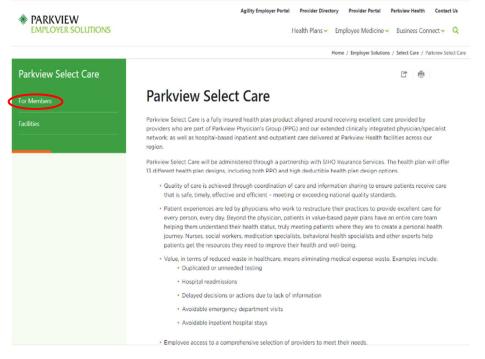
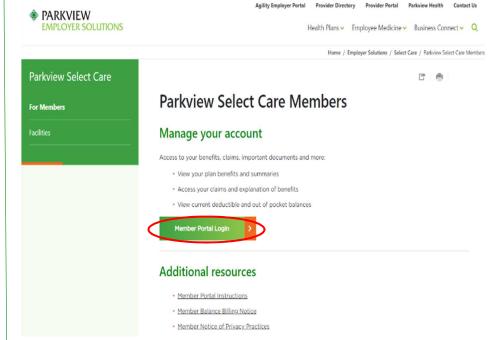


MEMBER PORTAL GUIDE

To access the member portal, visit <u>www.Parkview.com/SelectCare</u> From there, click *For Members*.



CONTACT US: 855.926.2551 memberservices@siho.org www.Parkview.com/employersolutions The member will then click the green, *Member Portal Login* tab to be directed the Parkview Select Care Member Portal sign in page.



1. CREATING AN ACCOUNT

To create a login for the Parkview Select Care Member Portal, an active member will need to create an account by clicking on Create 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 Parkview Select Care.



Phone

Toll-Free: (855) 926-2551 TTY: Dial Relay Indiana at 711 or (800) 743-3333 X711 Give the operator either number listed above and you will be connected to a Member Service Representative for a conference call.

Email

memberservices@siho.org

Mail

Parkview Select Care P.O. Box 1775 Columbus, IN 47202-1775

Hours

Member Services: Monday through Friday 8 AM - 6 PM EST

Website

www.parkview.com/employersolutions

Sign into your account

Password					Isername
					assword
Sign in Create account	5	Create account	(an in	

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
- Access your claims and explanation of benefits
- View current deductible and out of pocket balances

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



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.

Z Accept			
	Cancel	Next	

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.

Enter the Member ID (exactly as it appears on your ID card), Name, and Date of Birth.

Dependents may create their own personal account by marking the box next to "Are you a dependent" and providing their First Name and Date of Birth.

Click 'Next' at the bottom of the page when complete.

Member ID		
First Name		
Last Name		
Date of Birth		
Format mm/dd/yyyy		
Cancel	Previous	Next

The member will complete the 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			
1			
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

A confirmation will display to confirm the member's information, 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: parkviewmember1 E-mail Address: test@siho.com

	Cancel	Previous	Finish	
--	--------	----------	--------	--

2. LOG-IN SCREEN

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





Total health takes teamwork

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Hours

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Website

www.parkview.com/employersolutions



Username	
parkview.member	
Password	
••••••	
Sign in	Create account
Forgot your username or password? Forgot your username or password?	

