

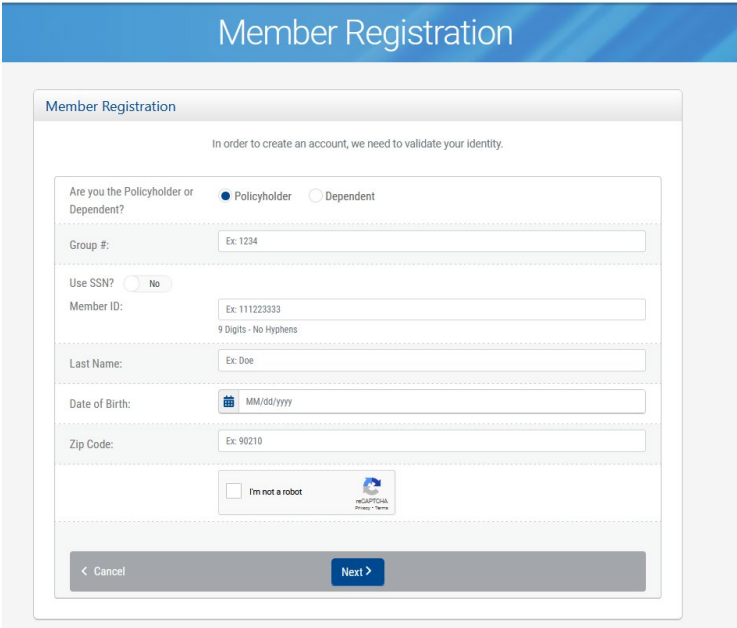
Auxiant[®]

Independent Solutions › Real Results

Member Website Guide

How to Register for a Member Account

- Go to *www.auxiant.com* and select *Register* from the upper right-hand corner
- From the dropdown options, select *Plan Member Registration*
- Complete the *Member Registration* form
 - Identify if you are the policyholder (employee) or dependent (spouse or child)
 - Enter your Group Number (front of ID card)
 - Enter your Member ID (front of ID card)
 - Note: If you do not have your Member ID number, you can use your SSN instead (last 4 digits)- toggle “Use SSN?” to “Yes” if needed
 - Enter your Last Name, Date of Birth, and Zip Code



The screenshot shows the 'Member Registration' form. At the top, a blue header bar contains the text 'Member Registration'. Below this, the form is titled 'Member Registration' and includes a sub-header: 'In order to create an account, we need to validate your identity.' The form contains several input fields and a checkbox:

- Are you the Policyholder or Dependent?**: A radio button selection with 'Policyholder' selected and 'Dependent' as an option.
- Group #:**: A text input field with a placeholder 'Ex: 1234'.
- Use SSN?**: A toggle switch currently set to 'No'.
- Member ID:**: A text input field with a placeholder 'Ex: 111223333' and a note '9 Digits - No Hyphens' below it.
- Last Name:**: A text input field with a placeholder 'Ex: Doe'.
- Date of Birth:**: A date picker field with a placeholder 'MM/dd/yyyy'.
- Zip Code:**: A text input field with a placeholder 'Ex: 90210'.
- I'm not a robot**: A checkbox with a reCAPTCHA logo and the text 'reCAPTCHA Privacy - Terms'.

At the bottom of the form, there are two buttons: a grey 'Cancel' button with a left arrow and a blue 'Next >' button.

- On the next screen, create your username and password
 - Usernames require at least 3 characters and can only contain alphabetic, numeric, and hyphen or period characters
 - Passwords require a minimum of 8 characters and at least one letter, one number, and one “special character”
 - There are situations in which the system will automatically assign an individual with a username- if that is the case, you will see a username already pre-populated in the ‘Username’ field. At this point, you may continue by setting up a password and other information. Alternatively, if you do not have a pre-populated username, continue with the registration.

Setup Member Login

We've found a match. Please enter account details to continue.

Username: JohnieSample

Password:

Confirm Password:

Email:

< Cancel Next >

- Once you have completed registration, an email will be sent to you for verification purposes

Member Registration

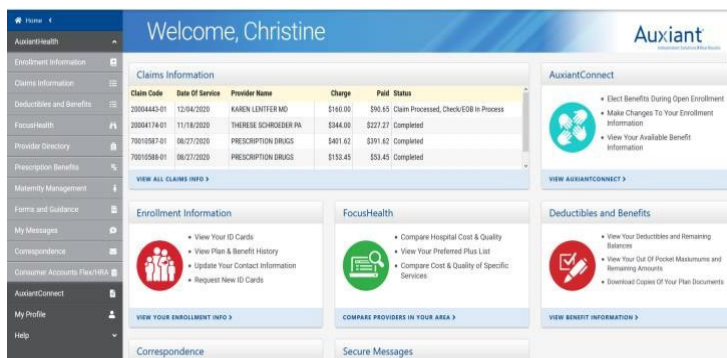
A verification email has been sent to (Your Email Address) from verification@auxiant.com with the subject of Account Registration Verification.

