



myLuminareHealth.com

Member User Guide

luminare health[™]
Experience. Solutions. Results.

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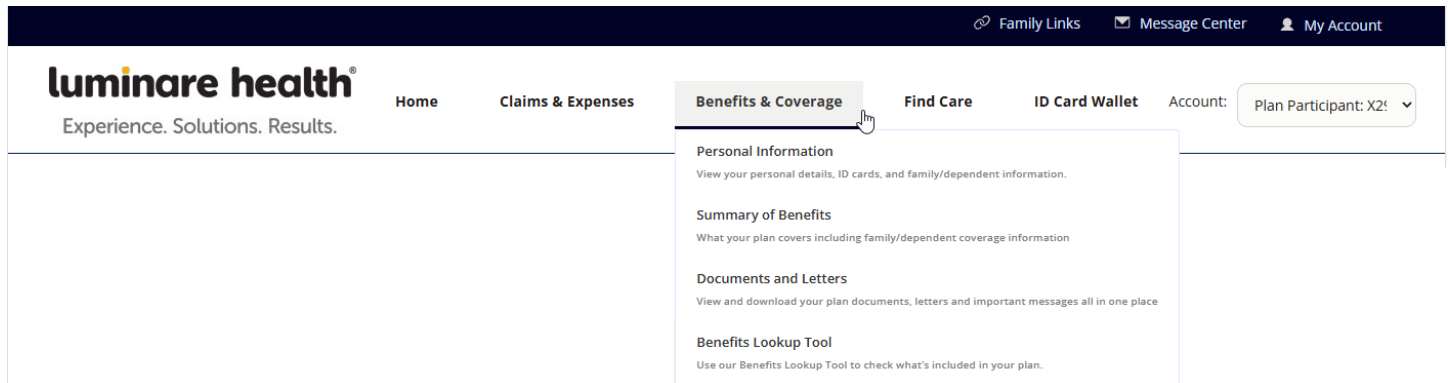
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Navigation Menu

The Navigation Menu appears at the top of each page and provides access to primary portal functions.



Navigation options include:

- **Home** – Access the Dashboard
- **Claims & Expenses** – View and manage claims
- **Submit a Claim** – Submit a manual claim
- **Benefits & Coverage** – View plan and coverage information
- **Find Care** – Search for in-network providers
- **ID Card Wallet** – Access digital ID cards
- **Message Center** – Send and receive secure messages
- **My Account** – Manage account settings
- **Family Links** – Access configured family resources

Availability of options may vary based on plan configuration.

Dashboard (Home)

The Dashboard is the homepage of the portal. It provides a summary of recent activity, benefit information, and important updates.

From the Dashboard, you can:

- Review recent claims
- Access ID cards
- View deductibles and out-of-pocket progress
- Access secure messages
- Navigate to other portal sections

Hello Beth!



You have a new correspondence that requires your attention.

[View Correspondence](#)

Important Information About Your 2024 Benefits

This banner can be used to help members easily navigate their current and previous benefit plan information, as well as to highlight important products, messages, or any other information you'd like to call out.

Recent Claims [View All Claims](#)

[Submit a Claim](#)

L Bob Jones Md Md ✓ Processed

Member	Date of Service	Claim Number
Beth Doe	12/16/2024	011602-898-50
Claim Received Date	Claim Type	You May Owe
01/13/2025	Medical	\$47.95

[View More](#)

Bob Jones Md ✓ Processed

Member	Date of Service	Claim Number
Beth Doe	09/25/2024	012302-893-89
Claim Received Date	Claim Type	You May Owe
01/08/2025	Medical	\$0.00

[View More](#)

Pharmacy ✓ Processed

Member	Date of Service	Claim Number
Beth Doe	01/18/2025	159977
Claim Received Date	Claim Type	You May Owe
-	Pharmacy	\$15.00

[View More](#)

Benefit year 01/01/2025 - 12/31/2025 as of today's date

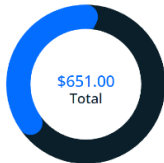
Costs [View All Expenses](#)

Plan Benefits

(%) \$424.99

My Cost

(%) \$226.01



Balances [View All Balances](#)

Myself My Family

Medical

Deductibles

Individual Domestic Deductible

\$176.01 met of \$1,200.00
\$1,023.99 Remaining

Individual Network Deductible

\$176.01 met of \$2,000.00
\$1,823.99 Remaining

Individual Non-Network Deductible

\$0.00 met of \$5,000.00
\$5,000.00 Remaining

Out-of-Pocket

Individual Domestic Out Of Pocket

\$211.01 met of \$3,000.00
\$2,788.99 Remaining

Individual Network Out Of Pocket

\$211.01 met of \$5,000.00
\$4,788.99 Remaining

My ID Cards [View All Cards](#)

Medical

Plan Information [View Plan Details](#)

Subscriber

Beth Doe

Plan

My Links

- [Access Pharmacy Website](#)
- [Aetna ASA Providers](#)
- [Delta Dental](#)
- [Livongo Diabetes Management Program](#)
- [Member Benefit Summary](#)
- [Request an ID Card](#)
- [See My ID Card](#)
- [Teladoc](#)

[View all links](#)

myluminare health mobile



Easily manage your health benefits on the go - anytime, anywhere!