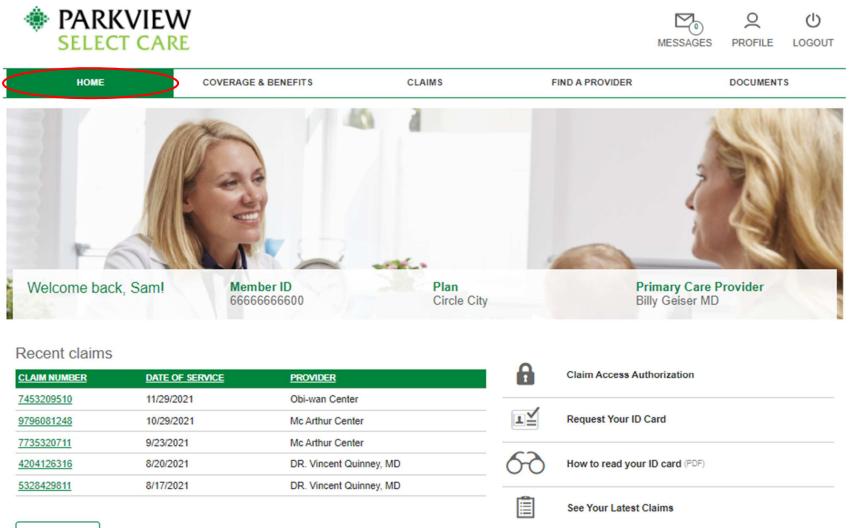
Manage your account

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

- View your plan benefits and summaries
- Find a network healthcare provider
- Access your claims and explanation of benefits
- View current deductible and out of pocket balances

3. HOME TAB

This this 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.



View all claims

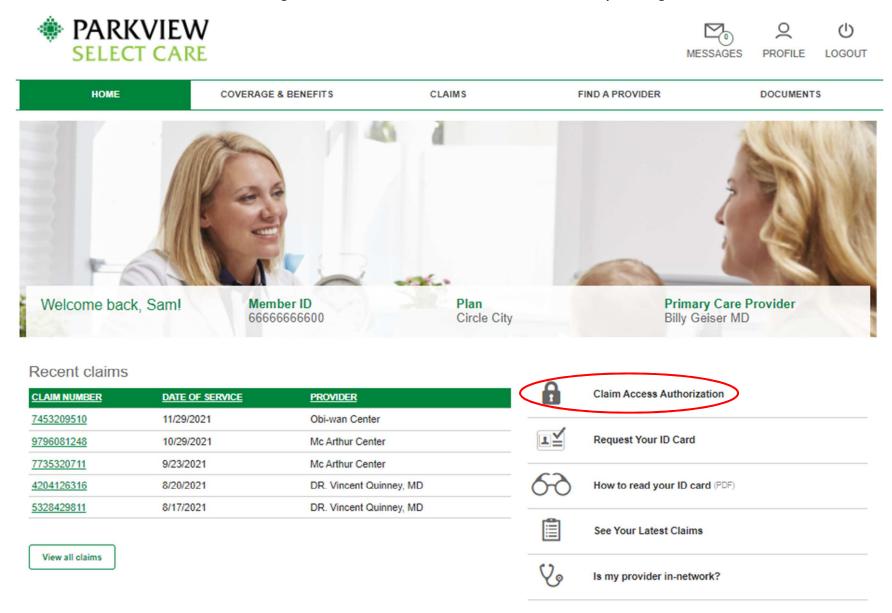
Deductible and Out-of-Pocket Balances

Is my provider in-network?

V.

4. GRANTING CLAIM ACCESS

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



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 (No Account)	O Grant Access	O Deny Access
Daniel Jones (No Account)	Grant Access	O Deny Access
Alicia Jones (No Account)	O Grant Access	O Deny Access

