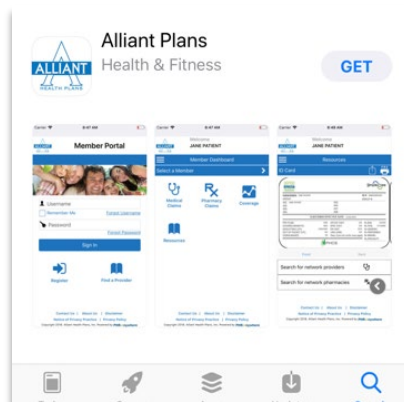


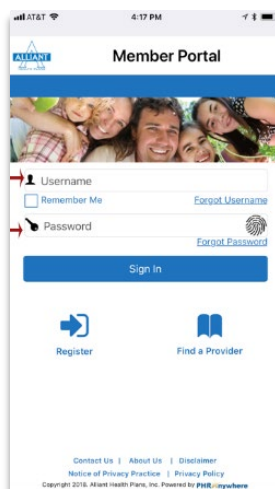
# NEW MEMBER PORTAL MOBILE APP INSTRUCTIONS



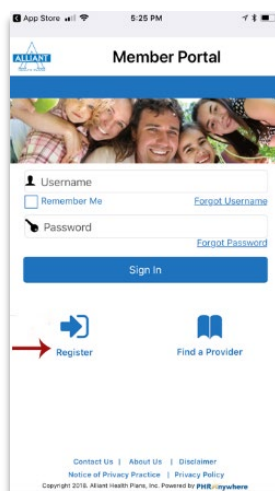
1. Find the new Alliant Plans Member Portal Mobile App on the App Store or Google Play. Download the App.



2. **PHRAnywhere<sup>SM</sup> Users:** If you were a registered user with PHRAnywhere<sup>SM</sup> (the previous member portal), your login and password are the login and password for the new member portal.



3. **New Portal Users:** If you are registering for the new Open the Alliant Plans App, click the “Register” on the bottom left of the screen.



4. Read and scroll through the End User License Agreement and the Acknowledgement forms. Check the box and click submit.

12:33 PM 34%

**Member Portal**

Please sign the End User License Agreement

END USER LICENSE AGREEMENT

HEALTH ONE ALLIANCE, LLC, ON ITS OWN BEHALF AND ON BEHALF OF ITS AFFILIATES AND SUBSIDIARIES ("COMPANY"), CALIFORNIA LIMITED LIABILITY COMPANY, IS WILLING TO PROVIDE THE SERVICES SET FORTH IN THE TERMS AND CONDITIONS AND FOR A NON-EXCLUSIVE, LIMITED AND REVOCABLE LICENSE TO ACCESS THE SPECIAL SERVICES BEING PROVIDED TO YOU HEREIN ("SERVICES") ONLY UPON THE CONDITION THAT YOU ACCEPT ALL OF THE TERMS AND CONDITIONS CONTAINED IN THIS END USER LICENSE AGREEMENT ("AGREEMENT"). PLEASE READ THIS AGREEMENT CAREFULLY BY CLICKING THE "I AGREE" BUTTON AT THE BOTTOM OF THIS AGREEMENT AND PROVIDING THE INFORMATION. YOU WILL INDICATE YOUR AGREEMENT TO BE BOUND BY THE TERMS AND CONDITIONS CONTAINED HEREIN BY CLICKING THE "I AGREE" BUTTON AND PROVIDING THE INFORMATION. IF YOU DO NOT AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, THEN YOU WILL NOT BE ALLOWED TO ACCESS THE SERVICES TO YOU. IN WHICH EVENT YOU SHOULD NOT USE OR OTHERWISE ACCESS THE SERVICES.