In order to complete your registration process please click on the link provided within the email. If you did not receive the email, please (in order):

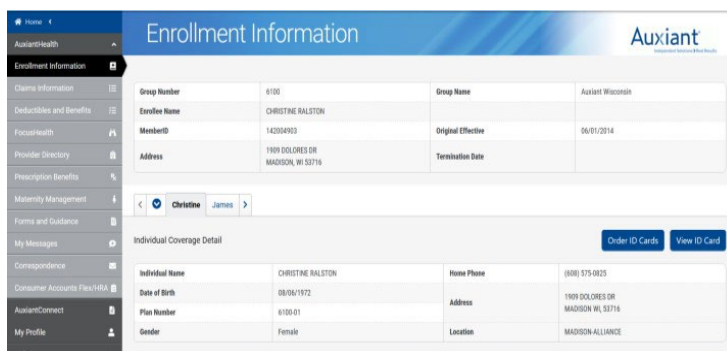
1. Confirm your email address is (Your Email Address) - if not, [click here to correct](#).
2. Check your spam filter to ensure it was not held as spam and whitelist the address verification@auxiant.com.
3. [Click here to resend the verification email](#).

How to Access your Auxiant ID Card Online

- Sign into your member account at www.auxiant.com
- From the home screen, click on *Enrollment Information*



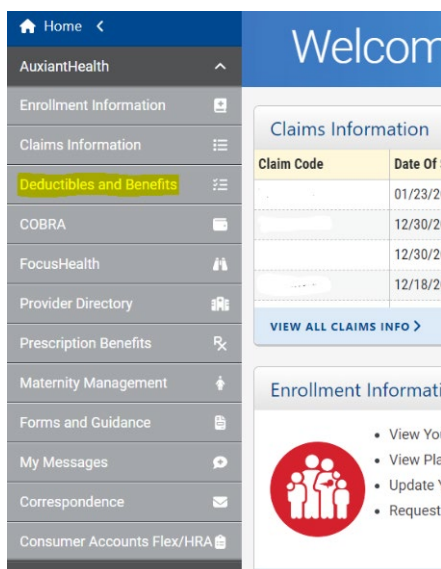
- Click on the button labeled *View ID Card*



Your card can be viewed as a PDF file, or printed from our website. You can also order a replacement ID card by clicking on the button labeled “Order ID Cards”.

How to View your Plan's Benefits Online

- Sign into your member account at www.auxiant.com
- Click on *AuxiantHealth* on the left side of the screen, then click on *Deductibles and Benefits* from the dropdown menu



- Click Scroll to the bottom of the page for links to Plan Documents and benefit information

Benefit Information

PLAN (Medical,Dental,Flex)*

*The benefit summaries available on this page represent all benefits offered through the benefit plan. You are currently enrolled, with benefits available, in the benefits listed as applicable to you. Please also see the enrollment info page to verify benefits available.

All of the forms listed below are in PDF format which allows you to view them electronically on most computers. Adobe Acrobat Reader is required to view and print PDF files. If you do not have the reader, click here to download free of charge. Click on the desired form from the options below.

PLAN

[BenefitSummary - Medical](#)

[Plan Document](#)

[Plan Document - Dental](#)

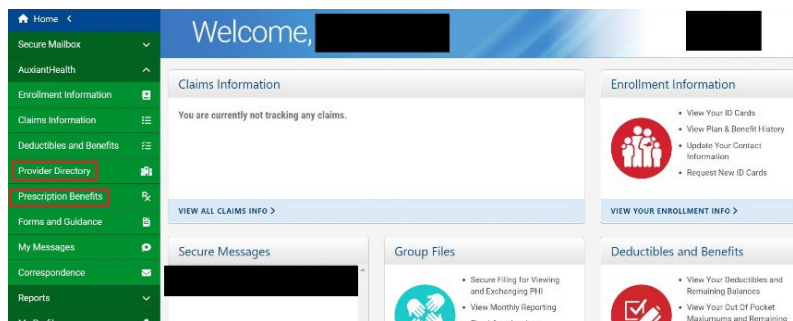
[Plan Document - Flex](#)