Request Access

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

O Elizabeth Jones

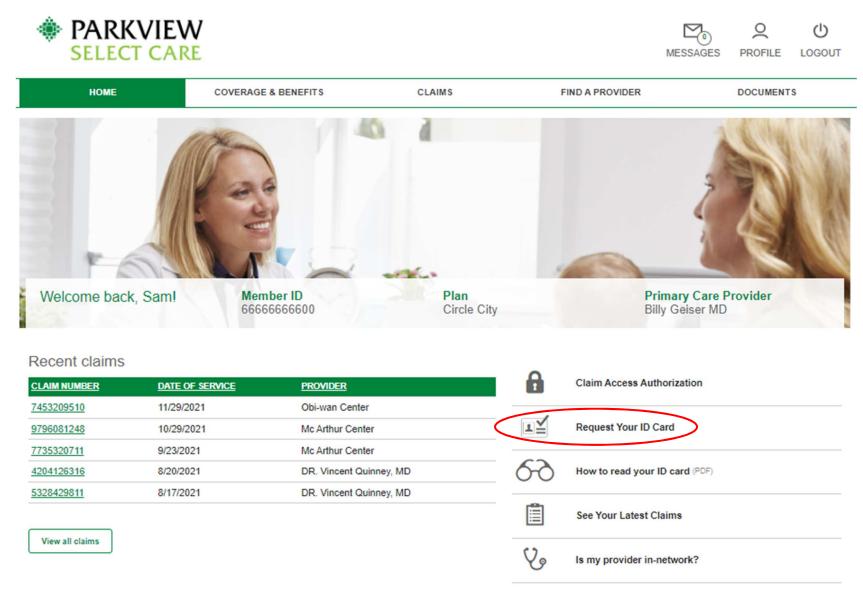
O Daniel Jones

O Alicia Jones



5. REQUEST AN ID CARD

A member can request an ID Card by clicking on Request your ID Card.



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:*
66666666600
Group Number:*
300
Number of cards requested:*
E-mail:* Format: mailbox@domain.ext
test@siho.com
Back Submit

Once submitting the request, an acknowledgement pops up. The member will then need to press the *Close* button to return to the Home Screen.



Tracking #12604259

Sent by Admin Team on 12/16/2021.

Member ID Card Reply

Thank you. Your request has been submitted. Thank you. Your request has been submitted.

Request Date: 12/16/2021

Member First Name: Sam

Member Last Name: Jones

Member ID: 66666666600

Group Number: 300

Username: parkview.member

Number of cards requested:

1

E-mail:

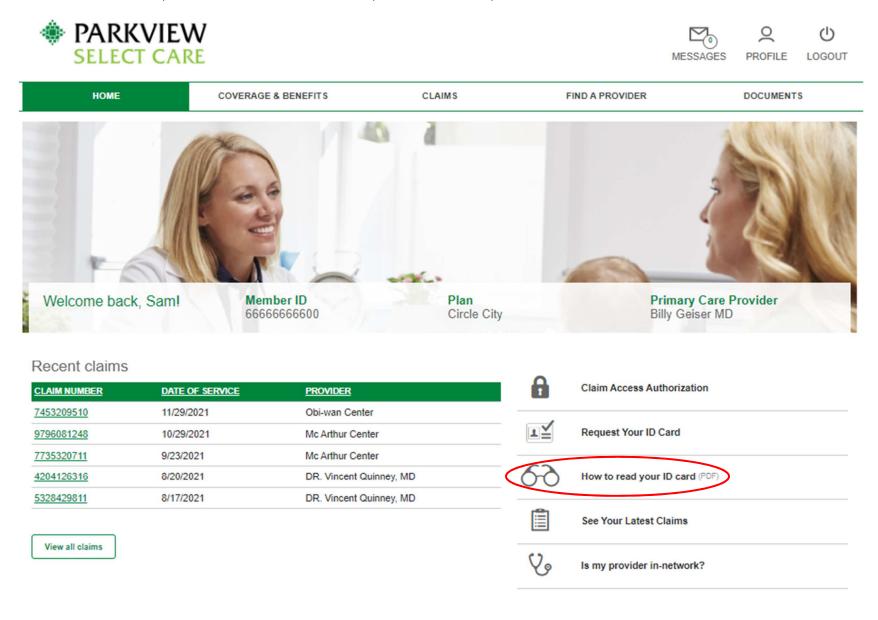
test@siho.com

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.



