



## MEMBER PORTAL GUIDE

As a feature of your health care benefits, Deaconess OneCare provides **secure** internet access to give you the Information you need anytime you need it. **To access the member portal, visit [www.deaconessonecare.com](http://www.deaconessonecare.com).**

Some of these services are:

- **Claims**  
Deaconess OneCare provides quick access to your claims status and eligibility information. You can track your medical claims as they move through the Deaconess OneCare claims processing system.
- **Forms**  
Finding a claim form is just two clicks away. By clicking on Members and then Forms you have instant access to important Deaconess OneCare forms.
- **Resources**  
Up-to-date information and references include:
  - Frequently Asked Questions
  - Useful information at your fingertips about Deaconess OneCare, how to contact us, and answers to questions about our products and services
  - Helpful Links
  - Commonly used website resources

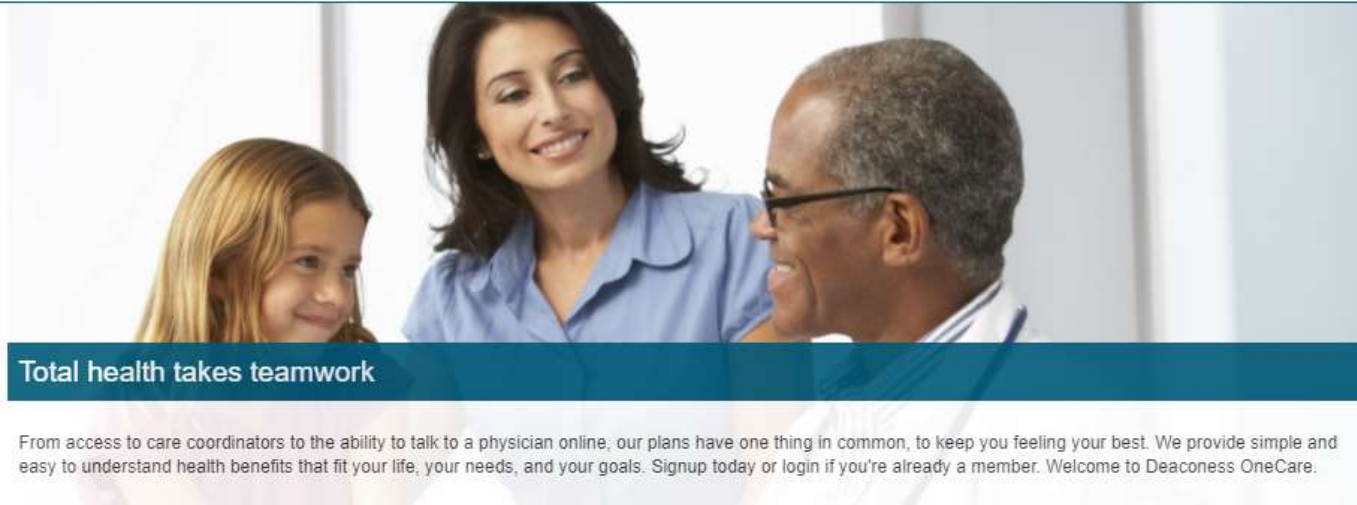
**CONTACT US:**

**(844) 378-7103**

**[Member.Services@DeaconessOnecare.com](mailto:Member.Services@DeaconessOnecare.com)**

# 1. Creating an Account

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



## Contact Us

Local: 812-378-7103  
Toll-Free: 844-378-7103  
TTY: 800-743-3333 Ext 711

Website: [www.deaconessonecare.com](http://www.deaconessonecare.com)

## 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

[Forgot your username or password?](#)

A license agreement screen will display, and the member will need to click the *Accept Box*.

## License Agreement

Please read the License Agreement. Click "Next" to continue or "Cancel" to go back to the login page.

### License Agreement

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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.

Member ID

\*\*\*\*\*

First Name

Sam

Last Name

Jones

Date of Birth

05/11/1954

Format mm/dd/yyyy

Cancel

Previous

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

Email Address

Confirm Email Address

Password

Confirm Password

Security Question 1

Security Question 2

Security Question 3

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](#)

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).

Enter the chosen method. A display box will appear.

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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.

Finish

Cancel

Enter the chosen method. A display box will appear:

The screenshot shows a dialog box titled "Two-Factor Authentication" with the sub-heading "Set up text message verification". The text inside reads: "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**." Below this text are two input fields: "Phone Number" and "One-time security code". The "Phone Number" field has a "Send code" button to its right. Below the "One-time security code" field is a link that says "Didn't receive a code? Resend". At the bottom of the dialog box are two buttons: "Enable" and "Cancel".