[Plan Document - STD](#)

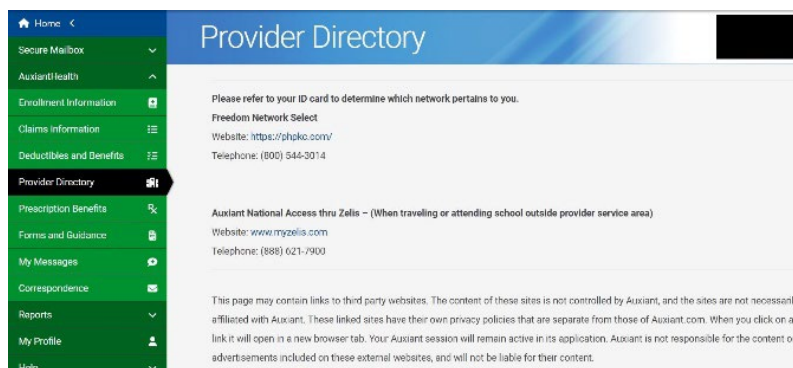
The benefits illustrated in this section and within this website in its entirety are not a guarantee of benefits or payment and are subject to the coverage that is in place according to the plan guidelines at the time of service. For instance, if your plan document and/or ID Card illustrate benefits for Medical, Prescription, Dental, and/or Vision, that does not necessarily mean you are enrolled in those benefits. Please see the "Enrollment Info" area to view the current and specific plan and coverage information available for the selected individual.

Locating Provider Search Links and Phone Numbers

- Sign into your member account at www.auxiant.com
- Click on *AuxiantHealth* on the left side of the screen, then click on *Provider Directory* from the dropdown menu
 - For PBM infomraiton, click on *Prescription Benefits*



- The next page will display a link to the Plan's online network search portal, as well as network phone numbers



How to View Claims

- Sign into your member account at www.auxiant.com
- Click on *AuxiantHealth* on the left side of the screen, then click on *Claims Information* from the dropdown menu
- Your information will default to show on the screen- to view claims information on dependents, use the dropdown arrow

Claim Code	Date of Service	Total Charge	Total Paid	Rendering Provider	Status	RCR	Actions
21012081-01					Completed		[View]
20015585-01					Completed		[View]
21012081-01					Completed		[View]
21012081-01					Completed		[View]
20015216-01					Completed		[View]
21011788-01					Completed		[View]
21011332-01					Completed		[View]
21011337-01					Completed		[View]

- The Locate the claim you would like to check the status of by looking at the date of service, total charge, and provider information
- Once you locate the claim you would like to check the status of, click on the claim number for more information and an opportunity to view the claim's Explanation of Benefits

Claim#: 22558523-01

Group Number:		Received Date:	
Employee Member ID:		Paid Date:	
Provider:		Date of Service:	
Reference:		Rendering Provider:	
Check Number:		Paid Provider:	
Check Address:		Network:	
Member Explanation Of Benefits:			

[View](#)

Procedure Date of Service Charge Ineligible Network PPC Decision Deductible Coinsurance Copay Paid

[Close Claim Info](#) [Next Claim](#)

Checking Deductible and Out-Of-Pocket

- Sign into your member account at www.auxiant.com
- Click on *AuxiantHealth* on the left side of the screen, then click on *Deductibles and Benefits* from the dropdown menu
- Your information will default to show on the screen- to view deductible and out-of-pocket information on dependents, use the dropdown arrow

Home <

AuxiantHealth

Enrollment Information

Claims Information

Deductibles and Benefits

COBRA

FocusHealth

Provider Directory

Prescription Benefits

Maternity Management

Forms and Guidance

Deductibles and Benefits

Medical Deductibles / Out-of-pocket Year: 01/01/2022 To 12/31/2022

Show Previous Year

Deductibles	Indv Max Amt	Indv Amt Met	Indv Remaining	Fam Max Amt	Fam Amt Met	Fam Remaining
In-Network Medical	\$1,000.00	\$0.00	\$1,000.00	\$3,000.00	\$0.00	\$3,000.00
Non-Network Medical	\$4,000.00	\$0.00	\$4,000.00	\$12,000.00	\$0.00	\$12,000.00

Deductibles	Indv Max Amt	Indv Amt Met	Indv Remaining	Fam Max Amt	Fam Amt Met	Fam Remaining
Dental	\$25.00	\$25.00	\$0.00	\$75.00	\$25.00	\$50.00

- Click Deductible and out-of-pocket information is displayed on the top half of the page, while links to benefit summaries and Plan Documents are available on the bottom half of the page

