



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: 812-348-4576 (TTY: 711)
Toll-Free: 844-425-4280 (TTY: 711)

Email:

MemberServices@MyTruAdvantage.com

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. MyTruAdvantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.425.4280 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.844.425.4280 (TTY: 711) Y0150_1000_MC0562_C

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CREATING AN ACCOUNT

1 Go to: www.MyTruAdvantage.com and click the  **Login** button.

2 Then click Member to open the portal webpage.

 I want to signin as...

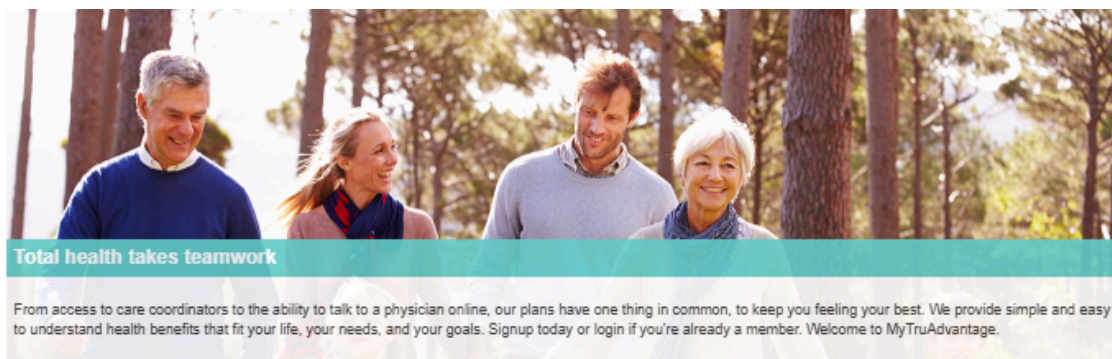
Member 

Agent - Enrollment 

Agent - Portal 





Provider

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



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

Sign into your account

Username

Password

Sign in

Create account

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

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.

☒ Accept

Cancel

Next

5

The member will complete the fields and click Next.

Your member ID number can be found on your MyTruAdvantage ID card that you should receive in the mail. If you haven't yet received your ID card, you can contact Member Services at 844.425.4280.

Member ID

First Name

Last Name

Date of Birth

Format mm/dd/yyyy

6

The member will complete their profile by creating a Username and Password. Then click Next.

Username

Email Address

Confirm Email Address

Password

Confirm Password

Security Question 1
 -- Select Question --

Security Question 2
 -- Select Question --

Security Question 3
 -- Select Question --

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](#)

7

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).

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.

8

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 has now successfully created a Member Web Portal account.

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

9

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

Member Information

Your Name: Sam J Jones
Address: 4161 E 96th St
City: Indianapolis
State: IN
Zip: 46240

