



MEMBER PORTAL GUIDE

As a feature of your health care benefits, SIHO provides **secure** internet access to give you the Information you need anytime you need it. **To access the member portal, visit www.SIHO.org.**

Some of these services are:

- **Claims**
SIHO provides quick access to your claims status and eligibility information. You can track your medical claims as they move through the SIHO 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 SIHO forms.
- **Resources**
Up-to-date information and references include:
 - Frequently Asked Questions
 - Useful information at your fingertips about SIHO, how to contact us, and answers to questions about our products and services
 - Helpful Links
 - Commonly used website resources

CONTACT US:
812.378.7070
member.services@siho.org

1. Creating an Account

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



Learn about our plans

Compare health plan options, get a quote and apply online.



Individual & Family



Medicare



Employer Sponsored

Contact us

Local: (812) 378-7070
Toll-Free: (800) 443-2980
TTY: Dial Relay Indiana at 711 or (800) 743-3333, give the operator either number listed above and you will be connected to a Member Service Representative for a conference call.

memberservices@siho.org

Mail

SIHO Insurance Services
P.O. Box 1787
Columbus, IN 47202-1787

Walk-In

417 Washington Street
Columbus, IN 47201
(8 AM - 5 PM, Monday through Friday)

Hours

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

Sign into your account

Username

Password

Sign In

Create account

[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

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

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, Healthix Inc., reserves all rights not expressly granted in this Agreement.

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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.

☒ 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

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

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.



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:

A white dialog box with a grey border and shadow, titled "Two-Factor Authentication" in bold black text. Below the title is the section "Set up text message verification". The text inside says: "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**." There is a text input field for "Phone Number" and a "Send code" button to its right. Below that is a text input field for "One-time security code". At the bottom left, it says "Didn't receive a code? [Resend](#)". At the bottom right are "Enable" and "Cancel" buttons.

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

One-time security code

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

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*.



Please confirm the information below is correct and press "Finish" to complete your registration

Member Information

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

Account Information

Username: test.samjones.siho
Email: Sam.Jones@siho.or

2. Log-in Screen



Learn about our plans

Compare health plan options, get a quote and apply online.



Individual & Family



Medigroup



Employer Sponsored

Sign into your account

Username

Password

[Forgot your username or password?](#)

Contact us:

[Manage your account](#)

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.

[Sign In](#)

[Back](#)

3. Home, Coverage & Benefits and Claims

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
4908852432	1/3/2016	DR. Connie Straker, MD
634598714	12/14/2017	DR. Betty Bayerl, MD
5160754348	12/14/2017	DR. Connie Straker, MD
38462904612	11/27/2017	DR. Vincent Quinney, MD

[View all claims](#)

[Claim access authorization](#)

[Request your ID Card](#)

[See your latest claims](#)

[Is my provider in-network?](#)

Deductible and out-of-pocket balances

[View all balances](#)

Manage your health & wellness

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Take a [wellness assessment](#) today to get a health score and a plan to lower your risks.

This is what the Messages link displays.




MESSAGES


PROFILE


LOGOUT

HOME

COVERAGE & BENEFITS

CLAIMS

 Search by

Tracking # 

Search

Sort Results

Tracking # 

Descending 

 Inbox (2)  Sent  ArchivedSelected items 

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




MESSAGES


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 Search by

Tracking # 

Search

Sort Results

Tracking # 

Descending 

 Inbox (2)  Sent  ArchivedSelected items 

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




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CLAIMS

Account Information

First Name:
Sam

Last Name:
Jones

*Username:

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](#)

Set up Two-Factor Authentication

Two-Factor Authentication or verification (2FA) is a security process in which the person provides two factors to verify they are who they say they are. For example, your existing username and password as well as a one-time security code that is sent to a device you own.

For your security your plan requires that Two-Factor Authentication be configured, if you have any questions please contact your plan.

Text message verification is currently set up with the following number:
(812) 350-1347 [Change your mobile number](#)

[Set up mobile app verification](#)
A code will be generated by a mobile app like Google Authenticator, LastPass, or Authy.

[Set up email verification](#)
A code will be sent to your email address.

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.




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CLAIMS

Claims

Filter Claims Results

By Date:

Select Member

All

Begin Date

End Date

Search

Reset Filters / View All

By Claim Number:

Claim Numbers

One claim number per line

Search

Showing 4 Claims for All Users

Export Results (CSV)

CLAIM NUMBER	PATIENT NAME	SERVICE DATE	TOTAL CHARGE	PROVIDER
4908852432	Jones, Daniel	1/3/2018	\$485.23	DR. Connie Straker, MD
634588714	Jones, Sam	12/14/2017	\$9,831.72	DR. Betty Bayerl, MD
5160754348	Jones, Daniel	12/14/2017	\$6,233.72	DR. Connie Straker, MD
38462904612	Jones, Sam	11/27/2017	\$5,359.23	DR. Vincent Quinney, MD

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





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Welcome back, Sam!

Member ID
11111111100

Employer
Circle City

Primary care provider
Billy Geiser MD

Recent claims

CLAIM NUMBER	DATE OF SERVICE	PROVIDER
4906852432	1/3/2018	DR. Connie Straker, MD
634588714	12/14/2017	DR. Betty Bayerl, MD
5160754348	12/14/2017	DR. Connie Straker, MD
38462904612	11/27/2017	DR. Vincent Quinney, MD

View all claims

 Claim access authorization

 Request your ID Card

 See your latest claims

 Is my provider in-network?