Download the myLuminare Health Mobile app for quick access to your claims, ID card, and much more!

[Prev](#) [Next](#) [Pause](#)

Welcome & Alerts

The top of the page displays a personalized greeting and may include important announcements or time-sensitive updates.

Messages

If new messages are available, they will appear near the top of the page for quick access.

Recent Claims

The Recent Claims section displays:

- Provider name
- Claim status
- Date of service
- Estimated member responsibility

Select **View More** for additional details or **View All Claims** to access the full claims history.

ID Cards

Access your medical, dental, and vision ID cards digitally. You can view or request cards as needed.

Plan Information

View details about your current plan, including:

- Plan name
- Covered members
- Subscriber ID

This section helps confirm you're viewing the correct coverage information.

Costs & Balances

The Costs & Balances section displays:

- Deductible progress
- Out-of-pocket maximum progress
- Total plan costs compared to member responsibility

You may toggle between individual and family views when applicable.

Quick Links

Use the links on the right side of the page to quickly access helpful tools such as finding a provider, requesting an ID card, or using cost transparency resources.

Claims & Expenses

Claims & Expenses Summary

The Claims & Expenses page displays claim history and allows you to review claim status, costs, and benefit application.

From this page, you can:

- Filter and sort claims
- View detailed claim information
- Submit a new claim
- Access Explanation of Benefits (EOB) documents

Claims & Expenses Page

Claims and Expenses

View and manage your insurance claims

Submit a Claim

Member Selection

ALL

Medical Pharmacy

Provider Name: Status: Claim #: Export Claims

Your Recent Medical Claims

Bob Jones Md Processed						View Details
Date of Service 01/21/2024	Relationship Dependent	Total Billed \$260.00	Network Discounts \$196.74	You May Owe \$0.00	Plan Pays \$63.26	View Explanation of Benefits
Claim Number 012901-897-04	Claim Received Date 01/27/2024					Ask a question about this claim

Dr. Bob Processed						View Details
Date of Service 05/27/2016	Relationship Plan Participant	Total Billed \$38.04	Network Discounts -	You May Owe \$0.00	Plan Pays \$38.04	View Explanation of Benefits
Claim Number HRA DEBIT CARD	Claim Received Date -					Ask a question about this claim

Bob Jones Md Hp Open						View Details
Date of Service 03/28/2025	Relationship Plan Participant	Total Billed \$388.00	Network Discounts -	You May Owe -	Plan Pays -	View Explanation of Benefits
Claim Number 040702-859-75	Claim Received Date 04/04/2025					Ask a question about this claim

Claims from: 54 Claims

Provider	Claim #	Service Date	Status	Total Billed	Plan Pays	You May Owe	
M Bob Jones Md Md	032902-909-68	03/22/2025	Processed	\$187.00	\$133.19	\$0.00	View Details
R Bob Jones Md Md	030502-947-96	02/28/2025	Processed	\$449.00	\$89.75	\$211.01	View Details
L Bob Jones Md Md	011602-898-50	12/16/2024	Processed	\$679.00	\$431.55	\$47.95	View Details
Bob Jones Md	012302-893-89	09/25/2024	Processed	\$697.68	\$0.00	\$0.00	View Details
D Bob Jones Md Pa	010502-952-02	12/28/2024	Processed	\$255.00	\$144.97	\$18.01	View Details

Page 1 of 11, Results 1 - 5 of 54

Member & Coverage Selection

At the top of the page, you can select which member you're viewing and select the type of coverage. This helps ensure you're seeing the correct claims.

Filters & Sorting

Use the filters to narrow down your claims by:

- Service type
- Provider
- Claim status

You can also sort claims by date to find the most recent activity first.

Submit a Claim

Select **Submit a Claim** to start the process of submitting a new claim if you received services that haven't yet been filed.

Understanding your claims

Each claim card displays:

- Provider name
- Date of service
- Claim status
- Estimated member responsibility

Select View Details to review the full claim record.

View Claim Details

Select **View Details** to see a full breakdown of the claim, including line-item services and how your benefits were applied.

Explanation of Benefits (EOB)

Select **View Explanation of Benefits** to review your EOB, which explains how the claim was processed and what portion you're responsible for.

Questions About a Claim

If something doesn't look right, use **Ask a Question About This Claim** to get help or clarification.

Claims list view

Below the claim cards, you'll find a list view that shows multiple claims at once. This view is helpful if you want to:

- Scan several claims quickly
- Compare amounts
- Access details for older claims

You can also export your claims to excel for your records.

Claim Details

The Claim Details page provides a complete view of a specific claim, including processing status, benefit application, and financial responsibility.