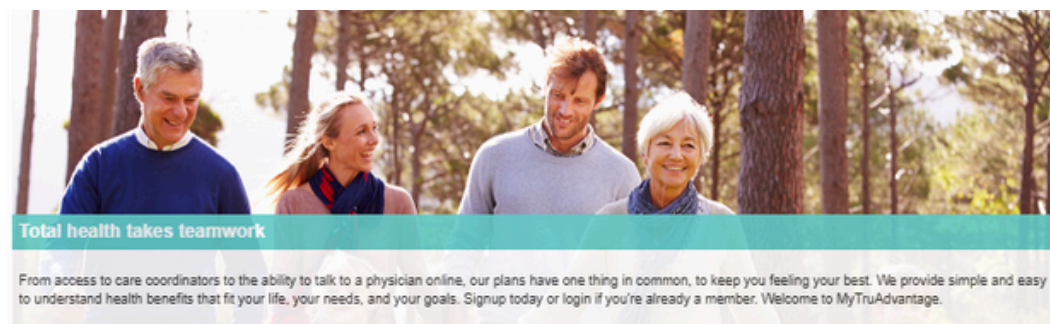
Account Information

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

LOGGING IN





1

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



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

Sign into your account

Username

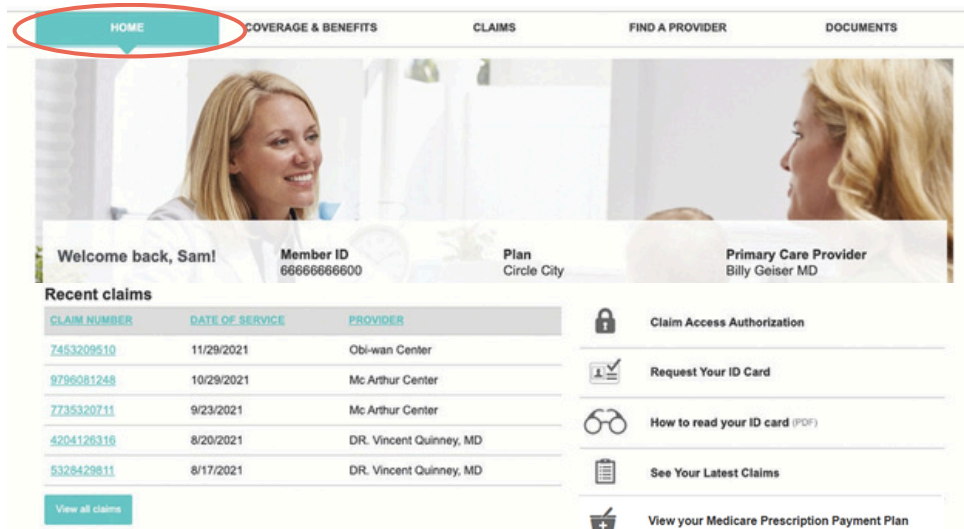
Password

Sign in

HOME

1

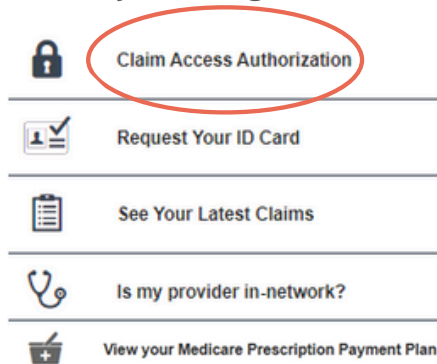
This is the Home Screen the member will see first after logging-in. From here, the member will be able to access their claims information, coverage & benefits, important documents, provider information and more.



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.

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	<input type="radio"/> Grant Access	<input type="radio"/> Deny Access
Daniel Jones	<input type="radio"/> Grant Access	<input type="radio"/> Deny Access
Alicia Jones (No Account)	<input type="radio"/> Grant Access	<input type="radio"/> Deny Access

Request Access

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

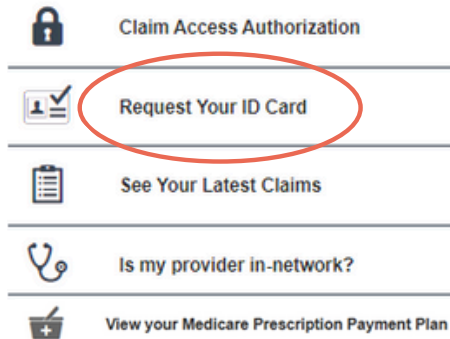
☐ Elizabeth Jones
☐ Daniel Jones
☐ Alicia Jones

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:*
- Select One - v

E-mail:*
Format: mailbox@domain.ext
test@zipari.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.

Member ID Card Reply

Thank you. Your request has been submitted.

Request Date:
12/8/2022

Member First Name:
Sam

Member Last Name:
Jones

Member ID:
6666666600

Group Number:
300

Username:
siho.mta.sjones

Number of cards requested:
1

E-mail:
test@zipari.com

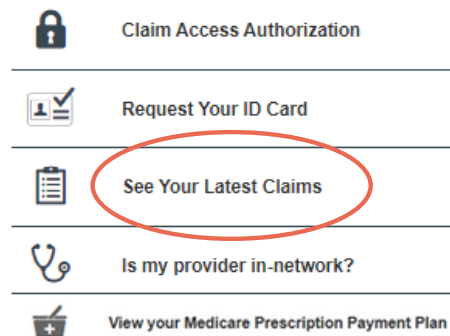
Thank you for submitting your ID Card request. The cards will be sent as soon as possible. If we have any issues with the request, we will contact you via email.

