



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.

The screenshot shows the Wellstar Health Plan portal home page. On the left is a 'Log in' section with fields for 'Username' and 'Password', a 'SUBMIT' button, and links for 'Forgot your password?' and 'Forgot your username?'. On the right is a 'Register' section with four options: 'Participant' (Find a doctor, check claim status, manage your health and more.), 'Broker' (Keep tabs on your clients' plan and access reports.), 'Employer/Client' (Manage employee coverage and eligibility, view claims and view reports.), and 'Provider' (Check the status of your patients' claims and confirm their eligibility history.). Each option has a 'CREATE YOUR ACCOUNT' button.

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

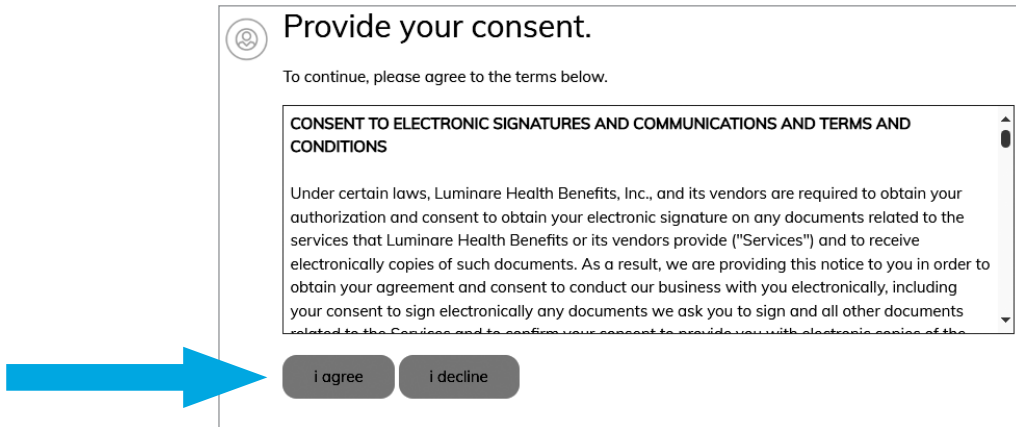
- Enter the required fields with information from your ID card.
- Click **Next**.



The screenshot shows the 'Activation' page. It has a heading 'Let's get started!' and a note: 'To keep this simple, all of the fields below are required.' The form contains the following fields: 'Your Member ID or SSN' (with a question mark icon), 'Your Last Name' (with 'Sample' as a placeholder), 'Your ZIP/Postal Code' (with '12345' as a placeholder), and 'Your Date of Birth' (with '01/01/1970' as a placeholder). A 'NEXT' button is at the bottom. On the right is a 'Wellstar Health Plan' membership card for 'EMPLOYEE PREMIER OOA FAM GA' with Member ID 'WAY72399699E'. The card lists details like Group #, LH Group #, Plan Code, Plan Name, RxBIN, RxCN, RxCGRP, and cost savings information. It also indicates 'Blue Open Access POS' and 'PPO'.

Step Four: Provide Your Consent

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



Provide your consent.

To continue, please agree to the terms below.

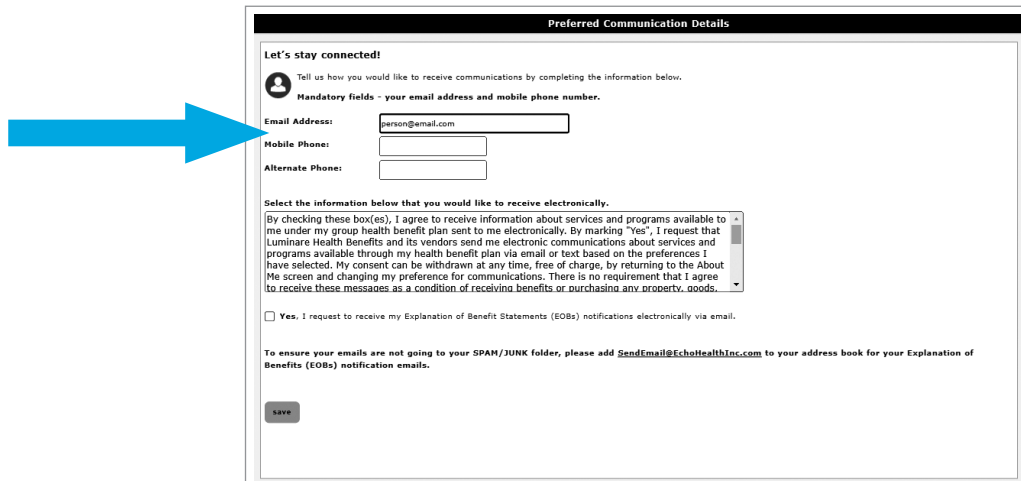
CONSENT TO ELECTRONIC SIGNATURES AND COMMUNICATIONS AND TERMS AND CONDITIONS

Under certain laws, Luminare Health Benefits, 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 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 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

i agree **i decline**

Step Five: Contact Information

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



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 Benefits 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

Step Six: Verification

- 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.
- Enter the verification code in the indicated field.
- Click **Next** to continue.

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 you provided.

Email Address
email@email.com **START** ← **a**

Mobile Phone
[] x **START**

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 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
[] **VERIFY** ← **b**

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 you provided.

✓ Your code is correct! Click 'Next' below to continue.

Email Address
[]

Mobile Phone
[]

NEXT ← **c**

Step Seven: Personalization

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



Personalization

Create your profile.

Username
[]

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

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