Claims and Expenses

View and manage your insurance claims

Submit a Claim

Member Selection

ALL

Medical Pharmacy

Provider Name:

Status:

Claim #:

Export Claims

Your Recent Medical Claims

Bob Jones Md ✓ Processed

Date of Service
01/21/2024

Relationship
Dependent

Total Billed
\$260.00

Network Discounts
\$196.74
Plan Pays
\$63.26

You May Owe
\$0.00

View Details →

Claim Number
012901-897-04

Claim Received Date
01/27/2024

View Explanation of Benefits

Ask a question about this claim

Dr. Bob ✓ Processed

Date of Service
05/27/2016

Relationship
Plan Participant

Total Billed
\$38.04

Network Discounts
-
Plan Pays
\$38.04

You May Owe
\$0.00

View Details →

Claim Number
HRA DEBIT CARD

Claim Received Date
-

Ask a question about this claim

Bob Jones Md Hp ✉ Open

Date of Service
03/28/2025

Relationship
Plan Participant

Total Billed
\$388.00

Network Discounts
-
Plan Pays

You May Owe

View Details →

Claim Number
040702-859-75

Claim Received Date
04/04/2025

Ask a question about this claim

Claims from:

54 Claims

Provider	Claim #	Service Date	Status	Total Billed	Plan Pays	You May Owe	
M Bob Jones Md Md	032902-909-68	03/22/2025	✓ Processed	\$187.00	\$133.19	\$0.00	View Details →
R Bob Jones Md Md	030502-947-96	02/28/2025	✓ Processed	\$449.00	\$89.75	\$211.01	View Details →
L Bob Jones Md Md	011602-898-50	12/16/2024	✓ Processed	\$679.00	\$431.55	\$47.95	View Details →
Bob Jones Md	012302-893-89	09/25/2024	✓ Processed	\$697.68	\$0.00	\$0.00	View Details →
D Bob Jones Md Pa	010502-952-02	12/28/2024	✓ Processed	\$255.00	\$144.97	\$18.01	View Details →

Page 1 of 11, Results 1 - 5 of 54

First Previous 1 2 3 4 5 6 7 Next Last

Claim summary

At the top of the page, you'll see a snapshot of the claim, including:

- Provider name
- Claim number
- Date of service
- Claim status (such as processed or in review)

Claim progress

The Claim Progress section displays the current processing stage:

- Claim Submitted
- Eligibility Check
- Review
- Claim Processed

A progress indicator shows the current status.

Coverage tracker

The Coverage Tracker displays how the claim impacts:

- Deductible accumulations
- Out-of-pocket maximum accumulations

This information reflects processed claims only.

Description of services

This section breaks down the services included in the claim. For each service, you can see:

- The type of service received
- What was billed
- What your plan paid
- The amount you may owe

On the right side, you'll see a summary of the **total billed amount** and the **total you may owe** for the entire claim.

Need help?

If clarification is needed:

- Select **Ask a Question**
- Review the Explanation of Benefits

Payment Breakdown

The Payment Breakdown page provides a detailed summary of how a claim was processed and how costs were allocated.

Payment Breakdown Page

Claims and Expenses > Bob Jones Md

Bob Jones Md

✓ Processed

Claim Number
012901-897-04

Date of Service
01/21/2024

Provider
Bob Jones Md

Claim Received Date
01/27/2024

[Explanation of Benefits](#)

[Ask a question about this claim](#)

[Claim Info](#)

[Payment Breakdown](#)

[Documents](#)

[Links](#)

Total Billed by Provider

\$260.00

This is the total amount billed to your health benefit plan for the services provided.

Discounts

These are savings you receive because your provider is in-network for your plan. It reduces the total billed amount before your share is calculated.

\$196.74

Paid by Your Plan

This is the portion of the bill your plan covers, based on your benefits and after discounts have been applied.

\$63.26

Other Plan Payment

This amount was paid by someone else, such as a secondary insurance plan, government program, or other coverage.

\$0.00

Copay

Also called copayments. This is a set fee you pay each time you receive a certain service. **Copayments do not count toward your deductible.**

\$0.00

Applied Toward Deductible

Your deductible is the amount, if any, that you must pay before your plan starts paying benefits for covered services. Some services can be covered before the deductible is met.

\$0.00

Co-Insurance

Coinsurance is the amount you pay for covered health care before or after you meet your deductible. This amount is a percentage of the cost of the covered care. For example, if the amount paid by your plan is 80%, your coinsurance would be 20%.

\$0.00

Other Adjustments

Negotiated or ineligible amounts that are not your responsibility.

\$0.00

Ineligible

Amount of submitted charges not covered by the plan.

\$0.00

Total You May Owe

\$0.00

This is the total amount you may owe the provider or medical facility for this claim, unless you have co-payments automatically deducted from an HSA, FSA or HCA.

This total may not reflect any co-payments or other payments you may have made directly. Please check with your provider to determine the amount you may owe.

Payments Made

As of 02/16/2026

View all your payments next to your providers payments

Paid Date	Provider Payment #	Plan Participant Payment #	Provider Payment Amount	Plan Participant Payment Amount
02/02/2024	88437		\$63.26	\$0.00

Total Billed by Provider

This is the total amount billed to your benefit plan for the services provided.

Discounts

These are savings you receive because your provider is in-network for your plan. It reduces the total billed amount before your share is calculated.