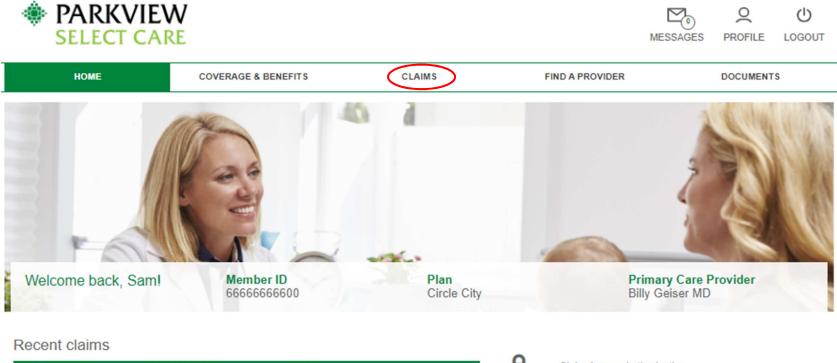
6. UNDERSTANDING YOUR ID CARD

This document will explain ID cards to members and provides an example card.



7. 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.



CLAIM NUMBER	DATE OF SERVICE	PROVIDER	Claim Access Authorization
7453209510	11/29/2021	Obi-wan Center	
9796081248	10/29/2021	Mc Arthur Center	Request Your ID Card
7735320711	9/23/2021	Mc Arthur Center	
4204126316	8/20/2021	DR. Vincent Quinney, MD	How to read your ID card (PDF)
5328429811	8/17/2021	DR. Vincent Quinney, MD	
			See Your Latest Claims
View all claims			
			Is my provider in-network?

This is what the *Claims* link displays. 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*.

PARKVIEV SELECT CAR	N RE			MESSAGES	O PROFILE	U LOGOUT
HOME	COVERAGE & BENEFITS	CLAIMS	FIND A PROVIDER		DOCUMENT	S
Claims Rx Claims						
Claims						
Filter Claims Results						

Showing 15 Claims for All Users

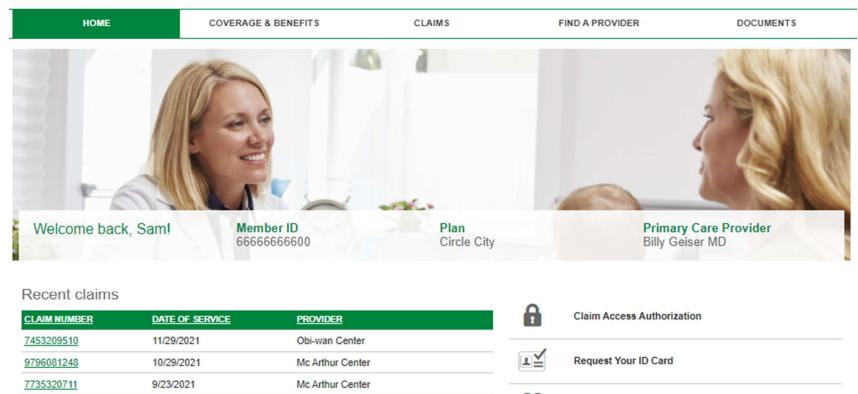
Export Results (CSV) **CLAIM NUMBER** PATIENT NAME SERVICE DATE TOTAL CHARGE PROVIDER 7453209510 Jones, Sam 11/29/2021 \$1,728.74 **Obi-wan Center** 9796081248 Jones, Daniel 10/29/2021 \$18,366.72 Mc Arthur Center 7735320711 Jones, Alicia 9/23/2021 \$4,859.59 Mc Arthur Center DR. Vincent Quinney, MD 4204126316 Jones, Daniel 8/20/2021 \$1,339.94 DR. Vincent Quinney, MD 5328429811 8/17/2021 \$9,954.96 Jones, Sam Mc Arthur Center 283745299 Jones, Sam 8/1/2021 \$129.79 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

8. IN-NETWORK PROVIDER REQUEST

The member can access the Provider Directory by clicking on the *Is my provider in-network*? tab and completing the form.



MESSAGES PROFILE LOGOUT



DR. Vincent Quinney, MD

DR. Vincent Quinney, MD

How to read your ID card (PDF)

See Your Latest Claims

00

Vo Is my provider in-network?