Close

VIEW CLAIMS

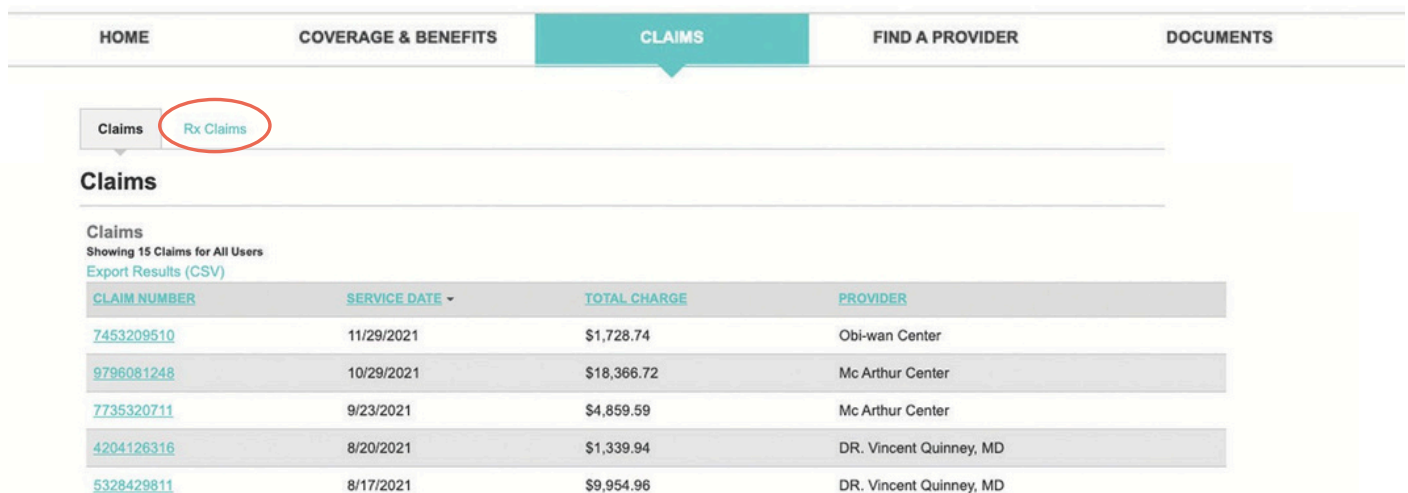
1

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.



2

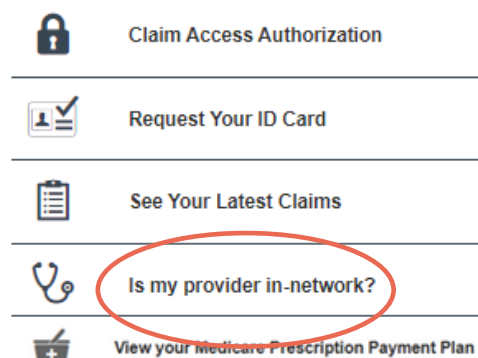
This tab displays all claims, along with a filter feature to assist with searching. Members can also view pharmacy claims by clicking on Rx Claims.



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



Is my provider in-network?

First Name:

Sam

Last Name:

Jones

Member ID:

66666666600

PCP Name:

John Smith

PCP Location:

MEDICARE PRESCRIPTION PAYMENT PLAN

1

If the member has elected to be in the Medicare Prescription Payment Plan, click here to access your account.



Claim Access Authorization



Request Your ID Card



See Your Latest Claims



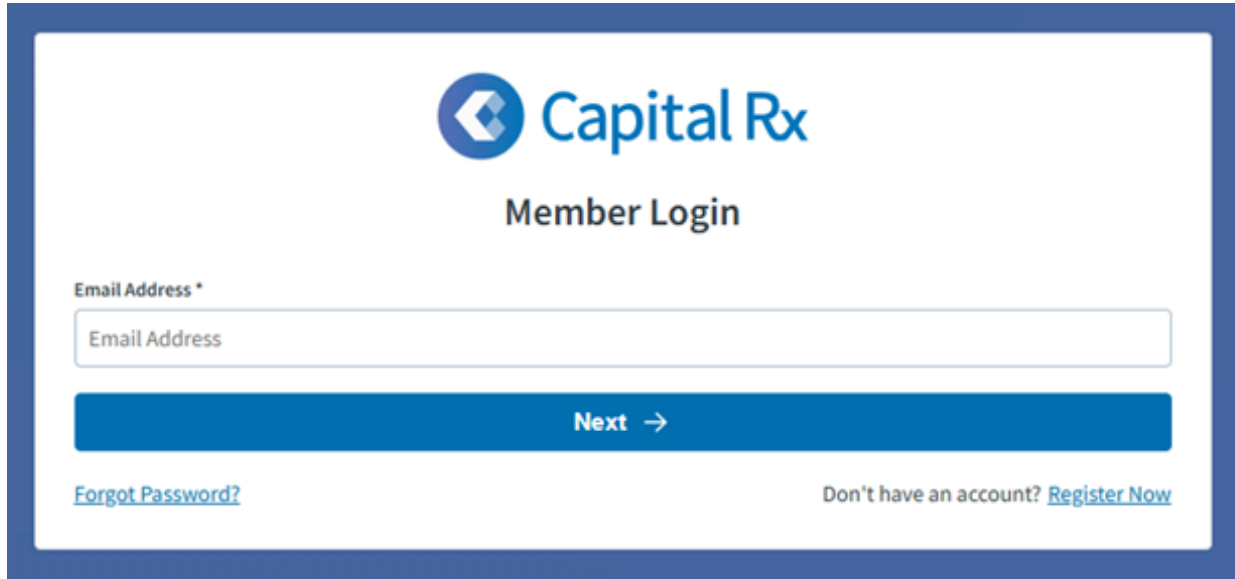
Is my provider in-network?



