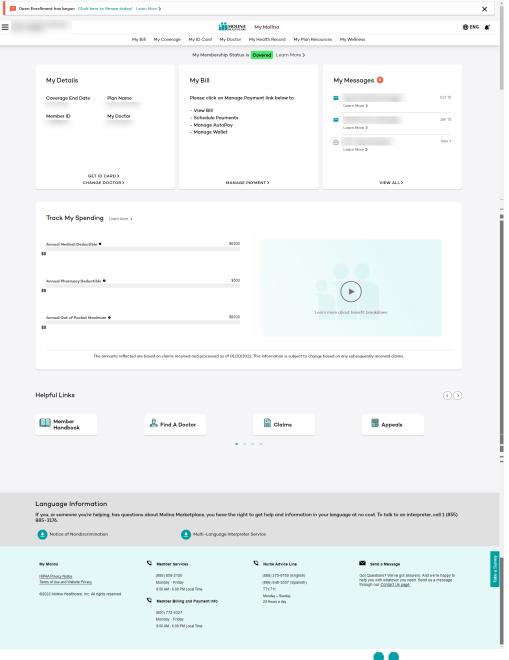
Member Portal Site Guide



01/05/2024

Home Page Key Features

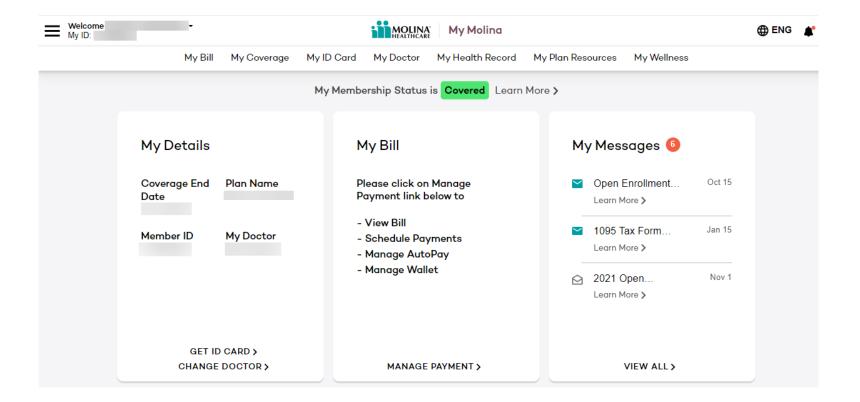
- Click on your name on left side of header to access Dependent view, Account Settings, or Log out
- Three bars to the left of your name provides access to all pages/key functions on Member Portal
- My Details Card
- My Bill Card (Subscriber only)
- My ID Card
- My Messages
- Track My Spending
- Helpful Links
- Language Information section
- Footer contains privacy document links, plan specific phone numbers, and a link to Contact Us page





My Bill Key Features

 Click on My Bill in the Top Navigation Bar or Manage Payment in the My Bill card





Policy Dashboard

On the Policy Dashboard, you can view your payment history, what you owe, current enrollment status, and other plan details.

	IOLINA [®]		Language English V	Limited English		ndiscrimination Notice Glossary &, Acronyms
Home	Coverage	Billing 🗸	E-Delivery	Resource Co	enter	🖱 Logout
🔶 Home				W	elcome ! Toda	ay is
-			ures include demographics, co	overages, the latest billing) information, recent d	ocuments and agent
Case Infon	mauon					
Name:		Policy Status: ISSUED	Type: Individ	ual List Bill	Member ID:	
Address:		SSN:	Plan Effectiv	e Date:		
Date of Birth:	APTC	VIEW BILLING HI	STORY Covera	ges (1) Expand All - (Collapse All - Jump To	
DILLING	AFIC			goo (1)	VIEW C	OVERAGE DETAILS
Last Payme	nt Received	<u>m</u>	ore	- HEALTH - <u>Details:</u>		ISSUED - FTD
Current Due	Amount	PA	YNOW			
Due Date		(Bill due in 10 d	lays)			
Current Billi	ng Period				_	
Paid Thru D	ate		Agent		VI	EW AGENT DETAILS
Pay Calenda	ar MON	THLY				
Final Bill Ru	In Date N/A		Company: Type: Prima			



My Bill Autopay

Select the AutoPay tab on the left side of page to manage autopay.

MOUNA	í.					i
Make ayment	AutoPay					Subscriber ID
theduled	You successfully e	enrolled this account in Au	itoPay.			
ayments	Start	End	Payment Method	Email Address	Actions	
(AutoPay					Cancel	
The inform	nation you submit is secure.					Privacy Terms & Conditions

My Bill Make a Payment

On the Make Payment screen, you can make a one-time payment.

