

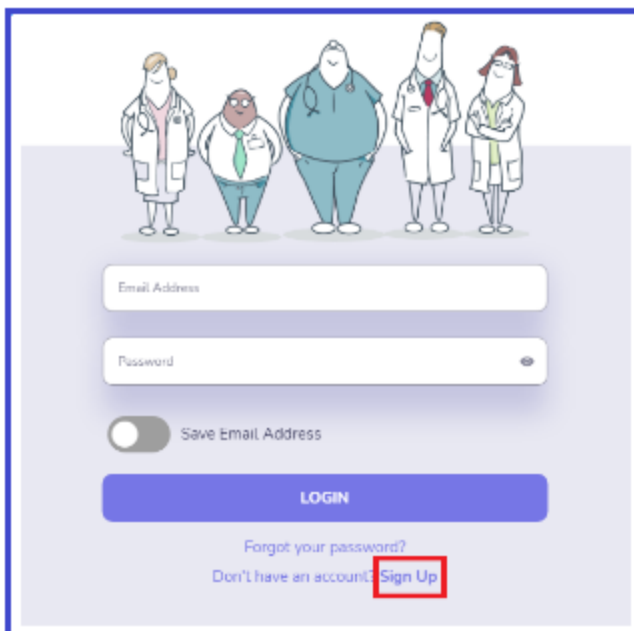
[Aither Health Member Portal Powered by Medxoom](#)

The **Medxoom** member portal is a resource tool available to **Aither Health** members enrolled in an **Excel Health** plan. The portal allows the members access to:

- **Contact information to the plan advocacy, pharmacy benefit manager and other available services/resources**
- **Images of ID Card**
- **Member and dependent information**
- **Benefits summary**
- **Claims history**
- **Claim cost breakdown**
- **Accumulator snaps shot of deductible and out of pocket maximum**
- **Submit balance bill inquiries for resolution**
- **Send inquiries to [Aither Health](#) for information on benefits, claims or anything plan related**

Lets get Started!

1.) Visit member.medxoom.com, locate and click the Sign Up function.



The screenshot shows the login/sign-up interface of the Medxoom member portal. At the top, there is an illustration of five diverse medical professionals in white coats. Below this, there are two text input fields: 'Email Address' and 'Password'. Under the password field is a toggle switch labeled 'Save Email Address'. A prominent blue button labeled 'LOGIN' is centered below the fields. At the bottom of the form area, there are two links: 'Forgot your password?' and 'Don't have an account? Sign Up'. The 'Sign Up' link is highlighted with a red rectangular box.

2.) **Complete the Sign Up page**

- Create username (email)
- Create password
- Enter first name
- Enter last name
- Click Sign Up

Sign Up

Email Address
johndoe123@gmail.com

Password
ilovefootball

Confirm Password
ilovefootball

First Name
John

Last Name
Doe

SIGN UP

Have an account? [Sign In](#)

3.) Verify information using the following information:

- **Date of Birth,**
- **Social Security number**
- **Member ID**
- **Group number**

Click Continue.

Verify Your Information

We need to know a little more about you to help us find your account. Along with date of birth, we can use either your Social Security Number, or Member Number and Group Number.