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 the finish*. The member is now logged into the Member Web Portal.

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

## 2. Log-in Screen



### 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 Deaconess OneCare.

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Website: [www.deaconessonecare.com](http://www.deaconessonecare.com)

### Manage your account

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

- View your plan benefits and summaries

### Sign into your account

Username

Password

[Forgot your username or password?](#)

### Enter security code

For additional security, we need to verify your identity before you can sign in to the account.

We sent a one-time security code to (\*\*\*-\*\*-1347.

Once you receive it, please enter it below. If you have not received the code or still have trouble signing in, please call member services.

One-time security code

[Didn't receive a code? Resend](#)

Remember this device for 30 days

Do not check if you are on a public or shared computer.

[Back](#)

### 3. Home, Coverage & Benefits and Claim

HOME

COVERAGE & BENEFITS

CLAIMS



Welcome back, Sam! **Member ID** 1111111100 **Employer** Circle City **Primary care provider** Billy Geiser MD

#### Recent claims

CLAIM NUMBER	DATE OF SERVICE	PROVIDER
<a href="#">4908852432</a>	1/3/2018	DR. Connie Straker, MD
<a href="#">634586714</a>	12/14/2017	DR. Betty Bayerl, MD
<a href="#">5160754348</a>	12/14/2017	DR. Connie Straker, MD

[View all claims](#)



Claim access authorization



Request your ID Card



See your latest claims



Is my provider in-network?


Manage your health & wellness

Deductible and out-of-pocket balances

The member can click on a message to see the details.

## Messages

### Filter Messages

 Search by    Sort Results

### Message List

 Inbox (0)  Sent  Archived





SUBJECT	FROM	DATE	TRACKING #	STATUS
---------	------	------	------------	--------

No records found

Selected items



In the Member Profile screen, the member can manage his profile and security options.



---

HOME      COVERAGE & BENEFITS      CLAIMS

---

### Account Information

First Name:  
Sam

Last Name:  
Jones

\*Username:

Account created:  
8/20/2020

Email:  
arices@healthix.com

Address:  
4161 E 96th St  
Indianapolis, IN 46240

### 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? ▼

From the Home Screen, the member can click the *View All Claims* which navigates the member to the Claims tab which displays all claims and there is a filter feature to assist with searching.



## Claims

Filter Claims Results

**By Date:**

Select Member  
All

Begin Date

End Date

**By Claim Number:**

Claim Numbers

One claim number per line

Showing 3 Claims for All Users

Export Results (CSV)

CLAIM NUMBER	PATIENT NAME	SERVICE DATE	TOTAL CHARGE	PROVIDER
<a href="#">4908852432</a>	Jones, Daniel	1/3/2018	\$485.23	DR. Connie Straker, MD
<a href="#">634586714</a>	Jones, Sam	12/14/2017	\$9,831.72	DR. Betty Bayerl, MD
<a href="#">5160754348</a>	Jones, Daniel	12/14/2017	\$6,233.72	DR. Connie Straker, MD

A member can grant other members access to their own data, by clicking on *Claims Access Authorization*.

HOME

COVERAGE & BENEFITS

CLAIMS




Recent claims


CLAIM NUMBER	DATE OF SERVICE	PROVIDER
<a href="#">4906852432</a>	1/3/2016	DR. Connie Straker, MD
<a href="#">634586714</a>	12/14/2017	DR. Betty Bayerl, MD
<a href="#">5160754348</a>	12/14/2017	DR. Connie Straker, MD


[View all claims](#)

Manage your health & wellness

 Claim access authorization

 Request your ID Card

 See your latest claims

 Is my provider in-network?

Deductible and out-of-pocket balances

That screen displays all members on the plan and which access they would like to grant.

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	<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

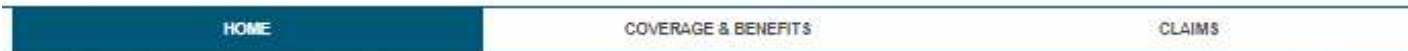
Your family member will receive an email asking them to login to the site and grant you access.