Paid by Your Plan

This is the portion of the bill your plan covers, based on your benefits and after discounts have been applied.

Other Plan Payment

This amount was paid by someone else, such as a secondary insurance plan, government program, or other coverage.

Ineligible

Amount of submitted charges not covered by the plan.

Copay

Also called copayments. This is a set fee you pay each time you receive a certain service. Copays do not count towards your deductible.

Applied Towards Deductible

Your deductible is the amount, if any, that you must pay before your plan starts paying benefits for covered services. Some services can be covered before the deductible is met.

Co-Insurance

Coinsurance is the amount you pay for covered health care before or after you meet your deductible. This amount is a percentage of the cost of the covered care. For example, if the amount paid by your plan is 80%, your coinsurance would be 20%.

Total you may owe

The **Total You May Owe** section summarizes the amount you may need to pay your provider for this claim.

This amount:

- Reflects how your benefits were applied
- May not include payments you've already made directly to the provider
- May change if adjustments are made to the claim

It's always a good idea to compare this amount with your provider's bill.

Payments made

The Payments Made section shows any payments related to this claim, including:

- Payments made by your benefit plan
- Payments you may have already made
- Dates and payment reference numbers

This helps you track what has already been paid and avoid duplicate payments.

Submit a Claim

The Submit a Claim page allows you to submit a manual claim for eligible healthcare services. Required fields are marked with an asterisk (*).

Before You Begin

Have the following information available:

- Patient name
- Dates of service
- Provider name and details
- Total amount charged for the service
- Copies of receipts or itemized bills

Family Links Message Center My Account

luminare health
Experience. Solutions. Results.

Home Claims & Expenses Benefits & Coverage Find Care ID Card Wallet Account: Plan Participant: X2f

Submit a Claim

Please fill out all the required fields (marked with *) to submit your claim.
All itemized bills must be attached and include: Patient's name, diagnosis, date of services and charge amount.
If you or a dependent are covered by another plan (including Medicare), please submit the bill to the Primary Plan first then submit your claim to us with a copy of the Explanation of Benefits. This does not apply to Benefit Spending Accounts (FSA, HRA, Commuter, Lifestyle Accounts) claims, life insurance claims, or disability claims.

If this request is for a gym membership reimbursement, contact us by clicking the below link. To ensure your claim is processed in a timely manner, please be sure to include all detailed information including attachments of your receipts. [Submit a gym reimbursement claim](#)

Patient

Service

Provider

Accident

Other insurance

Reimbursement

Documents

Authorization

Select Patient

Select the patient for whom this claim is being submitted

Select Patient *

Service Information

Details about the services you received

Start Date of Service *

End Date of Service *

Nature of Visit/Illness *

Service Provided *

Amount Charged: *

Additional Service Information

Diagnosis Code:

Procedure Code:

Claim Information Sections

The claim form is divided into sections to make it easier to complete. Use the navigation on the left side of the page to move between sections.

Patient Information

Select the patient for whom the claim is being submitted.

Service Information

Enter details about the services you received, including the dates of service and the type of visit.

Documents

Upload any required receipts or supporting documentation related to your claim.

Authorization

Review and acknowledge the required authorizations before submitting your claim.

Completing the Form

You may move between sections as needed using the left-hand navigation. Be sure all required fields are completed before submitting your claim.

After You Submit

After submission, the claim will be reviewed for processing. Claim status can be monitored in the **Claims & Expenses** section.

Note: Fields marked with an asterisk (*) are required to submit your claim.

View Balances

Use the **View Balances** page to track how much you've paid, and how much remains, for your healthcare expenses throughout the plan year.

This page helps you understand your **deductibles** and **out-of-pocket maximums** at a glance.

Balances

View and manage your claim expenses

Current Year (01/01/2025 - 12/31/2025)

Previous Year (01/01/2024 - 12/31/2024)

Member Selection

Beth Doe ▼

Medical

My Deductibles

Myself

My Family

Domestic Deductible

As of February 16, 2026

\$176.01 used of \$1,200.00

\$1,023.99 Remaining to meet deductible

Network Deductible

As of February 16, 2026

\$176.01 used of \$2,000.00

\$1,823.99 Remaining to meet deductible

Non-Network Deductible

As of February 16, 2026

\$0.00 used of \$5,000.00

\$5,000.00 Remaining to meet deductible

Out of Pocket Expenses

Myself

My Family

Domestic Out Of Pocket

As of February 16, 2026

\$211.01 used of \$3,000.00

\$2,788.99 Remaining to meet out of pocket expenses

Network Out Of Pocket

As of February 16, 2026

\$211.01 used of \$5,000.00

\$4,788.99 Remaining to meet out of pocket expenses

What You'll Find on the View Balances Page

Member & Year Selection

At the top of the page, you can:

- Select the member whose expenses you want to view
- Toggle between the **current year** and **previous year**

Deductibles

The **My Deductibles** section shows how much of your deductible has been met and how much remains.

Each tracker includes:

- A progress bar showing how close you are to meeting your deductible
- The amount used so far
- The remaining amount needed to meet your deductible

You can also toggle between **Myself** and **My Family**, if applicable.