View your Medicare Prescription Payment Plan

2

This will connect directly to an outside portal landing page.

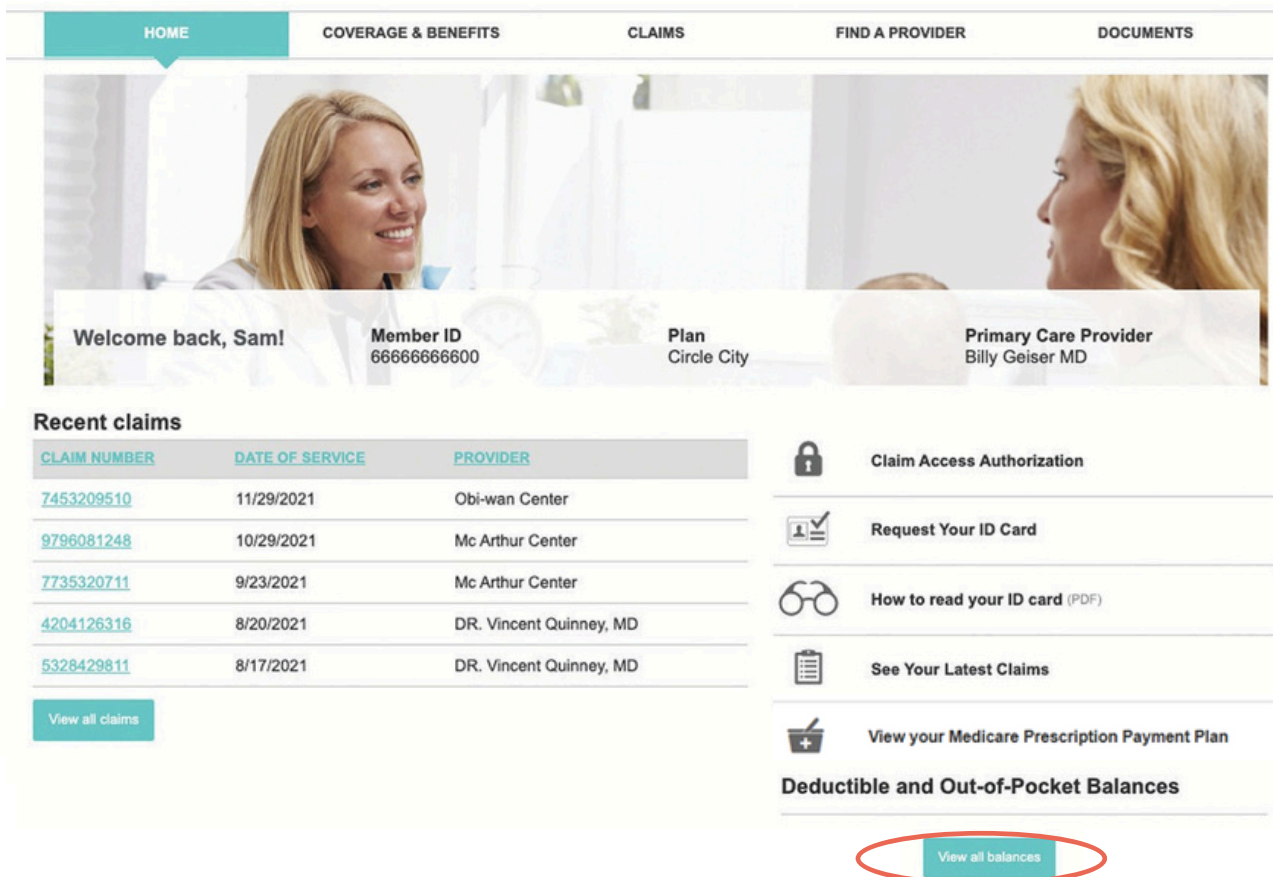


The image shows the Capital Rx Member Login page. At the top is the Capital Rx logo. Below it is the heading "Member Login". There is a text input field labeled "Email Address *" with the placeholder text "Email Address". Below the input field is a blue button labeled "Next →". At the bottom left is a link "Forgot Password?" and at the bottom right is a link "Don't have an account? Register Now".