- Elizabeth Jones
- Daniel Jones
- Alicia Jones

Submit

## 4. Request an ID Card

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



Welcome back, Sam!      **Member ID**  
11111111100      **Employer**  
Circle City      **Primary care provider**  
Billy Geiser MD

### Recent claims

CLAIM NUMBER	DATE OF SERVICE	PROVIDER
<a href="#">4908852432</a>	1/3/2016	DR. Connie Straker, MD
<a href="#">834586714</a>	12/14/2017	DR. Betty Bayerl, MD
<a href="#">5180754348</a>	12/14/2017	DR. Connie Straker, MD

[View all claims](#)

- Claim access authorization
- Request your ID Card**
- See your latest claims
- Is my provider in-network?

Manage your health & wellness

Deductible and out-of-pocket balances

Request and ID Card populates these fields from the Member's Profile. The member chooses the quantity of cards requesting, then clicks on the *Submit* button.

## Member ID Card Request

Member First Name:\*

Member Last Name:\*


Member ID:\*

Group Number:\*

Number of cards requested:\*

E-mail:

Once submitting the request, an acknowledgement pops up.

Tracking #10725768  
Sent by Admin Team on 10/29/2020.  


Member ID Card Reply  
Thank you. Your request has been submitted.  
Thank you. Your request has been submitted.

Request Date:  
10/29/2020

Member First Name:  
Sam

Member Last Name:  
Jones

Member ID:  
1111111100

Group Number:  
100

Username:  
test.samjones

Number of cards requested:  
2

E-mail:  
arice@healthx.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.

## 5. View Claims

The member has the option to navigate to their claims also by clicking on *See your latest claims* button.



HOME      COVERAGE & BENEFITS      CLAIMS

Welcome back, Sam!      Member ID 11111111100      Employer Circle City      Primary care provider Billy Geiser MD

### Recent claims

CLAIM NUMBER	DATE OF SERVICE	PROVIDER
<a href="#">4908852432</a>	1/3/2018	DR. Connie Straker, MD
<a href="#">834586714</a>	12/14/2017	DR. Betty Bayerl, MD
<a href="#">5180754348</a>	12/14/2017	DR. Connie Straker, MD

[View all claims](#)

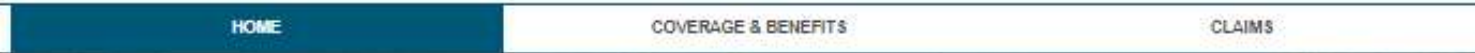
- Claim access authorization
- Request your ID Card
- See your latest claims**
- Is my provider in-network?

Manage your health & wellness

Deductible and out-of-pocket balances

## 5. Find a Provider

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



### Recent claims

CLAIM NUMBER	DATE OF SERVICE	PROVIDER
<a href="#">4908852432</a>	1/3/2018	DR. Connie Straker, MD
<a href="#">834586714</a>	12/14/2017	DR. Betty Bayerl, MD
<a href="#">5160754348</a>	12/14/2017	DR. Connie Straker, MD

[View all claims](#)

- Claim access authorization
- Request your ID Card
- See your latest claims
- Is my provider in-network?**

Manage your health & wellness

Deductible and out-of-pocket balances



## Is my provider in-network?

First Name:

CHARLES

Last Name:

TABOR

Member ID:\*

DH000906001

PCP Name:\*

John Smith

PCP Location:

Evansville, IN

Other:

Back

Submit

A message is sent to Deaconess OneCare Member Services making the inquiry and an acknowledgement will be displayed.

HOME

COVERAGE & BENEFITS

CLAIMS

DOCUMENTS

Tracking #11112611

Sent by A D on 1/28/2021.



Is my provider in-network?

First Name:

CHARLES

Last Name:

TABOR

Member ID:

DH000906001

PCP Name:

John Smith

PCP Location:

Evansville, IN

Other:

Close

## 6. Deductible and out-of-pocket balances

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



HOME      COVERAGE & BENEFITS      CLAIMS

Welcome back, Sam!      Member ID 1111111100      Employer Circle City      Primary care provider Billy Geiser MD

### Recent claims

CLAIM NUMBER	DATE OF SERVICE	PROVIDER
<a href="#">4908852432</a>	1/3/2016	DR. Connie Straker, MD
<a href="#">834586714</a>	12/14/2017	DR. Betty Bayerl, MD
<a href="#">5160754348</a>	12/14/2017	DR. Connie Straker, MD

[View all claims](#)

Manage your health & wellness

- Claim access authorization
- Request your ID Card
- See your latest claims
- Is my provider in-network?