Out-of-Pocket Expenses

The **Out-of-Pocket Expenses** section shows how much you've paid toward your out-of-pocket maximum.

This section helps you understand:

- How much you've paid so far
- How much remains before your plan pays 100% of covered services

Like deductibles, this information may be shown for:

- Preferred providers
- In-network services
- Out-of-network services

Helpful Tips

- Progress bars update as claims are processed
- Amounts shown reflect claims processed as of the date displayed on the page
- Hovering over progress bars may provide additional detail

Benefits & Coverage Personal Information

Personal Information

The Personal Information page displays identifying, contact, and employment information for covered members.

Select a member to view details.

Some information may be partially masked for security.

Personal Information

To access additional information for a member, click their name in the list below.

Member ID	Member Name	Relationship	Date of Birth
X29273392-01	Doe, Beth	Plan Participant	09/29/1964
	Doe, Josh	Spouse	06/16/1959
X29273392-03	Doe, Jennifer	Dependent	01/16/1990
X29273392-04	Doe, James	Dependent	03/19/1993

Member Selection

Beth Doe ▼

Inquire about this member [→](#)

Refresh

Personal Details

SSN:

***-**-5731

Gender:

Female

Marital Status:

Tobacco User:

USA:



Address:

85 W Street Lane, , Small Town ,OH, 12345

Work Phone/Extension:

Home Phone:

Employment Information

Employer:

ABC COMPANY

Date of Hire:

07/01/2002

Location/Division:

- LOCATION BT

Salary Effective Date:

Annual Salary:

Preferred Communication Details

[Edit](#)

i To update the below information, click "Edit".

Email Address:

person@email.com

Mobile Phone:

Alternate Phone:

Select the information below that you would like to receive electronically.

Member has not responded to receive Explanation of Benefit Statements (EOBs) notifications electronically via email.



To ensure your emails are not going to your SPAM/JUNK folder, please add SendEmail@EchoHealthInc.com to your address book for your Explanation of Benefits (EOBs) notification emails.

ID Card History



No ID Card History exist for this member.

What You'll Find on the Personal Information Page

Members

At the top of the page, you'll see a list of members covered under your plan.

This section includes:

- Member ID
- Member name
- Relationship to the Plan Participant
- Date of birth

This helps you confirm who is covered and select the correct member when viewing details.

Member Selection

Select a member from the list to view their personal information.

Once selected, the page will update to display details for that specific member.

You can also select **Inquire about this member** if you have questions related to their information. This allows you to communicate securely with our team via the Message Center.

Personal Details

The **Personal Details** section displays important identifying and contact information for the selected member.

This may include:

- Partially masked Social Security number
- Gender
- Marital status
- Tobacco use status
- Home address
- Work and home phone numbers

For privacy and security, certain information may be partially hidden.

Employment Information

This section shows employment details associated with your health plan, such as:

- Employer name
- Location or division

Preferred Communication Details

Your **Preferred Communication Details** indicate how you receive important updates and notifications.

This includes:

- Email address
- Mobile phone number
- Alternate phone number

Select **Edit** to update your contact information.

Helpful Tips

Keeping your contact details up to date helps ensure you receive important notifications, including Explanation of Benefits (EOB) emails.

ID Card History

The **ID Card History** section shows past ID card requests for the selected member, including:

- Request date
- Print date
- Mail date

This helps you track when ID cards were issued and mailed.

Summary of Benefits

The Summary of Benefits page displays coverage details and coverage history for each covered member.

You can:

- Review current and historical coverage
- Filter by date range
- Confirm effective and termination dates

Summary of Benefits Page

Summary of Benefits

What your plan covers including family/dependent coverage information.

Member ID	Member Name	Relationship	Date of Birth
X29273392-01	Doe, Beth	Plan Participant	09/29/1964
	Doe, Josh	Spouse	06/16/1959
X29273392-03	Doe, Jennifer	Dependent	01/16/1990
X29273392-04	Doe, James	Dependent	03/19/1993

Use the arrows in the column headings to sort the information contained in the specific column. For additional information, please review your summary plan document.

Member Selection

Beth Doe

Access Benefit Lookup Tool

Coverage History

Location/Division	Benefit Plan	Network	Effective Date	Termination Date	Medical	Dental	Flex Health Care	HSA	Vision	Details	Termination Reason
- LOCATION BT	Choice Plan w/Optional Coverages	ABC HEALTH + ABC HEALTH	01/01/2025		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
- LOCATION BT	Exclusive Plan w/Optional Coverages	ABC HEALTH + ABC HEALTH	01/01/2024	12/31/2024	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
- LOCATION BT	Exclusive Plan w/Optional Coverages	ABC HEALTH + ABC HEALTH	01/01/2023	12/31/2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Benefit Package Changed
- LOCATION AW		ABC HEALTH + ABC HEALTH	01/01/2021	12/31/2022						MED HEC DNT VI1 HRA	Initial Enrollment

Benefit Documents

Member Benefit Summary

[View Document](#)

What You'll Find on the Summary of Benefits Page

Members

At the top of the page, you'll see a list of members covered under your plan.