OUT-OF-POCKET BALANCES

1

By clicking View all balances, it will navigate the member to the Coverages and Benefits Tab.



The image shows the Capital Rx Member Dashboard. At the top is a navigation bar with tabs: HOME, COVERAGE & BENEFITS, CLAIMS, FIND A PROVIDER, and DOCUMENTS. Below the navigation bar is a banner image of a woman smiling. Below the banner is a welcome message: "Welcome back, Sam!". To the right of the welcome message are three pieces of information: "Member ID 66666666600", "Plan Circle City", and "Primary Care Provider Billy Geiser MD". Below the banner is a section titled "Recent claims" with a table of claims. To the right of the table is a "View all claims" button. Below the table is a section titled "Deductible and Out-of-Pocket Balances" with a "View all balances" button circled in red.

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

[View all claims](#)

[Claim Access Authorization](#)

[Request Your ID Card](#)

[How to read your ID card \(PDF\)](#)

[See Your Latest Claims](#)

[View your Medicare Prescription Payment Plan](#)

Deductible and Out-of-Pocket Balances

[View all balances](#)

COVERAGE & BENEFITS

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

Coverages and benefits

[I have a general plan or coverage question](#)

Personal Info

Member Name:	Sam Jones	Date of Birth	1/5/1962
Member ID:	6666666600	SSN:	666666666
Gender:	M		

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:	6666666600	Date of Birth:	1/5/1962

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

Coverage Info

Medical

Plan Name:	MEDADVSG1P1PPO	Coverage Dates:	1/1/2021 -
Status:	Active		

My Current Balances

NAME	AMOUNT MET	MAX AMOUNT	PERCENT MET
\$10000 Individual Maximum Out of Pocket	\$1,215.00	\$10,000.00	<div><div></div></div>
\$5000 Individual In-Network Maximum Out of Pocket	\$1,215.00	\$5,000.00	<div><div></div></div>
\$10000 Individual Maximum Out of Pocket	\$1,215.00	\$10,000.00	<div><div></div></div>

FIND A PROVIDER

HOME

COVERAGE & BENEFITS

CLAIMS

FIND A PROVIDER

DOCUMENTS

- 1 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](#)

DOCUMENTS

[HOME](#)[COVERAGE & BENEFITS](#)[CLAIMS](#)[FIND A PROVIDER](#)[DOCUMENTS](#)

1 This tab provides the member with important documents regarding their plan.

Plan Documents

Name [MTA PHB Effective 1.1.25](#)**Size**

289 KB

Date Modified[1/1/25](#)

MESSAGES

[HOME](#)[COVERAGE & BENEFITS](#)[CLAIMS](#)[FIND A PROVIDER](#)[DOCUMENTS](#)

1 Have a question or need to speak with Member Services? The messages button allows members to email our team directly through the portal.

Messages

Filter Messages

Search by **Tracking #** Folder **All Messages** **SEARCH** 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



HOME

COVERAGE & BENEFITS

CLAIMS

FIND A PROVIDER

DOCUMENTS

1 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.samjones.siba

Account created:

8/20/2020

Email:

arice@healthix.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

LOGOUT



HOME

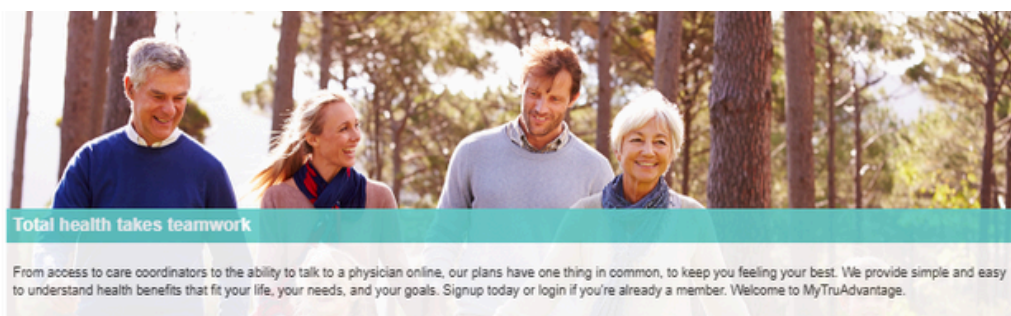
COVERAGE & BENEFITS

CLAIMS

FIND A PROVIDER

DOCUMENTS

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



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Sign into your account

Username

Password

Sign in

Create account