View all claims

4204126316

5328429811

8/20/2021

8/17/2021

Upon completion of the form, the member will need to click the *Submit* button.



Is my provider in-network?

First Name:

Sam

Last Name:

Jones

Member ID:*

66666666600

PCP Name:*

PCP Location:

Other:





A message is then sent to Member Services making the inquiry and an acknowledgement will be displayed. The member will need to click the *Close* button to return to the home screen.



Tracking #12604591

Sent by Sam Jones on 12/16/2021.

Is my provider in-network?

First Name: Sam

Last Name: Jones

Member ID: 6666666600

PCP Name:

John Smith

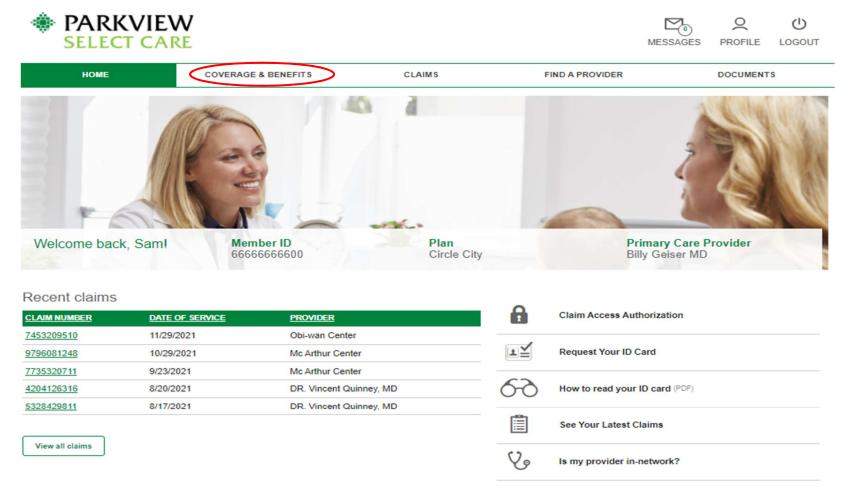
PCP Location:

Other:



9. DEDUCTIBLE AND OUT-OF-POCKET BALANCES

By clicking View All Balances, it will navigate the member to the Coverages and Benefits tab.



Deductible and Out-of-Pocket Balances

Sam Jones

In-Network M Deductible

\$300.00

\$300.00

>

A total of \$300.00 has been spent towards Sam Jones' Total In-Network M deductible. When \$300.00 has been reached, this 2021 plan year deductible will be completed.



10. COVERAGE AND BENEFITS TAB

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

PARKVIEV SELECT CAR	V E			MESSAGES	PROFILE	LOGOUT
НОМЕ	COVERAGE & BENEFITS	CLAIMS	FIND A PROVIDER		DOCUMENT	s
Viewing information for: Sam Jon	es 🗸					
View Your ID Card						
Coverages and bene	fits					
I have a general plan or coverage questi	on					
Personal Info						
Member Name:	Sam Jones	Date of Birth		5/1962		
Member ID: Gender:	6666666600	SSN:	66	6666666		
	м					
Contact Info						
Main Address 1:	4161 E 96th St					
Main Address 2:						

Main City:	Indianapolis
Main State:	IN
Main Zip:	46240

Plan Info

Health Plan:	Circle City	Group ID:	300
Member ID:	66666666600	Date of Birth:	1/5/1962