BY LOGGING INTO THE SERVICES AND ACCEPTING THE TERMS OF THIS AGREEMENT, YOU AGREE TO THE FOLLOWING:

☐ I Agree to the End User License Agreement

Date of Birth: / /

Please sign the Authorization and Sharing of Information

Information for treatment, payment, and healthcare operations as well as to improve upon efficient and effective communication of health information with providers, payers, and you. You acknowledge that you are authorizing access to the information in your health record that may include information relating to GENETIC TRANSMISSION, PRESENT, ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), HUMAN IMMUNODEFICIENCY VIRUS (HIV), BLOOD-BORNE OR SEXUAL-RELATED INFECTIONS, AND/OR TREATMENT FOR ALCOHOL AND/OR DRUG ABUSE. ("Condition that is a FACTOR IN THE TEST, ACCESS, OR USE OF THE FAST OF SUCH INFORMATION). You may revoke authorization for the provider and other individuals and entities to which you have granted access to your information by submitting the request in writing to: . Revocation of access to information would include revocation of access to any and all medical and financial health information, provided access may continue to be granted until notice of the revocation is received by Company and Company has had a reasonable time to process such revocation. You acknowledge and agree that any disclosure of information prior to the Company's receipt of the written revocation notice is authorized. You understand that the health information contained in your account may be protected by state and federal laws and by authorizing the release of the information you waive any rights to the privacy or security of such information. You understand that it is your obligation to ensure that any information, including your contact that you do not want disclosed to the third party is not provided to Company through the Services and removed from any Last Contact.

☒ I Agree to the Authorization and Sharing of Information

Submit

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Notice of Privacy Practice | Privacy Policy

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5. You will be taken to the Member Portal registration page, Step 1 of 5. Complete the fields with your first name, last name, date of birth, select your gender and your zip code.

**Member Portal**

Registration Step 1 of 5

To register, please enter the following data.

First Name:

Last Name:

Date of Birth:

Gender: ☒ M ☐ F

Zip Code:

Submit

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6. After completing all the fields, you will be taken to an authentication screen. Follow the instructions, then click "Verify."

Select all squares with traffic lights

VERIFY

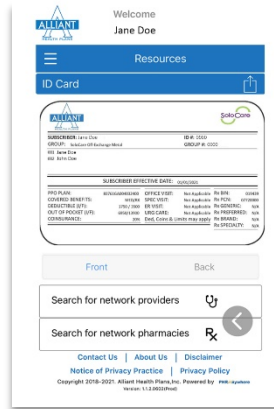
FOOTNOTES OF PRIVACY POLICY

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7. After you complete Step 1 of 5 of the registration process, a screen will appear that will let you view your Member ID Card or continue with activation of your Member Portal.



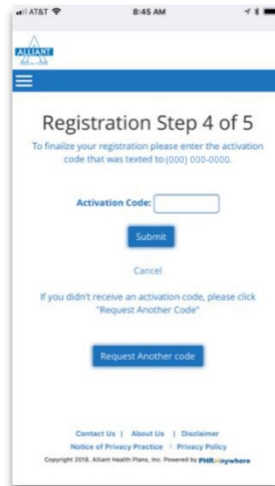
8. Registration Step 2 of 5 - Enter either the last four digits your Social Security Number OR entering your physical address in the fields.

A screenshot of the 'Registration Step 2 of 5' screen. It prompts the user to confirm information by entering either the 'Last 4 digits of SSN' or the 'Physical Address'. The address fields are pre-filled with '1234 Street Rd APT 12'. There are 'Submit' and 'Cancel' buttons at the bottom. The footer contains links for 'Contact Us', 'About Us', 'Disclaimer', 'Notice of Privacy Practice', and 'Privacy Policy', along with copyright information for Alliant Health Plans, Inc.

9. Registration Step 3 of 5 - Check one of the boxes to receive your activation code by text or mail to your address, then click "Submit."

