



# **mylucenthealth** **User Guide**



# Welcome to the Lucent Health Member Portal

The Lucent Health member portal allows members to view and maintain their health plan information, such as print a temporary ID card, view healthcare claims, and find a network provider. An employer with administrative access can view all the plan's members' information. This guide provides a tutorial on how to navigate the portal as a member and as an administrative user.

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# Member Registration

Go to [mylucenthealth.com](http://mylucenthealth.com) to register. Each member and any dependents over the age of 18 must register their own account. Follow the below steps to complete registration –

1. Click Register Account

The screenshot shows the website's login and registration interface. On the left, there is a 'Login' section with fields for 'Username' and 'Password', a blue 'Submit' button, and a link for 'Forgot your username or password?'. Below the login section are three buttons: 'Register Account', 'Contact Us', and another 'Contact Us' button. A red arrow points to the 'Register Account' button. On the right, there is a 'What's Here?' section with a list of benefits and a note about registration requirements.

**Login**

Username  
[Text Field]

Password  
[Text Field]

Submit

[Forgot your username or password?](#)

Register Account

Contact Us

Contact Us

**What's Here?**

Login or create an account to view and maintain your health plan information. From this site you'll be able to:

- View your health plan benefits and summaries
- Print a temporary ID cards
- Find a network healthcare provider
- View your healthcare claims and deductible/out of pocket balances

In order to complete registration you'll need information from your health coverage ID card.

2. Accept the Terms and Conditions

The screenshot shows the 'License Agreement' page. It includes a title, a paragraph of instructions, a scrollable text area for the agreement terms, and a section for accepting or disagreeing with the terms. A red arrow points to the 'Accept' checkbox.

**License Agreement**

Please read the License Agreement. Click "Agree" to continue or "Disagree" 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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Accept

Disagree

Agree



3. Enter the primary member's information. If a dependent and not the primary member, see Step 4 below –
  - a. ID Number as it appears on the Lucent Health ID Card.
  - b. First Name
  - c. Last Name
  - d. Date of Birth

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**. In addition, if you are a dependent, please check the "Are you a dependent" box and fill in the appropriate fields.

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

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Are you a dependent?

Member ID  
 ← **Primary Members ID from your Lucent Health ID Card**

If you do not have your ID card, you may also use your Social Security Number in lieu of Member ID.

First Name  
 ← **Primary Members First Name**

Last Name  
 ← **Primary Members Last Name**

Date of Birth  
 ← **Primary Members Date of Birth**

Format mm/dd/yyyy



4. If a dependent and not the primary member, check the box next to “Are you a dependent?.” Two new boxes will appear. Enter the dependent’s first name and date of birth in addition to the primary member’s information already entered.

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**. In addition, if you are a dependent, please check the “Are you a dependent” box and fill in the appropriate fields.

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

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Dependent First Name  ← Dependents First Name

Dependent DOB  ← Dependents Date of Birth

Format mm/dd/yyyy

Are you a dependent? ← If you are not the primary member check this box

Member ID  ← Primary Members ID from Lucent Health ID Card

If you do not have your ID card, you may also use your Social Security Number in lieu of Member ID.

First Name  ← Primary Members First Name

Last Name  ← Primary Members Last Name

Date of Birth  ← Primary Members Date of Birth

Format mm/dd/yyyy



5. Enter a unique user name for each primary member or dependent, a valid email address, a password and 3 security questions and responses.

**Create Login Information**

**Username:** Must be at least 8 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  **Must be at least 8 characters in length and begin with a letter.**

Email Address  **Valid email address**

Confirm Email Address

Password  **Must be at least 8 characters in length. Can use some special characters.**

Confirm Password

Security Question 1  **Select 3 security question and provide the appropriate answers.**

Security Question 2

Security Question 3

**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](#)

6. Account information will be displayed. Click "Finish" to complete. The log in page of mylucenthealth.com appears and the member will need to log in using the credentials created.

Your registration is complete. Please confirm the information below is correct and press the "Finish" button to finalize the process

**Member Information**

Your Name	Address
Member or Dependent Name	123 Main Street Anytown, USA 12345

**Account Information**

Username	Email Address
My.Account	myemail@emails.com



## Member Dependent Information Sharing

For members and dependents over the age 18 to be able to see each other's information, they will need to give access to that information. Follow the below steps –

1. Select "Give/Deny Access" from the Quick Links menu.

Home My Coverage Claims Contact Us Find a Provider Forms & Documents

### Welcome

Welcome to your personalized online health plan resource. You will find information about your medical benefit information, coverage, claims, providers, download forms, print ID card and more!

### Coverage Summary

<b>Member ID:</b> 66666666600	<b>Member Name:</b> Sam Jones
<b>Effective Date:</b> N/A	<b>Term Date:</b> 12/31/9999
<b>Group Name:</b> Demo Group	<b>Group Number:</b> 300
<b>Status:</b> Full-Time Active Employee	

[View Full Eligibility](#)

### Quick Links

- View / Print ID Card
- View Your Messages
- Grant/Deny Access**
- Member Documents
- Find a Provider
- Find a Pharmacy Provider
- Online Customer Service
- Forms & Links

### Contact Your Plan

Customer Service:  
Lucent Health: 1-800-331-5301

2. Select the people to share information with and/or request sharing information from others. Each person will have to do this individually from their account.

Home My Coverage Claims Contact Us Find a Provider Forms & Documents

### Access to Your Account

Grant or deny members on your account access to your personal health information.

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

- Sam Jones
- Elizabeth Jones
- Elizabeth Jones
- Daniel Jones
- Alicia Jones
- Alicia Jones
- Daniel Jones

[Submit](#)

As a registered member or dependent you can select the people with whom you want to share your information. If they are over the age of 18 they will have to create their own account to share

The member or dependent can request that another member or dependents share their information with them. If they are over the age of 18 they will have to create their own account to request their information.