This section includes:

- Member name
- Relationship to you
- Date of birth

Select a member to view their benefit information.

Member Selection

Once you select a member, the page updates to show coverage details specific to that individual.

You can also select **Access Benefit Lookup Tool** for additional benefit information.

Coverage History

The **Coverage History** section shows your benefit coverage over time.

You can:

- Filter coverage by date range
- Review current and past coverage periods
- See when coverage began or ended

This is helpful if you need to confirm coverage during a specific time period.

Coverage Details Table

The table provides a summary of benefit information, which may include:

- Plan name
- Network type
- Effective dates
- Coverage indicators for medical, dental, vision, pharmacy, and other benefits
- Termination reasons, if applicable

Use the column headings to sort information as needed.

Helpful Tips

- Coverage details may vary by member
- Some benefit indicators show whether coverage is included, not how much is covered
- For the most detailed benefit information, refer to your official plan documents

Documents & Letters

The Documents & Letters page provides access to official plan documents and correspondence. Documents are organized by member.

Select **View** to open a document.

The screenshot displays the Luminare Health user interface. At the top, there is a dark navigation bar with the company logo and several utility links: Family Links, Message Center, and My Account. Below this is a white navigation bar with the Luminare Health logo and the tagline 'Experience. Solutions. Results.' followed by menu items: Home, Claims & Expenses, Benefits & Coverage (which is currently selected), Find Care, ID Card Wallet, and Account. The Account dropdown shows 'Plan Participant: X2!'. The main content area is titled 'Documents & Letters' and includes a sub-header 'View and download your plan documents, letters and important messages all in one place.' Below this is a table listing members with columns for Member ID, Member Name, Relationship, and Date of Birth. The table contains four rows of member information. Below the table is a 'Member Selection' section where 'Beth Doe' is selected. Underneath, there are two tabs: 'Documents' (which is active) and 'Correspondence'. A table below the tabs shows a list of documents for the selected member, with columns for Member Name, Document Type, and Document Name. One document is listed: 'Doe, Beth' with Document Type 'CERTIFICATE_OF_COVERAGE_VERIFICATION' and Document Name 'CoverageVerification_Certificate'. A 'View' button with an external link icon is next to the document name. In the bottom right corner of the page, there is a 'Site Map' link.

Member ID	Member Name	Relationship	Date of Birth
X29273392-01	Doe, Beth	Plan Participant	09/29/1964
	Doe, Josh	Spouse	06/16/1959
X29273392-03	Doe, Jennifer	Dependent	01/16/1990
X29273392-04	Doe, James	Dependent	03/19/1993

Member Selection

Beth Doe ▾

Documents Correspondence

Member Name	Document Type	Document Name	
Doe, Beth	CERTIFICATE_OF_COVERAGE_VERIFICATION	CoverageVerification_Certificate	View ↗

[Site Map](#)

What You'll Find on the Documents & Letters Page

Member List

At the top of the page, you'll see a list of covered members on your plan.

This section includes:

- Member name
- Relationship to you
- Date of birth

Use this information to confirm you're viewing documents for the correct person.

Member Selection

Select a member to view documents associated with that individual.

Once selected, the page will update to show documents for that member only.

Documents

The **Documents** tab displays official plan documents available for the selected member.

For each document, you'll see:

- Member name
- Document type
- Document name

Select **View** to open the document.

Correspondence

The **Correspondence** tab includes letters and notifications sent to you regarding your coverage or claims.

This may include:

- Notices related to claims or benefits
- Other official communications

Helpful Tips

- Documents are organized by member for easy access
- Some documents may appear more than once if they were issued at different times
- You can return to this page anytime to review past documents and letters

Benefit Lookup Tool

Content for this section will be added in a future update.

Find Care

Provider Finder

The Find Care page provides access to provider search tools based on your plan configuration. Select **Search for Providers** to begin.

The screenshot shows the Luminare Health website's Provider Finder page. At the top, there is a dark navigation bar with links for Family Links, Message Center, and My Account. Below this is a white header with the Luminare Health logo and tagline "Experience. Solutions. Results." followed by navigation links: Home, Claims & Expenses, Benefits & Coverage, Find Care (which is underlined), ID Card Wallet, and Account. The Account section shows "Plan Participant: X2" with a dropdown arrow. The main content area is titled "Provider Finder" and is divided into three sections: "Dental Providers" with a "Delta Dental" card and a "Search for Providers" button; "Medical Providers" with two cards, "Aetna ASA Providers" and "Teladoc", each with a "Search for Providers" button; and "Pharmacy Providers" with an "Access Pharmacy Website" card. A "Site Map" link is located in the bottom right corner.

Family Links Message Center My Account

luminare health
Experience. Solutions. Results.

Home Claims & Expenses Benefits & Coverage Find Care ID Card Wallet Account: Plan Participant: X2

Provider Finder

Dental Providers

Delta Dental

Search for Providers ↗

Medical Providers

Aetna ASA Providers

Teladoc

Search for Providers ↗ Search for Providers ↗

Pharmacy Providers

Access Pharmacy Website

[Site Map](#)

What You'll Find on the Find Care Page

Provider Search Options

You may see one or more provider search links, depending on your plan.