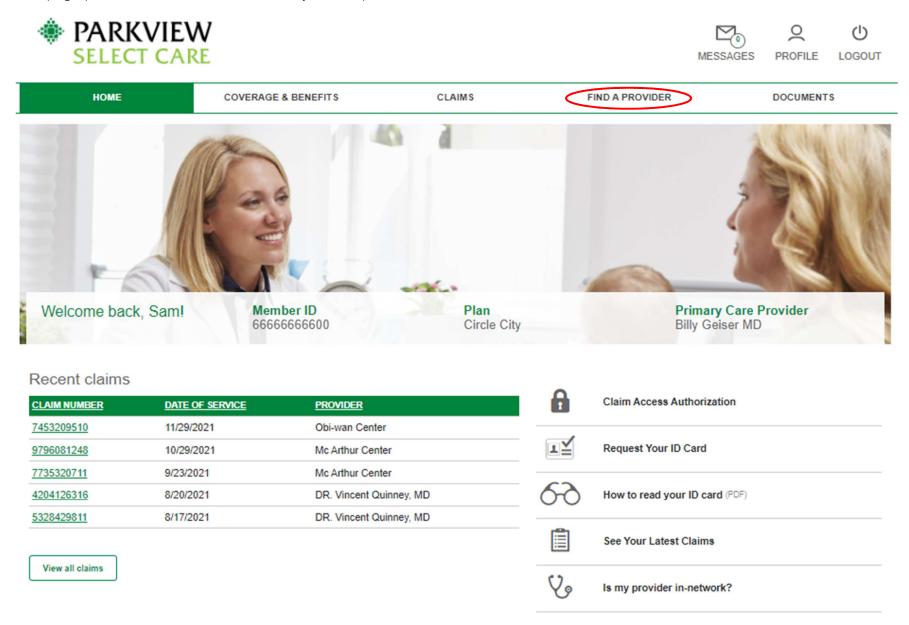
This page displays the member out-of-pocket amounts.

My Current Balances

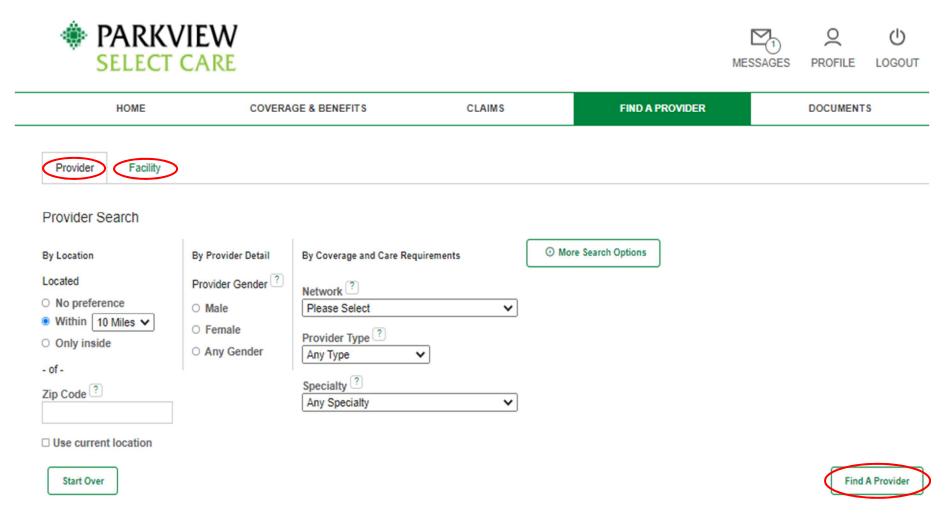
NAME	AMOUNT MET	MAX AMOUNT	PERCENT MET
Medical	S0.00	\$500.00	
Medical	\$300.00	\$300.00	
Medical	\$0.00	\$500.00	
Medical	\$0.00	\$1,500.00	
Medical	\$300.00	\$600.00	
Medical	\$0.00	\$1,500.00	
Medical - Family	\$14.62	\$1,000.00	•
Medical - Family	\$900.00	\$900.00	
Medical - Family	\$0.00	\$1,000.00	
Medical - Family	\$0.00	\$3,000.00	
Medical - Family	\$1,007.50	\$1,800.00	
Medical - Family	\$0.00	\$3,000.00	

11. FIND A PROVIDER TAB

This page provides members with the ability to find providers and facilities.



Members can input the required information and click Find A Provider or click the Facility tab to find a facility.

