

A Member's Guide To Registering on myOhioHealthyUnity.com

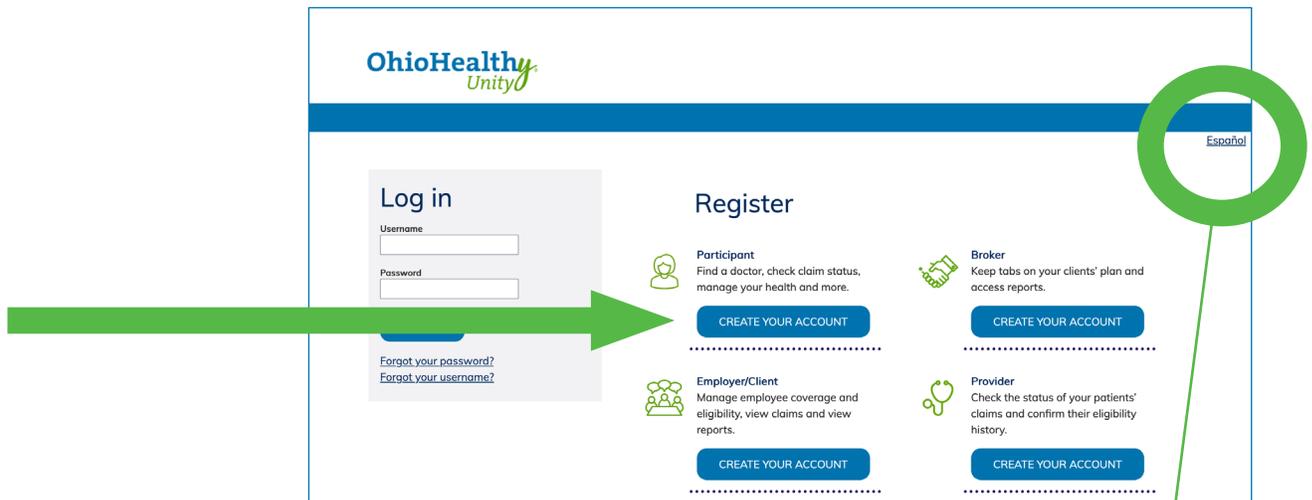


To register as a member on myOhioHealthyUnity.com for the first time, you will need to follow these steps:

Step One: Create an Account

Go to myOhioHealthyUnity.com and select the **Create Your Account** button under the Participant section.

Each plan member will need to create their own account.



Also available in Spanish.



Note: If at any time, you forget your username or password, you can select the appropriate link under the login button on the home page, and then follow the prompts.

Step Two: Activation

- Enter the required fields with information from your ID card.
- Click **Next**.

OhioHealth Unity

If you are an OhioHealth Plan member, please click [here](#). Unsure? Click [here](#) to find out.

Activation

Let's get started!

To keep this simple, all of the fields below are required.

Your Member ID or SSN: 012345678

Your Last Name: Sample

Your ZIP/Postal Code: 12345

Your Date of Birth: 01/01/1970

NEXT

Note: If you encounter the following message, click the link and then follow the prompts to verify your information.

If you are an OhioHealth Plan member, please click [here](#). Unsure? Click [here](#) to find out.

Activation

Let's get started!

To keep this simple, all of the fields below are required.

Your member information could not be verified. Unsure if you are logging into the correct site? Click [here](#) to find out.

Your Member ID or SSN: oh9273392

Your Last Name: Doe

Your ZIP/Postal Code: 12345

Your Date of Birth: 09/29/1964

NEXT

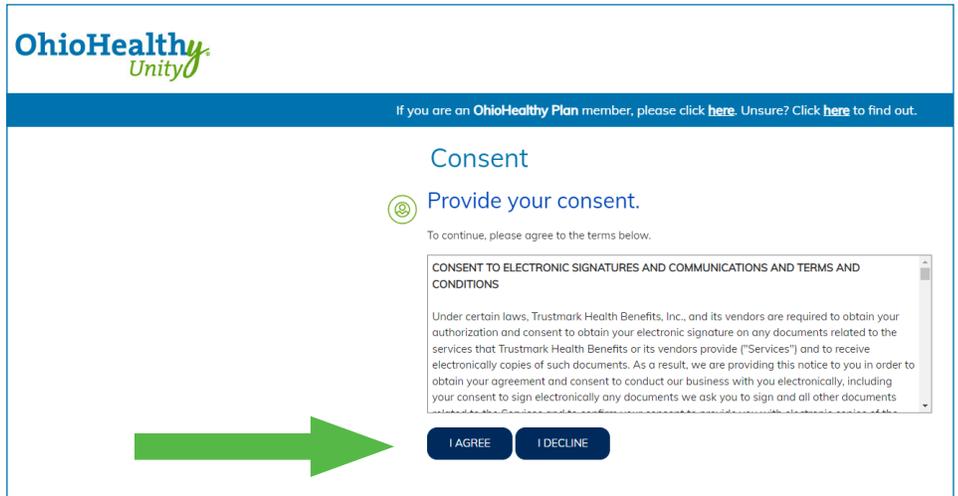
This website is intended for use by members with the below member ID card.