Each option allows you to:

- Search for in-network doctors, specialists, clinics, and hospitals
- View important details such as contact information and network status

Select **Search for Providers** to begin your search.

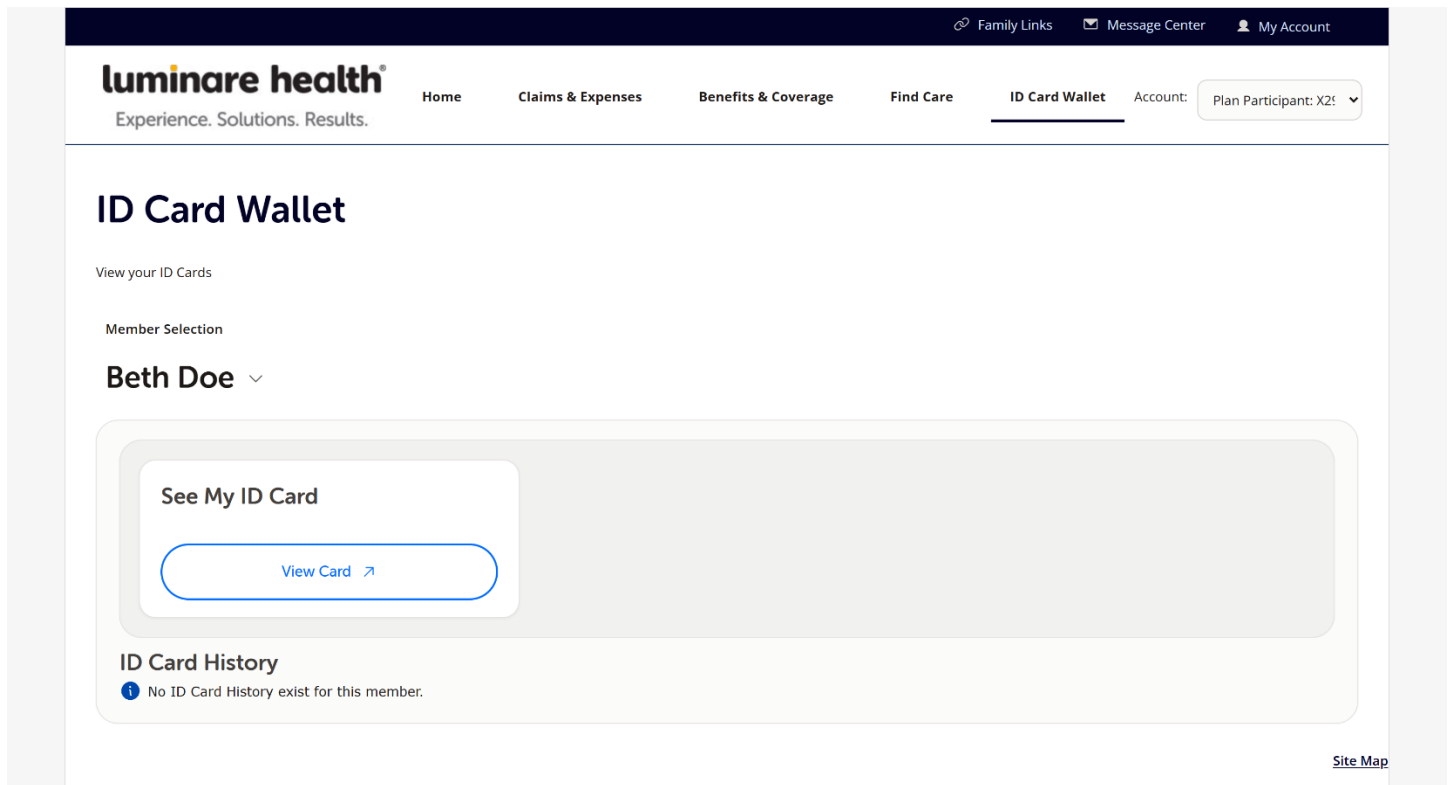
Helpful Tips

- Provider availability and network status can change, so it's a good idea to confirm details before scheduling care

ID Card Wallet

The ID Card Wallet allows you to view digital ID cards for covered members.

Select **View Card** to open the digital ID.



What You'll Find on the ID Card Wallet Page

Member Selection

At the top of the page, select the member whose ID card you want to view.

If you have dependents on your plan, you can switch between members to access their ID cards as well.

See ID Cards

The **See My ID Card** section lets you open a digital version of the selected member's ID card.

From here, you can:

- View your ID card online
- Access cards for dependents (if applicable)
- Use your digital card when visiting a provider or pharmacy

Select **View Card** to open the ID card.

ID Card History

The **ID Card History** section shows past ID card requests for the selected member.

This includes:

- The date the card was requested
- When it was printed
- When it was mailed

This helps you track previous ID card activity.