Make Payment	Subscriber ID Current Amount Due	Previous Due Amount Due Subsc
Payment 2 Review	3 Confirmation	
Enter Payment Information		
Pay (5)	On	Using
		Total:
Payments entered after 4:00 PM CT, Monday –	Friday, or on a Saturday or Sunday, will be applied to your a	account either the next business day or the payment date you :



My Coverage Page Key Features

- Eligibility Information
 - Plan Name
 - Coverage Effective Date
 - Coverage Termination
 Date (if applicable)
- Track My Spending
 - Accumulators
 - Cost Estimator Tool
- Helpful Links

Welcome My ID:	-		MOLINA My Molir	a			G ≰ 🇴
	My Bill	My Coverage My ID Card	My Doctor My Health Re	cord My Plan Resources	My Wellness		
	Home My Coverage	Plan year:	2022 💌				
	Eligibility Important F Plan Name		e Effective Date	Coverage Terr	ninate Date		
	Track My Spendin Annual Medical Deductible	•	Annual Medi	Ily Annual Spending bal Deductible • f Pocket Maximum •			
	The amounts reflected are based	d on claims received and processed as of O1,	/21/2022. This information is subjec	t to change based on any subseque	ntly received claims.		
	Procedure Cost The information provided should be consulted for of OPEN ESTIMATOR	Estimator Is an estimate only, and is not uniquely be diagnosis, treatment and medical expenses	ased on your specific plan, geogra s prior to any procedures being pe	phic location or medical provider. A rformed.	Licensed medical professional		
ł	Helpful Links	€ Agreement	Sol Ber	vedule of vefits	Member Handbook	\odot	Take a Survey



My ID Card Page Key Features

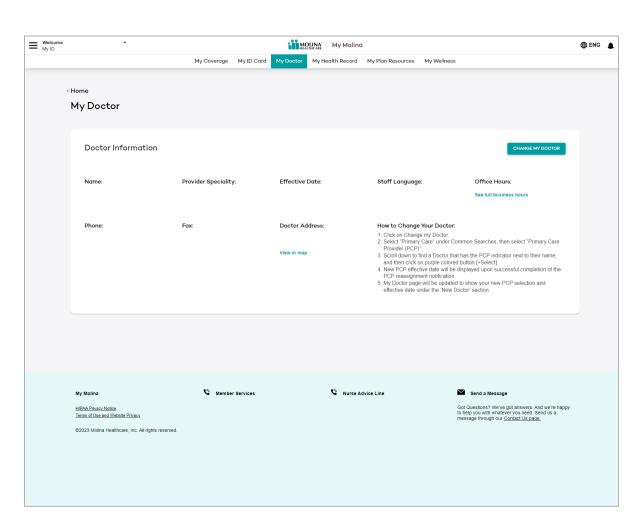
- View digital copy of your ID Card
 - ID Card Image may differ based on your state/plan
- Print a digital copy of your ID Card
- Request a new hard copy ID Card to be sent to address Molina has on file.

< Home My ID Card	Plan Year: 20;	22 •	
	REQUEST NEW ID CARD		
Subscriber: Subscriber D: Plan: Confident POP: Specialist: Urgent Care: ER Visit: Tier-1 Rx: Tier-2 Rx: RxBin: RxPON: F	FRONT Marketplace Member: Member: Member: Member: Medical Indv Deductible: RX Indv Deductible: RX Indv Deductible: RX Indv OoPM: Indv OoPM: Inc.	BA Member Numbers Member Services: (888) 560-4087 TTYTTD: 711 24/7 Nurse Advice: (888) 275-8750 24/7 Línea de Consejos de Enfermeraca: (860 648-3537 Billing and Payments: (800) 503-6593 Cost Shares are a summary only. Visit MyMolina.com for plan details. Notice: Covered Services must be received from Participating Providers. Refer to your Agreement for exceptions.	CK Provider Numbers CVS Coremark Help Desk: (888) 407-6425 Prior Authorization/Notification of Haspital Admission: (855) 322-4077 Medical Claims: Molina Healthcare PO, Box 22668 Long Beach, CA 90801 Inpatient Admissions: Provider to notify plan within 24 hours of admission.
	CVS caremark		



My Doctor Page Key Features

- My Doctor provides the following information:
 - Doctor Name
 - Specialty
 - Effective Date
 - Primary Staff
 Language
 - Office Hours
 - Phone Number
 - Fax Number
 - Doctor Address
 - Instructions on how to change your doctor
- Change My Doctor link will redirect to our Provider Online Directory





My Health Record Page Key Features

View the following:

- Claims History
- Service Authorizations
- Allergies (if received on claims or added by case manager)
- Medications
- Admissions and ER visits
- Care Plan (only visible if you have case manager assigned)

