalization

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

Personalization
Create your profile.
Username
Passward At least 8 characters 7
Re-enter 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
Select a security question
Enter your answer Select a security question
Enter your answer
NEXT

Once you're registered on this site, bookmark it as a favorite, and return directly to wellstarhealthplan.org for all future visits.