[Deductible and out-of-pocket balances](#)

## 7. Coverage and Benefits Tab

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

Viewing Information for:  ▼

[View my ID Card](#)

### Coverages and benefits

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

### Personal Info

Member Name:	Sam Jones	Relationship to Subscriber:	Insured (Policyholder/Employee)
Member ID:	1111111100	SSN:	111111110
Date of Birth	1/5/1962	Gender:	M
Disabled:			

### Contact Info

Main Address 1:	4161 E 96th St
Main Address 2:	
Main City:	Indianapolis
Main State:	IN
Main Zip:	46240

### Plan Info

Group Name:	Circle City	Group Number:	100
Member Number:	1111111100	Date of Birth:	1/5/1962
Relationship:	Insured (Policyholder/Employee)		

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

### Coverage Info

Error: Cannot read property 'toLowerCase' of null. Error: Cannot read property 'toLowerCase' of null. Error: Cannot read property 'toLowerCase' of null. Error: Cannot read property 'toLowerCase' of null. Error: Cannot read property 'toLowerCase' of null.

### My Balances

NAME	TYPE	COVERAGE	AMOUNT MET	MAX AMOUNT	PERCENT MET
Chiropractic	Family	Chiropractic	\$0.00	\$3.00	<div style="width: 0%;"></div>
Chiropractic	Family	Chiropractic	\$1.00	\$3.00	<div style="width: 33%;"></div>
Chiropractic	Individual	Chiropractic	\$0.00	\$3.00	<div style="width: 0%;"></div>
Chiropractic	Individual	Chiropractic	\$1.00	\$3.00	<div style="width: 33%;"></div>
Dental	Individual	D	\$200.00	\$1,500.00	<div style="width: 13%;"></div>
Dental	Family	Dental	\$0.00	\$400.00	<div style="width: 0%;"></div>
Dental	Family	Dental	\$0.00	\$400.00	<div style="width: 0%;"></div>
Dental	Individual	Dental	\$0.00	\$2,500.00	<div style="width: 0%;"></div>
Dental	Individual	Dental	\$0.00	\$500.00	<div style="width: 0%;"></div>
Dental	Family	Dental	\$0.00	\$7,500.00	<div style="width: 0%;"></div>
Dental	Family	Dental	\$0.00	\$7,500.00	<div style="width: 0%;"></div>
Dental	Individual	Dental	\$0.00	\$4,000.00	<div style="width: 0%;"></div>
Dental	Individual	Dental	\$0.00	\$2,000.00	<div style="width: 0%;"></div>
Dental	Individual	D	\$300.00	\$300.00	<div style="width: 100%;"></div>
Medical - Family	Family	M	\$900.00	\$900.00	<div style="width: 100%;"></div>
Medical	Individual	M	\$1,035.00	\$1,500.00	<div style="width: 69%;"></div>
Medical	Individual	M	\$175.00	\$500.00	<div style="width: 35%;"></div>
Medical	Family	Medical	\$275.00	\$3,500.00	<div style="width: 8%;"></div>
Medical	Family	Medical	\$833.80	\$3,500.00	<div style="width: 24%;"></div>
Medical	Individual	Medical	\$100.00	\$3,000.00	<div style="width: 3%;"></div>
Medical	Individual	Medical	\$238.54	\$1,000.00	<div style="width: 24%;"></div>
Medical	Family	Medical	\$275.00	\$20,000.00	<div style="width: 1%;"></div>
Medical	Family	Medical	\$833.80	\$20,000.00	<div style="width: 4%;"></div>
Medical	Individual	Medical	\$100.00	\$6,000.00	<div style="width: 2%;"></div>
Medical	Individual	Medical	\$238.54	\$4,000.00	<div style="width: 6%;"></div>
Vision	Family	Vision	\$135.00	\$1,000.00	<div style="width: 14%;"></div>
Vision	Family	Vision	\$407.45	\$1,000.00	<div style="width: 41%;"></div>
Vision	Individual	Vision	\$75.00	\$2,500.00	<div style="width: 3%;"></div>
Vision	Individual	Vision	\$103.35	\$500.00	<div style="width: 21%;"></div>
Vision	Family	Vision	\$135.00	\$3,000.00	<div style="width: 5%;"></div>
Vision	Family	Vision	\$407.45	\$3,000.00	<div style="width: 14%;"></div>
Vision	Individual	Vision	\$75.00	\$4,000.00	<div style="width: 2%;"></div>
Vision	Individual	Vision	\$103.35	\$2,000.00	<div style="width: 5%;"></div>