Helpful Tips

- Digital ID cards can be used in place of physical cards in many situations
- If your coverage changes, your ID card may update automatically
- Keep your ID card handy for appointments, prescriptions, and billing questions

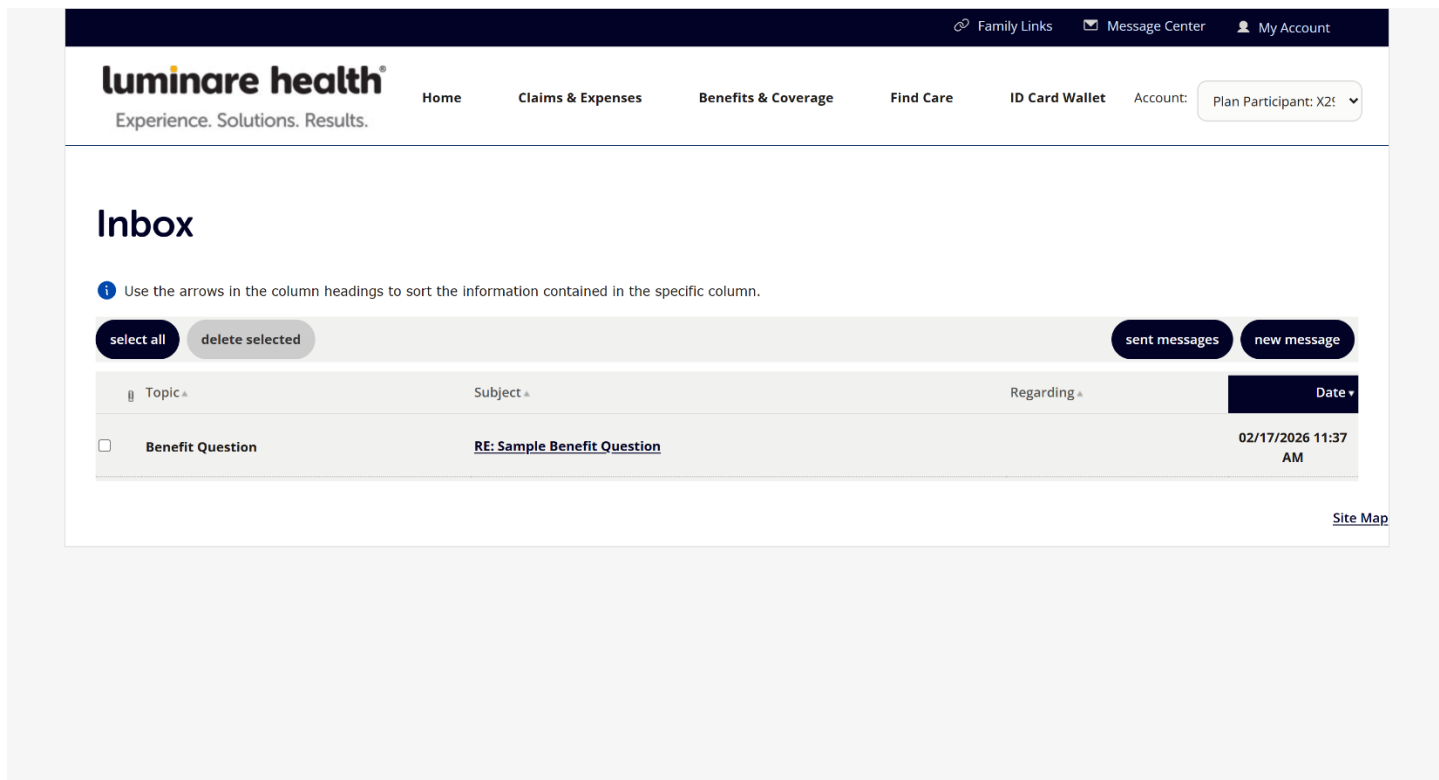
Message Center

The Message Center allows secure communication related to your health plan.

You can:

- View received messages
- Send new messages
- Reply to existing messages
- Attach supporting documentation

All messages are securely stored within the portal.



What You'll Find in the Message Center

Inbox

Your **Inbox** displays messages you've received.

From this view, you can:

- Review previous messages and correspondence
- Sort messages using the column headings
- Select and delete messages you no longer need

Sent Messages

Select **Sent Messages** to view messages you've previously sent through the portal.

This allows you to track:

- Topics you've contacted us about
- When a message was sent
- Any responses received

Sending a New Message

Select **New Message** to contact us securely.

When composing a message, you'll be asked to:

- Select a **Topic** to help route your message to the correct department
- Enter a **Subject**
- Add your message details

Attachments (Optional)

You may include supporting documents with your message, such as:

- Explanation of Benefits (EOBs)
- Receipts
- Forms or other documentation

Attachments can be uploaded by dragging and dropping files or browsing your device.

Secure Communication

All messages sent through the Message Center are:

- Secure and private
- Routed to the appropriate department
- Stored within the portal for future reference

You can also reply directly to messages you receive, keeping all related communication in one place.

My Account

User Profile

The User Profile page allows you to update:

- Password
- Email address
- Mobile phone number

Maintain accurate contact information to ensure timely communication.