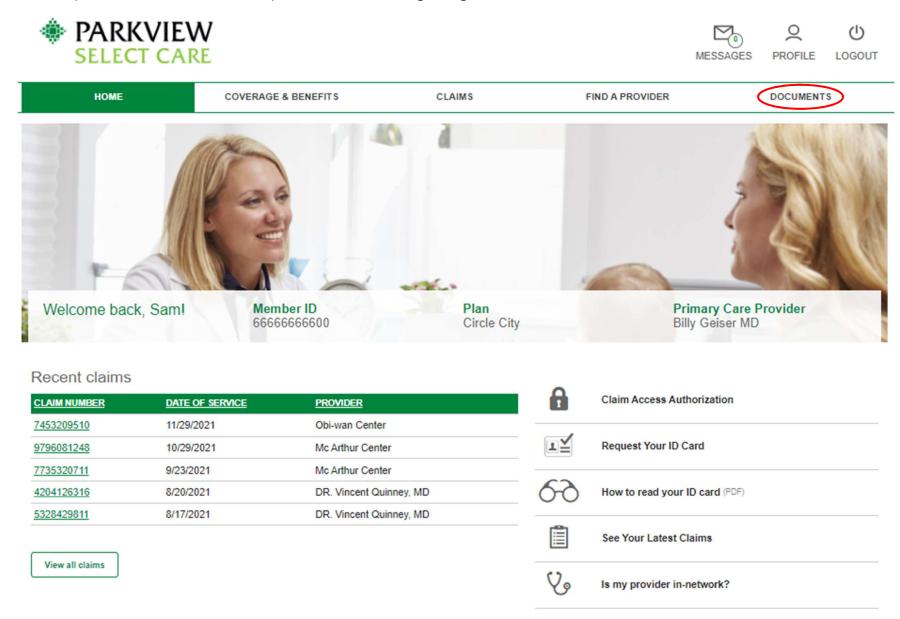


Updates received from our network providers are generally added to the Find a Provider or Hospital search tool once a week. This information is also subject to change at any time. Please always contact the provider directly to check their status and availability.

Last Updated: 2021-01-28

12. DOCUMENTS TAB

This tab provides the member with important documents regarding their account.



This is what the *Documents* tab displays. Members can access Line of Business, Group and Plan Documents from this page.



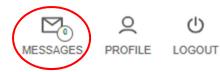


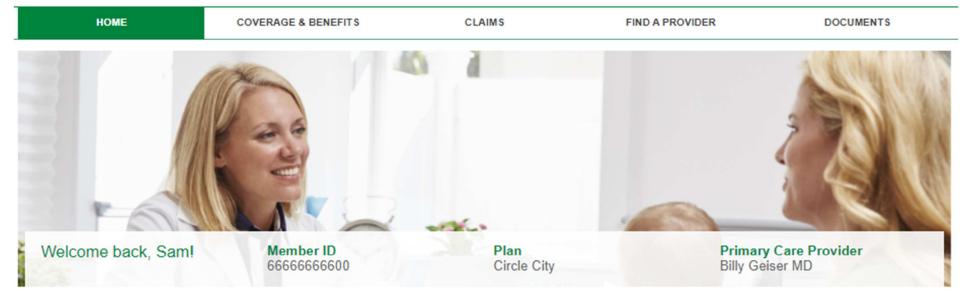
HOME	COVERAGE & BENEFITS	CLAIMS	FIND A PROVIDER	DOCUMENTS
Line of Business Doct	uments			
Name SIHO PHB Effective 1.1.21		<u>Size</u> 289 KB	Date Modified 12/13/2021 8:50 AM	
Group Documents				
Name SPD requirements (DOCX)		<u>Size</u> 49 KB	Date Modified 10/11/2021 12:23 PM	
Plan Documents				

No files found.

13. MESSAGES TAB







Recent claims

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

8	Claim Access Authorization
I	Request Your ID Card
69	How to read your ID card (PDF)
	See Your Latest Claims
V.	Is my provider in-network?

