

Myuhc.com Instructions

Registering:

Step 1:

The screenshot shows the myuhc.com homepage. On the left is a 'Site Login' box with fields for 'User Name' and 'Password', a 'Login' button, and a 'Register Now' button. A red arrow points from the 'Register Now' button to a central banner. The banner features the text 'myClaims Manager' and 'MAKE ONLINE PAYMENTS'. A white box with a red border contains the text: 'For First time Use please click Register now on the home page myuhc.com'. Below the banner is an 'Information Center' with 'News' and 'Learn More About' links. On the right, there are sections for 'Links and Tools' (including 'Find Physician, Laboratory or Facility', 'Búsqueda de Médicos', 'Pharmacy Information', 'Find a Form', 'Find Mental Health Clinician', 'Plan for Retirement Health Care Costs', 'Estimate Health Plan Costs') and 'Common Questions' (including 'What browsers are supported?', 'What are the benefits of registering and having a username and password?', 'How do I register?').

Step 2:

The screenshot shows the 'Identification' step of the registration process. On the left, a 'Register for myuhc.com' box lists 'Step 1 Identification', 'Step 2 E-mail Address', and 'Step 3 Username & Password'. The main area is titled 'Identification' and contains the text: 'See your ID card or enrollment materials for identification numbers. Your information is kept confidential and secure at all times. You must be 13 or older to register.' Below this are input fields for 'Date of Birth' (Month: January, Day: 01, Year: 1965), 'Last Name' (Johnson), 'Member ID' (7891234567), and 'Group/Account Number' (111111). A white box with a red border contains the text: 'If you have a medical plan use your member ID, if you have a FSA only use your SSN'. Another white box with a red border contains the text: 'Gordman's FSA policy # 901958'. Red arrows point from these boxes to the 'Member ID' and 'Group/Account Number' fields. At the bottom, there are links for 'Subscriber with no ID card?' and 'Did you forget your username or password?' and a 'Next step' button. On the right, a 'Common Questions' section lists various queries such as 'What if I don't have my ID card?', 'What if the system can't find my information?', 'What if I just have an FSA account?', 'What if I just have an HRA account?', 'What if I just have an RMSA account?', 'What if I just have a PRA account?', 'What if I just have a HIA account?', 'What if I just have Pharmacy coverage?', and 'Once I register, do I have full access right away?'.

Step 3: Enter your email information

Step 4:

The image shows a registration form titled "Username & Password". It is divided into two main sections: "Choose Username" and "Choose Password".

Choose Username

Username

Begin it with a letter or a number
Include at least one letter and one number
If you use your e-mail address, you don't need to include a number
5 to 50 characters and no spaces

Choose Password

Password

Retype Password

At least one letter and one number
8 to 15 characters and no spaces

A red-bordered callout box on the right contains the text: **Read the instructions carefully for the username and password**. Two red arrows point from this box to the username and password instructions.

Your all set! Click Start now to continue to the Site!

EFT Setup and Auto Contribution Settings

Step 1: Sign in myuhc.com with the username and password you created.

myuhc.com® UnitedHealthcare®

Message Center Account Settings Print Help Contact Us Feedback Sign Out

Home **Claims & Accounts** Physicians & Facilities Pharmacies & Prescriptions Benefits & Coverage Personal Health Record Health & Wellness

Hello, Chrisdemo

My Coverage: Active 01/01/08 [More Details](#)

Plan Name: Choice Plus

Group/Acct#: 111111

Member ID: 7891234567

Plan Details

Account Balances

myClaims Manager

Managing your claims just got easier – now with **online bill payment.**

[Learn More](#) MAKE ONLINE PAYMENTS

What would you like to do today?

- Manage My Claims
- View Online Statement
- Look up My Benefits
- View Account Balances
- Print an ID Card
- Health Assessment

Step 2:

myuhc.com® UnitedHealthcare®

Message Center Feedback Sign Out

Home Claims & Accounts **Physicians & Facilities** Pharmacies & Prescriptions Benefits & Coverage Personal Health Record Health & Wellness

myClaims Manager

Claims & Accounts

- Account Balances**
- Claim Summary
- My Claim Payments
- Health Reimbursement Account
- Health Savings Account
- Flexible Spending Account

Account Balances [Ask a Question](#)

As of 11/28/2012 09:46 am CST

	HRA [?] Health Reimbursement Account	FSA Medical [?] Flexible Spending Account - Medical	FSA DC [?] Flexible Spending Account - Dependent Care	HSA [?] Health Savings Account
Beginning Amount	\$300.00	\$500.00	\$5,000.00	N/A
Paid to Date [?]	\$300.00	\$500.00	\$1,000.00	N/A
Remaining Amount	\$0.00	\$0.00	\$4,000.00	\$2,802.24

Chrisdemo Demo ■ Paid to date ■ Remaining Amount

Step 3:

myClaims Manager

Flexible Spending Account (FSA) Summary

Claims & Accounts

- [Account Balances](#)
- [Claim Summary](#)
- [Health Reimbursement Account](#)
- [Health Savings Account](#)
- [Flexible Spending Account](#)**
- [View Statements](#)
- [View Claim Letters](#)

Other Claims

- [Prescription Claims](#)
- [Dental Claims](#)
- [Vision Claims](#)

Plan Year: 1/1/2013 - 12/31/2013 [View plan](#)

Balance Year to Date	
FSA Account Type	Annual Election
Healthcare	\$500.00
Dependent Care	\$5,000.00

Choose the setting you would like and click the link to Add/Change

Check Frequency	Healthcare FSA = Daily Dependent Care FSA = Weekly	Add/Change Direct Deposit Settings
Direct Deposit	Active	Add/Change Automatic Payment Settings
Automatic Payment	Active	Debit Card Dispute Form
MasterCard® Debit Card	Active	

All set!

Claim Forms

To find Claim forms:

1. Again click Claims & Accounts
2. Scroll down on the Left column and you will see a link to claim forms:

Member Actions

- Claim Forms**
- My Claim Payment Accounts
- Appeals and Grievances
- Automatic Payment Options
- Mailing Preferences
- Direct Deposit
- Coordination of Benefits
- Request ID cards

Your Debit

IN NETWORK	\$79.00	\$921.00
		Total: \$1,000.00
OUT OF NETWORK	\$0.00	\$3,000.00
		Total: \$3,000.00

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Step 3:

Claim Forms

- Medical Claim Form (PDF)
- Submit completed claim forms to:
Claim Address: PO Box 30990 Salt Lake City UT 84130
- HRA Claim Form (PDF)
- Submit completed claim forms to:
ATTN: HRA GROUP CLAIMS P.O. BOX 981178
EL PASO TX - 79998-1178
- FSA Claim Form (PDF)**
- Submit completed claim forms to:
ATTN: FLEXIBLE SPENDING UNIT P.O. BOX 981178
EL PASO TX - 79998-1178

Select the FSA Claim Form

Note: these documents are in PDF format. You must have Adobe Reader® (version 6.0 or higher) to view these files.