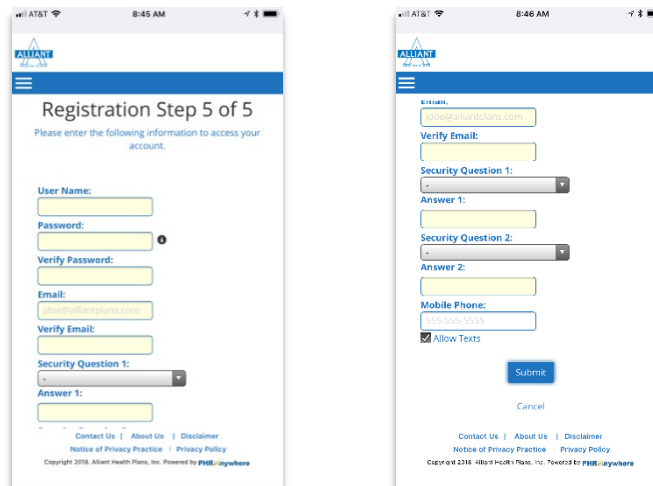
A screenshot of the 'Registration Step 3 of 5' screen. It asks the user to select a method to receive their activation code: 'Text to (000) 000-0000' or 'Mail to 1234 Street, City, State 12345'. There is a note about incorrect address information and a customer support phone number. 'Submit' and 'Cancel' buttons are at the bottom. The footer includes links for 'Contact Us', 'About Us', 'Disclaimer', 'Notice of Privacy Practice', and 'Privacy Policy', and copyright information for Alliant Health Plans, Inc.

10. Complete registration Step 4 of 5. Enter the activation code texted to your cell phone OR enter the activation code you received by mail. Pictured below is an example of the screen that appears when you receive your activation code by text message.



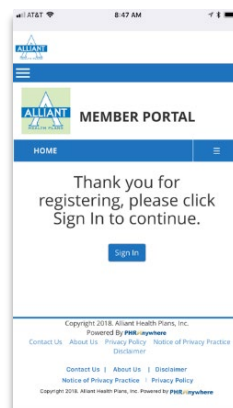
The screenshot shows the 'Registration Step 4 of 5' screen. The title is 'Registration Step 4 of 5'. Below it, the text says 'To finalize your registration please enter the activation code that was texted to (000) 000-0000.' There is a text input field labeled 'Activation Code:' with a blue 'Submit' button below it. Below the 'Submit' button is a 'Cancel' link. Further down, there is a message 'If you didn't receive an activation code, please click "Request Another Code"' and a blue 'Request Another Code' button. At the bottom, there are links for 'Contact Us', 'About Us', and 'Disclaimer', and a 'Notice of Privacy Practice' link. The footer includes 'Copyright 2018, Alliant Health Plans, Inc. Powered by PHU. Logoshere'.

11. Finalize your member portal registration by completing Step 5 of 5. Create a User Name and Password, as well as add security features to your account by entering your email address and selecting and answering three security questions. You will also have the option of adding your mobile phone number to your account to receive text messages. After you have completed the fields, click submit.



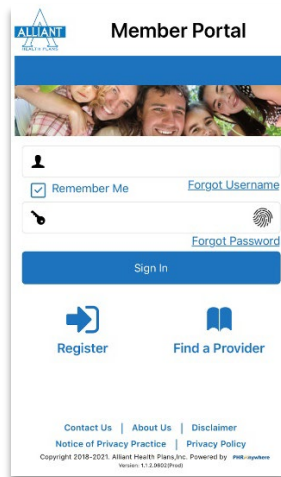
The screenshot shows the 'Registration Step 5 of 5' screen. The title is 'Registration Step 5 of 5'. Below it, the text says 'Please enter the following information to access your account.' There are several input fields: 'User Name:', 'Password:', 'Verify Password:', 'Email:', 'Verify Email:', 'Security Question 1:', 'Answer 1:', 'Security Question 2:', 'Answer 2:', 'Mobile Phone:', and a checkbox for 'Allow Texts'. There is a blue 'Submit' button and a 'Cancel' link. At the bottom, there are links for 'Contact Us', 'About Us', and 'Disclaimer', and a 'Notice of Privacy Practice' link. The footer includes 'Copyright 2018, Alliant Health Plans, Inc. Powered by PHU. Logoshere'.

