

NEW QUALITY LOW COST LOCAL

## Guide to Registering for the

# **EVERGREEN HEALTH MEMBER PORTAL**

TO REGISTER AS A MEMBER FOR THE FIRST TIME ON THE EVERGREEN HEALTH MEMBER PORTAL, YOU WILL NEED TO FOLLOW THESE STEPS:

 Go to www.evergreenmd.org/members and select the Create an Account button. Each plan member will need to create their own account.



- 2. The Account Creation security page is a feature that protects members' important information.
  - a. Type the distorted words shown at the top left of the box.
  - b. Select the **Submit** button.





- 3. Create an account by entering:
  - A username and password. The system will tell you immediately if the username has already been taken. Usernames must be four or more characters.
  - b. Your name and the e-mail address that you want to use to recover your username, in the event you forget it.
  - c. Select and answer three security questions.
  - d. Select the **Submit** button.

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<b>U</b> HE/							
Account Creation - Complete the information below to create an account. All fields are required.							
Username:							
Password:	/Con note b	kalaw)					
Confirm Password:		Delow)					
Password Strength							
Passwords are case-se	nsitive. Passwords must be 6 to 32 characters lo	ong with at least one					
non-alpha character.							
First Name:							
Last Name:							
Emall Address:							
Confirm Email Address:							
Please select and answer	three security questions:						
Security Question #1:	Choose a question						
Or enter your own question	in:						
Answer:							
Security Question #2:	Choose a question	× .					
Or enter your own quest	in:						
Answer:							
Security Question #3:	Choose a question						
Or enter your own questle	n:						
Answer:							

 The Successful Account Creation notice indicates that a new account has been created. You can print this notice for future reference.

d. \_\_\_\_\_

- To continue, select the Proceed to registration. (This will take you back to the home screen.)
- b. Sign in with the username and password you just created.



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

- 5. After you sign in as a member (also known as a plan participant or as a dependent of a plan participant) for the first time, you will be asked to complete the following steps:
  a. Select the Member option.
  - b. Select the **Next** button.



6. Complete the information for the required fields to successfully register your account.

#### Special Note:

You'll need to enter your information in the same way it is on your ID card (Full name, Member ID, etc.). If you do not have an ID card, enter your Social Security number (without dashes or spaces).

7.	Select the <b>Submit</b> button. (To return to the previous screen, select Cancel.)	Registration To register for access, please or First (Last Name:	ter the applicable member's information below and click "Submit".
		Date of Birth:	*
		ZIP/Postal Code:	*
		Member ID:	* Enter either the member ID from the member's ID card, or the member's Social Security Number
		Registration Code:	This field is required if your employer requires registration codes
	$\rightarrow$	Submit Cancel	

8. Accept Terms and Conditions.



NEW QUALITY LOW COST LOCAL 9. You will automatically be directed to the Personal Details page to select your Contact Information and Preferred Communication Method for each type of communication, such as an Explanation of Benefits (EOB). Notification of messages you receive through the Message Center will automatically be sent to the e-mail address you select here. If you don't specify one here, notices will be sent to the one you entered when you first created your account (step 3).

After making the elections for Contact Information and Preferred Communication Methods, click **Save**.

Requires Analyst Review		Contact Information				
First Name/Initial:	•	Communication Option 1:	Email	doug@test.com 555-111-2222 555-111-3333		
Last Name:	•	Communication Option 2:	Text M			
Date of Birth:	•	Communication Option 3:	Voice 💙			
SSN:	•	Communication Option 4:	~	_		
Gender:	Male 💓	Professed Communicatio	n Mothod			
Marital Status:	<b>M</b>	Preterred Communication	n method			
Tobacco User:		Communication Type	Email doug@tes	t.c	Text 555-111-2222	Other
Addeese 1:		Billing Messages			1	F
Address 2:		509			tand .	F
City		200				-
ci i		FSA EOB				
State:	ZIP Code: •					
Apply To:						
Work Phone/Extension:						
Home Phone:						
Employment Information	on					
Employer:						
Date of Hire:	*					
Location / Division:						
Salary Effective Date:						

#### **Special Note:**

If you purchased your coverage directly through the Maryland Health Connection website, you cannot edit your personal information from this Personal Details screen. Please return to the Maryland Health Connection website to make updates to your personal information. Changes will then be reflected here automatically.

### **Please Remember:**

Once you're registered on this new site, please be sure to bookmark it as a favorite, and return directly to **www.evergreenmd.org/members** for all future visits.

Complete information on the features and functions of the Evergreen Health Member Portal is provided in the Member User Guide, available after you sign in from the main account page.

#### **System Requirements**

Go to www.evergreenmd.org/members for details on the system requirements for your computer or mobile device.



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