View all claims

This is what the Messages link displays. The member can click on a message to see the details.

PARKVIEW SELECT CARE			MESSAG	
HOME	COVERAGE & BENEFITS	CLAIMS	FIND A PROVIDER	DOCUMENTS
Messages				
Filter Messages				
℅ Search by Tracking # ▼	Folder All Messages 🗸	Search Sort Results Trac	cking # V Descending V	

Message List

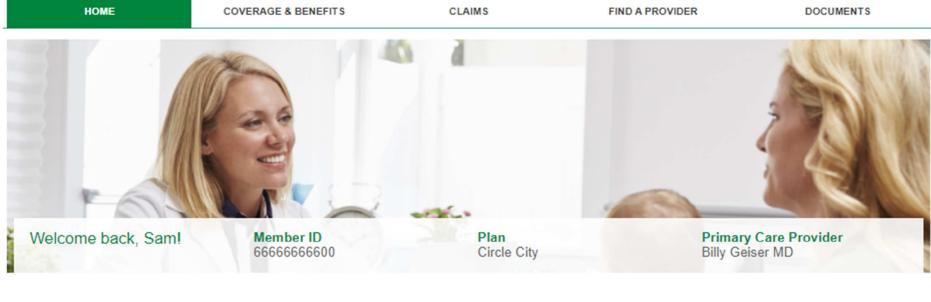
All Messages 🖾 Inbox (0) 🛪 Sent 🔊 Archived

•	SUBJECT	FROM	UPDATED DATE -	SUBMITTED DATE	TRACKING #	GROUP	STATUS
No re	cords found						
Selec	ted items 🗸						

14. PROFILE TAB







Recent claims

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
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 Claim Access Authorization

 Image: Claim Access Authorization

 Request Your ID Card

 How to read your ID card (PDF)

 See Your Latest Claims

 Is my provider in-network?

View all claims

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

PARKVIE SELECT CA	CW RE		MESSAG	
HOME	COVERAGE & BENEFIT\$	CLAIMS	FIND A PROVIDER	DOCUMENT\$

Account Information

First Na	me:		
Sam			
Last Na Jones	me:		
•Userns	ime:		
matrice	w.memb	er.	

11/14/2021

Emall: test@siho.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

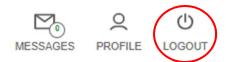
What was the name of your first pet?		~

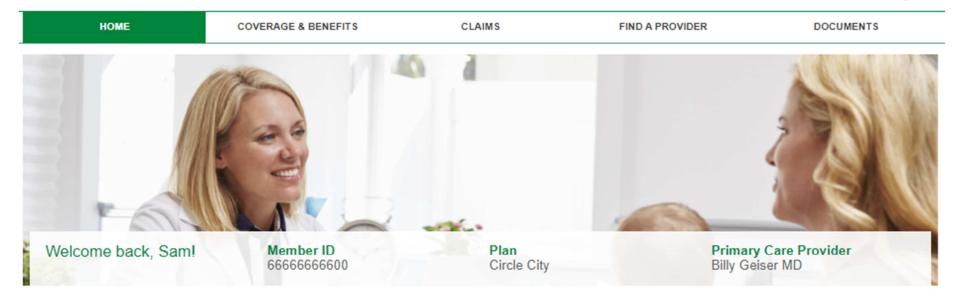
What is the first name of your oldest nephew?		~

In what city was your mother born? (Enter full n	ame of city only)	~

15. LOGOUT TAB







Recent claims

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
<u>5328429811</u>	8/17/2021	DR. Vincent Quinney, MD

View all claims

	Claim Access Authorization
I	Request Your ID Card
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Hours

Member Services: Monday through Friday 8 AM - 6 PM EST

Website

www.parkview.com/employersolutions

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Password
Sign in
Create account
Eorgot your username or password?

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
- Access your claims and explanation of benefits
- View current deductible and out of pocket balances