Home >

August 2022

Medical Deductibles

Medical Deductibles and Benefits

Deductibles and Benefits

Medical Deductibles / Out-of-pocket Year: 01/01/2022 To 12/31/2022

	Self Only	Self + Spouse	Self + Children	Self + Family	Self + Family + 1st	Self + Family + 2nd	Self + Family + 3rd
Individual Deductible	\$1,300.00	\$2,600.00	\$2,600.00	\$2,600.00	\$2,600.00	\$2,600.00	\$2,600.00
Family Deductible		\$2,600.00	\$2,600.00	\$2,600.00	\$2,600.00	\$2,600.00	\$2,600.00
Out-of-Pocket Maximum	\$5,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00

Axiunt

AXIUNT.COM

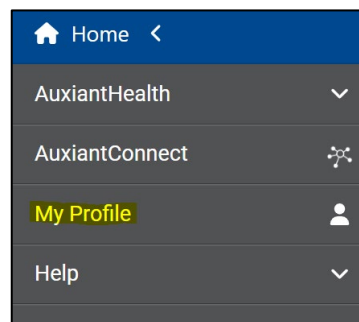
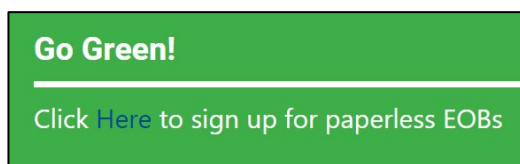
Benefit Information

Medical Deductibles / Out-of-pocket Year: 01/01/2022 To 12/31/2022

Individual Deductible: \$1,300.00 | Family Deductible: \$2,600.00 | Out-of-Pocket Maximum: \$5,000.00

Enrolling in Paperless Delivery for EOBs

- Sign into your member account at www.auxiant.com
- Enroll in paperless delivery for EOBs by doing one of the following:
 - Click on the link on the banner on your Auxiant home screen
 - Click on *My Profile* on the left side of the screen



- Scroll to the bottom of the page to *Paperless Settings* and click on the dropdown to select *Paperless*
- A second dropdown box will appear that will allow you to choose whether or not you would like to receive an email notification whenever a new EOB is available
- Click on *Save* to finalize your enrollment in paperless EOBs

Paperless Settings

Explanation of Benefits Preference

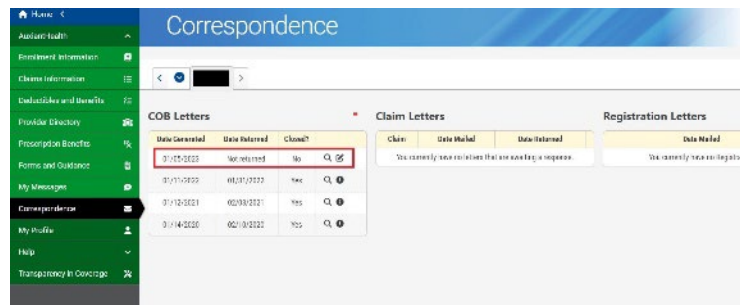
Paperless ▼

Explanation of Benefits Email Alerts

Yes ▼

How to Respond to a COB Letter Online

- Sign into your member account at www.auxiant.com
- Click on *AuxiantHealth* on the left side of the screen, then click on *Correspondence* from the dropdown menu
- Your information will default to show on the screen- to view correspondence for dependents, use the dropdown arrow
- Locate your outstanding COB letter- it will list *No* under the column labeled *Closed?*



- Click on the pencil icon to fill out your Coordination of Benefits letter and click *Submit*

The screenshot shows the 'COB Letter' form. It is divided into two identical sections for 'We Enrolled in OTHER Medical Coverage?' and 'We Enrolled in OTHER Medical Coverage?'. Each section contains fields for 'Other Medical Policy Name', 'Date', 'Relationship to Policyholder', 'Type of Other Coverage', 'Medicare Part A, Part B, Part C', 'Part D', 'Eligibility Reason', 'Age', 'ESSID', and 'Checklist'. Below these sections is a 'Please sign and submit to Auxiant Health in response to our request for information' section. It includes a 'Signature' field, a 'Date' field, and a 'Please print your name in the signature field as an acknowledgment. Note: Auxiant Health requires that you sign and submit your signature and date to us. Please print your name in the signature field and submit your signature and date to us. Please print your name in the signature field and submit your signature and date to us.' Below this is a 'Include Images in Your Response' section with a 'Choose Files' button and a 'No file chosen' text. At the bottom are 'Cancel' and 'Submit' buttons.