		PASSPORT EV MOLINA HEALTHOARE	My Passport Hea	Ith Plan	
	My Coverage	My ID Card My Doctor	My Health Record	My Plan Resources My Wellness	
Home					
My Health	Record				
Claims History	Service Authorizations Allergies	Medications Admission	s and ER Visits		
Search by					
Service Start Date	Service End Date	Provider			
mm/dd/yyyy	mm/dd/yyyy	All	•	SEARCH	
7 results					
7 results					
7 results	Claim Date:	Service Date:	Paid on:	Description:	
Paid	Claim Date:	Service Date:	Paid on:	Description:	
	Claim Date:	Service Date:	Paid on:	Description:	
	Claim Date: Claim Date:	Service Date: Service Date:	Paid on: Paid on:	Description: Description:	
Paid					
Paid					
Paid					

This information is based on the claims and encounters data; if you know of any discrepancies, please contact your Molina Case Manager or Member Services. Contact Us >



My Plan Resources Page Key Features

- Forms and Documents specific to your State and Plan
- Helpful Links specific to your state and plan
- FAQs
- Videos

D:		My Coverage	My ID Card	My Doctor	My Health Record	My Plan Resources	My Wellness		
		My Coverage	My ID Cara	My Doctor	My Health Record	My Plan Resources	My Weilness		
	< Home								
	My Plan Resources								
	Forms & Documents Helpful Links	FAQs	Videos						
	Forms & Documents Helpiul Links	FAQS	VIGEOS						
	Forms								
	Appointment of Representative Form (or other person authorized		Q	
	1696)				ion or appeal. If you wo s form and mail it to	ould like to appoint a repre	esentative, you and your	-	
		Address:							
	Coverage Determination Request Form	Use this fo	rm to request cov	erage for a drug	n that is not on the form	ulary (a formulary excepti	ion) an exception to a	A	
	our age becommanded in a general second	quantity lin	nit, a lower copay	ment for a drug		ing exception) or reimburs	sement for a covered drug	U	
		Address:			Fax:	onn dita			



My Wellness Page Key Features

- Assessments Any assessments available for you to view or take
- My Healthy Rewards

 Reward
 submission forms
 and history
- Health Reminders Important reminders specific to you

My ID:	e r			HEALTH	INA' My Molina			⊕ ENG
		м	y Coverage My ID Card	My Doctor	My Health Record	My Plan Resources	My Wellness	
	< Home							
	My Wellness							
	wy weiness							
	Assessments	My Healthy Rewards	Health Reminders					



My Account Page Key Features

- My Profile update address
- Account Access for Others Give a covered family member access to view billing information, make payments, print and order ID cards

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- Communication Preferences

 Set up text/email consent
- Manage Data Sharing Applications – Share your information with your favorite health apps that partners with Molina
- Send my Health Information

 Use this if you need Molina to share your health data
- Manage Login Options

			MOLINA My Mo	blina		⊕ EN
	My Bill My Co	verage My ID Card My Doct	or My Health Record My Plan Reso	ources My Wellness My Rx Saving	s Solutions	
ome						
4y Account						
My Profile Acc	count Access for Others	Communication Preferences	Manage Data Sharing Applications	Forward My Health Information	Manage Login Options	
My Personal	Details				UPDATE	
Last Name	Fire	st Name	Date of Birth	Member ID	Sex Assigned At Birth	
Mailing Address	Ap	t / Suite / Other	City	State	ZIP	



Contact Us Page Key Features

- Molina Contact information
- Send a Message
 - Select Category
 - Brief Subject
 - Ask your question
 - Add attachments (if applicable)
 - How do you want to be notified when Molina responds?

My ID:	•			in Me	DLINA My Moline				🕀 ENG	
		My Coverage	My ID Card	My Doctor	My Health Record	My Plan Resources	My Wellness			
	Home									
	Contact Us									
	Do you have questions?									
	Don't worry, we've got answers! Give us a c	all and we'll help you	i out.							
	Member Services	0	Pharmacy	Call Center Su	pport 🔇 Nurse /	dvice Line	🕥 Mo	olina Healthcare		
							· · · ·			
	Send a Message									
	Select or Search					•				
						•				
	Subject Brief summary of the question or issue									
	Description									
	Please provide as much detail as possible (except for your cr	edit card information and S	ocial Security numbe	er).						
	Detailed account of the question or issue									
	Maximum 32000 characters (32000 remaining)									
	Attachments									
	_t_Choose Files									
	Up to three attachments, 5 MB each			must be en fil	-1					
	If you want to get a notice when we respond, O Send me a text message (message and data re		puons.(Consent	must be on m	e).					
	◯ Send me an email									
								_		
							Cancel Send			



My Messages Page Key Features

- Initiate a New Message to Molina (see <u>Contact Us</u> <u>Page Key Features</u> for context)
- View responses to your questions
- View Important Messages from Molina

My ID	•				OLINA' My Moline	1			ŧ	€ ENG
		My Coverage	My ID Card	My Doctor	My Health Record	My Plan Resources	My Wellness			
< Home Messages								+ New Message	● Archive	🖨 Prin
	Sort By You do not have any r		ect All					- Tow mossage	 Archive 	YOY Prin
3 Inbox										
Archived										



Thank you for being a Molina Member