If this does not look like your ID card, please click [here](#) to visit OhioHealth Plan.

If you are a provider accessing this site, please be sure to check the patient's ID card.

Step Three: Provide Your Consent

Click "I agree" to accept the consent to electronic signatures and communications and terms and conditions.



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If you are an **OhioHealth Plan** member, please click [here](#). Unsure? Click [here](#) to find out.

Consent

 Provide your consent.

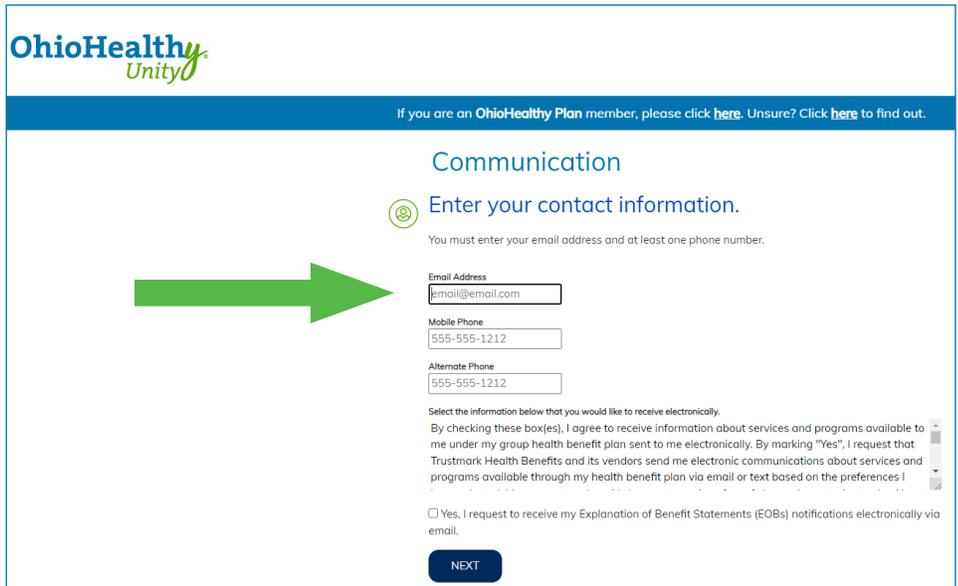
To continue, please agree to the terms below.

CONSENT TO ELECTRONIC SIGNATURES AND COMMUNICATIONS AND TERMS AND CONDITIONS

Under certain laws, Trustmark Health Benefits, Inc., and its vendors are required to obtain your authorization and consent to obtain your electronic signature on any documents related to the services that Trustmark Health Benefits or its vendors provide ("Services") and to receive electronically copies of such documents. As a result, we are providing this notice to you in order to obtain your agreement and consent to conduct our business with you electronically, including your consent to sign electronically any documents we ask you to sign and all other documents

Step Four: Contact Information

Enter your contact information in the fields below. You must enter your email address and at least one phone number.



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Communication

 Enter your contact information.

You must enter your email address and at least one phone number.

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

By checking these box(es), I agree to receive information about services and programs available to me under my group health benefit plan sent to me electronically. By marking "Yes", I request that Trustmark Health Benefits and its vendors send me electronic communications about services and programs available through my health benefit plan via email or text based on the preferences I

Yes, I request to receive my Explanation of Benefit Statements (EOBs) notifications electronically via email.



Step Five: Verification

- Click “Start” next to the communication method you would like to verify and a code will be sent to the email address or mobile phone number you provided.
- Enter the verification code in the indicated field.
- Click “Next” to continue



Verification

We will need to verify your information before continuing.

Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.

Please enter the verification code that has been sent to your Mobile Phone in the field below.

Email Address

Mobile Phone

Verification Code



Verification

We will need to verify your information before continuing.

Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.

✓ Your code is correct! Click 'Next' below to continue.

Email Address

Mobile Phone

Step Six: Personalization

Create your profile by choosing a user name and password. Answer three security questions and click “Next.”



Personalization

Create your profile.

User Name
 User name available

Password

Re-enter Password

Let's keep this secure — answer these 3 security questions.

Remember your answers as you will use these questions in the future if you forget your password!

Select a security question

Select a security question

Select a security question

Once you're registered on this site, please be sure to bookmark it as a favorite, and return directly to myOhioHealthyUnity.com for all future visits.

OhioHealthy is the trade name of OhioHealthy, Inc.
Self-funded employer benefit plans are administered by OhioHealthy Plans, LLC. Stop loss insurance is provided by Trustmark Life Insurance Company. Other insurance products are underwritten by OhioHealthy Health Insuring Corporation.

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