Deductible and out-of-pocket balances

View all balances

Manage your health & wellness

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




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CLAIMS

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	☐ Grant Access	☐ Deny Access
Daniel Jones	☐ Grant Access	☐ Deny Access
Alicia Jones (No Account)	☐ Grant Access	☐ 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*.




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Welcome back, Sam!

Member ID
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Employer
Circle City

Primary care provider
Billy Geiser MD

Recent claims

CLAIM NUMBER	DATE OF SERVICE	PROVIDER
4906852432	1/3/2018	DR. Connie Straker, MD
634588714	12/14/2017	DR. Betty Bayerl, MD
5160754348	12/14/2017	DR. Connie Straker, MD
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View all claims

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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.





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CLAIMS

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:
10/22/2020

Member First Name:
Sam

Member Last Name:
Jones

Member ID:
11111111100

Group Number:
100

Username:
test.samjones.siko

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.





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Welcome back, Sam!

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11111111100

Employer
Circle City

Primary care provider
Billy Geiser MD

Recent claims

CLAIM NUMBER	DATE OF SERVICE	PROVIDER
4908852432	1/3/2018	DR. Connie Straker, MD
634586714	12/14/2017	DR. Betty Bayerl, MD
5160754348	12/14/2017	DR. Connie Straker, MD
38462904612	11/27/2017	DR. Vincent Quinney, MD

View all claims

Claim access authorization

Request your ID Card

See your latest claims

Is my provider In-network?

Deductible and out-of-pocket balances

View all balances

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5. Find a Provider

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




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Welcome back, Sam!

Member ID
11111111100

Employer
Circle City

Primary care provider
Billy Geiser MD

Recent claims

CLAIM NUMBER	DATE OF SERVICE	PROVIDER
4906852432	1/3/2016	DR. Connie Straker, MD
634586714	12/14/2017	DR. Betty Bayerl, MD
5160754348	12/14/2017	DR. Connie Straker, MD
38462904612	11/27/2017	DR. Vincent Quinney, MD

View all claims

 Is my provider in-network?

Deductible and out-of-pocket balances

View all balances

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Is my provider in-network?

First Name:

Last Name:

Member ID:

PCP Name:

PCP Location:

Other:

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

Tracking #10725845

Sent by Sam Jones on 10/29/2020.



Is my provider in-network?

First Name:

Sam

Last Name:

Jones

Member ID:

11111111100

PCP Name:

John Smith

PCP Location:

Columbus, Indiana

Other:

6. Deductible and out-of-pocket balances

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





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Welcome back, Sam!

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Primary care provider
Billy Geiser MD

Recent claims

CLAIM NUMBER	DATE OF SERVICE	PROVIDER
4908852432	1/3/2018	DR. Connie Straker, MD
634586714	12/14/2017	DR. Betty Bayerl, MD
5160754348	12/14/2017	DR. Connie Straker, MD
38462904612	11/27/2017	DR. Vincent Quinney, MD

View all claims

 Claim access authorization

 Request your ID Card

 See your latest claims

 Is my provider In-network?

Deductible and out-of-pocket balances

View all balances

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7. Coverage and Benefits Tab

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



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CLAIMS

Viewing information for: Sam Jones

[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:	11111111100	SSN:	1111111110
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:	11111111100	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	
Chiropractic	Family	Chiropractic	\$1.00	\$3.00	
Chiropractic	Individual	Chiropractic	\$0.00	\$3.00	
Chiropractic	Individual	Chiropractic	\$1.00	\$3.00	
Dental	Individual	D	\$200.00	\$1,500.00	
Dental	Family	Dental	\$0.00	\$400.00	
Dental	Family	Dental	\$0.00	\$400.00	
Dental	Individual	Dental	\$0.00	\$2,500.00	
Dental	Individual	Dental	\$0.00	\$500.00	
Dental	Family	Dental	\$0.00	\$7,500.00	
Dental	Family	Dental	\$0.00	\$7,500.00	
Dental	Individual	Dental	\$0.00	\$4,000.00	
Dental	Individual	Dental	\$0.00	\$2,000.00	
Dental	Individual	D	\$300.00	\$300.00	
Medical - Family	Family	M	\$900.00	\$900.00	
Medical	Individual	M	\$1,035.00	\$1,500.00	
Medical	Individual	M	\$175.00	\$500.00	
Medical	Family	Medical	\$275.00	\$3,500.00	
Medical	Family	Medical	\$833.80	\$3,500.00	
Medical	Individual	Medical	\$100.00	\$3,000.00	
Medical	Individual	Medical	\$238.54	\$1,000.00	
Medical	Family	Medical	\$275.00	\$20,000.00	
Medical	Family	Medical	\$833.80	\$20,000.00	
Medical	Individual	Medical	\$100.00	\$6,000.00	
Medical	Individual	Medical	\$238.54	\$4,000.00	
Vision	Family	Vision	\$135.00	\$1,000.00	
Vision	Family	Vision	\$407.45	\$1,000.00	
Vision	Individual	Vision	\$75.00	\$2,500.00	
Vision	Individual	Vision	\$103.35	\$500.00	
Vision	Family	Vision	\$135.00	\$3,000.00	
Vision	Family	Vision	\$407.45	\$3,000.00	
Vision	Individual	Vision	\$75.00	\$4,000.00	
Vision	Individual	Vision	\$103.35	\$2,000.00	