12. Your registration is successful when you see the screen below. Click the blue sign in button to log into your Member Portal.



The screenshot shows the 'MEMBER PORTAL' screen. The title is 'MEMBER PORTAL'. Below it, the text says 'Thank you for registering, please click Sign In to continue.' There is a blue 'Sign In' button. At the bottom, there are links for 'Contact Us', 'About Us', and 'Disclaimer', and a 'Notice of Privacy Practice' link. The footer includes 'Copyright 2018, Alliant Health Plans, Inc. Powered by PHU. Logoshere'.

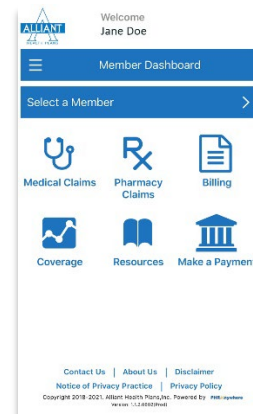
13. Log into your Member Portal with the User Name and Password that you created.



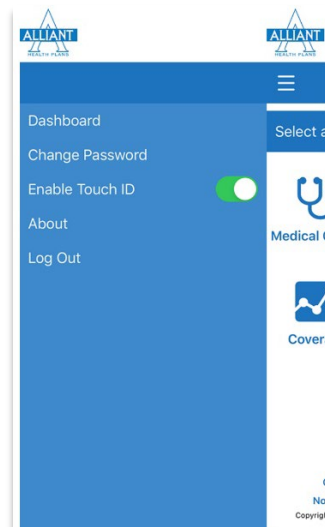
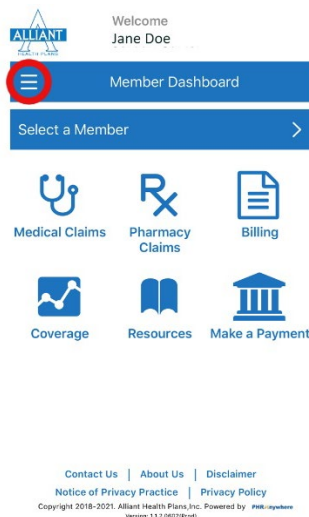
14. Once logged in, your Member Dashboard will appear. Below is an illustration of a Group (SimpleCare) Member's Dashboard. If you have an Individual Family Plan (SoloCare) plan, your dashboard will include an option to Pay Your Bill.

From your Member Dashboard:

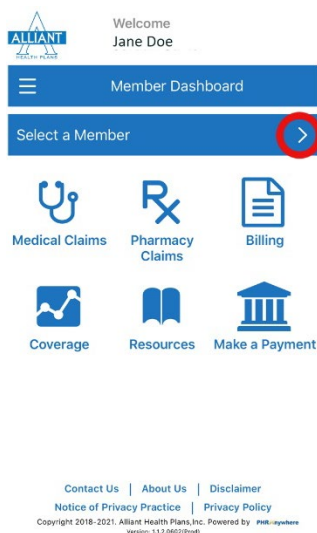
- Manage your portal account
- Switch to dependent accounts (if applicable)
- Medical Claims
- Pharmacy Claims
- Coverage
- Provider Directory



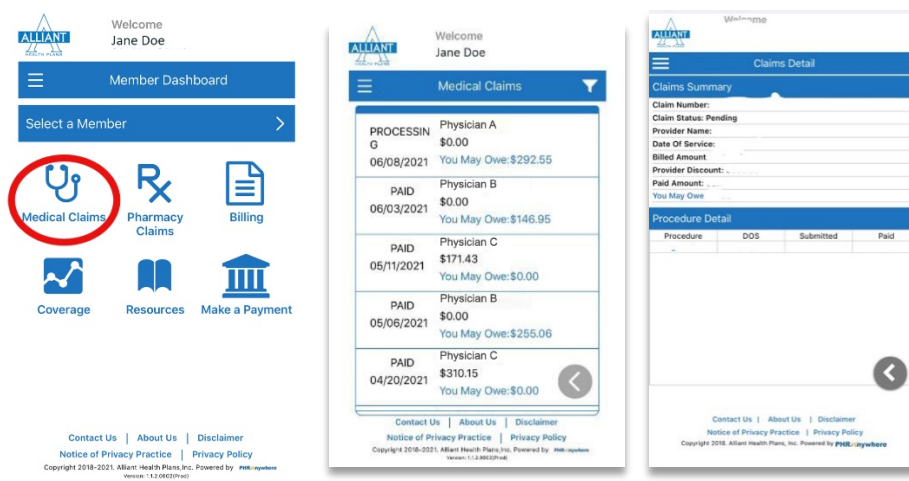
15. Member Portal Account – Select Dashboard, Change Your Password, Enable Touch ID and Log Out of your Portal.



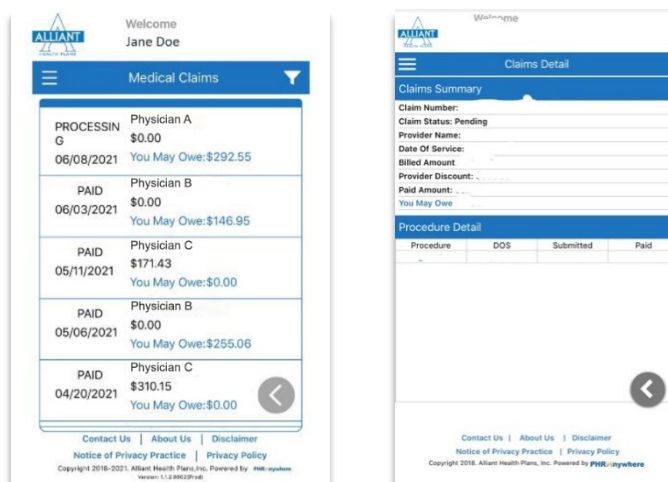
16. Click “Select a Member” to see dependents on your account.



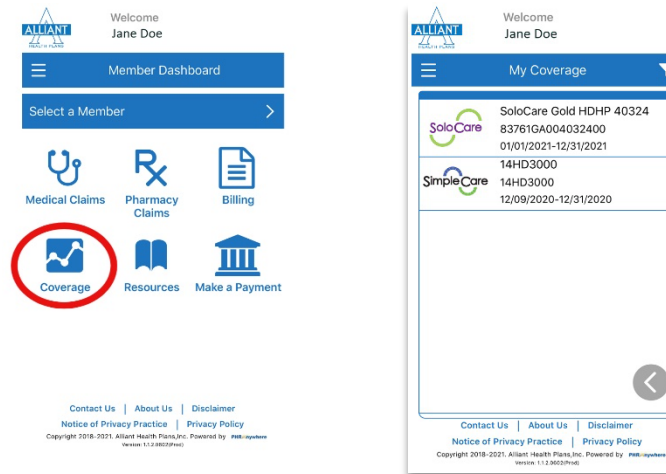
17. You may view your medical claims history by clicking the “Medical Claims.” Once in your history, you can view some details on a medical claim.



18. From the Member Portal Dashboard, you can view your Pharmacy Claims. Once in your Pharmacy Claims history, you can click into details of your Pharmacy Claims.



19. From the Member Portal Dashboard, you can see your coverage history, medical and pharmacy, as applicable.



20. Under Resources on the Member Dashboard, you will find your Member ID Card, which can be emailed, texted or faxed to a provider. You will also find links to “Search for network providers” and “Search for network pharmacies.”