Date of Birth (mm-dd-yyyy)*
01/01/1980

Social Security Number
123-45-6789

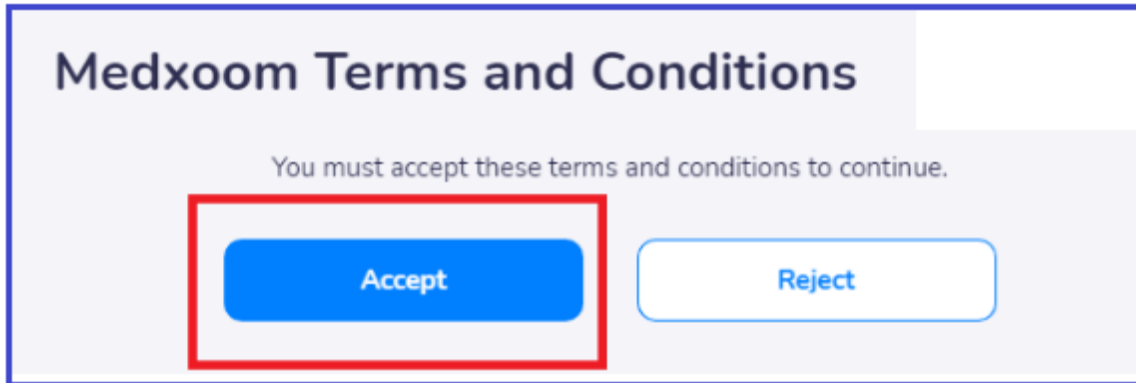
Member Number
987654231

Group Number
X0000

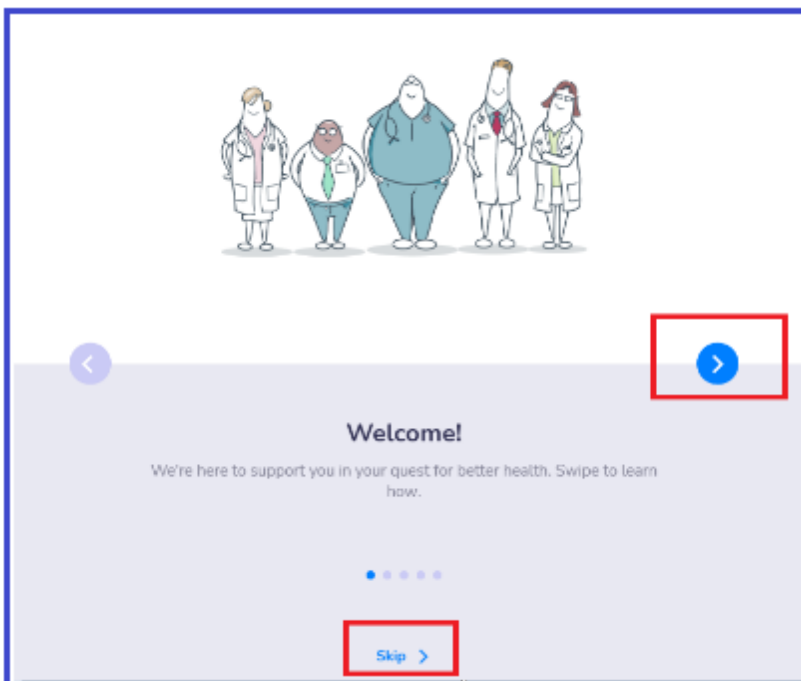
CONTINUE

Have an account? [Sign In](#)

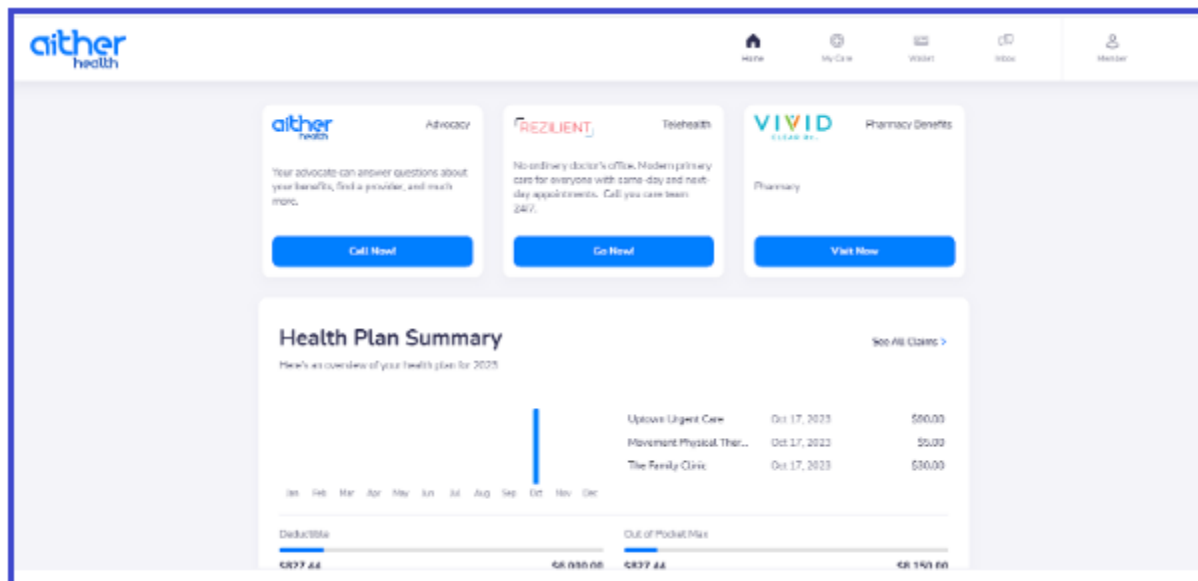
4.) Review the **Medxoom** Terms and Conditions and click Accept.



Note: At the "Welcome" page you can use the arrows to discover some of the features of the site or click "Skip" to bypass this page.

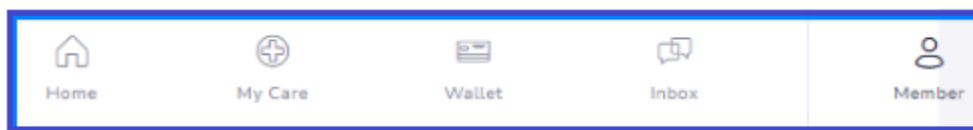


You have landed on the Aither Health Home Page!



Let's Continue!

Important tabs and the information about each one (see below).



Home Tab

Displays and provides:

- **Tiles with specific services available to the member**
 - Aither Advocacy
 - Rezilient Direct Primary Care
 - Vivid clear RX pharmacy services
- **Health plan summary**
- **Link to the provider search function with the network that the member's plan is participating in.**

Services available to Excel/Aither members:

The screenshot shows three service cards:

- Aither Health (Advocacy):** "Your advocate can answer questions about your benefits, find a provider, and much more." Button: "Call Now!".
- REZILIENT (Telehealth):** "No ordinary doctor's office. Modern primary care for everyone with same-day and next-day appointments. Call you care team 24/7." Button: "Go Now!".
- VIVID CLEAR RX (Pharmacy Benefits):** "Pharmacy." Button: "Visit Now".

 Callouts explain:

- "Call Now!" leads to a call number (833) 370-9235 with "Call" and "Cancel" buttons.
- "Go Now!" redirects to the Excel Health Plans landing page on the ReZilient website.
- "Visit Now" redirects to the Vivid Clear RX website for medication and prescription information.
- Clicking "Call" connects the member with the dedicated Aither Advocacy Team.

Health plan summary including the current accumulation of deductibles, out-of-pocket maximum and snapshot of the member's most recent claims.

Health Plan Summary
 Here's an overview of your health plan for 2023. [See All Claims >](#)

You've had no claims for the last year. It might be time to schedule a preventive check up.

Snapshot of most recent claims

Movement Physical Ther...	Aug 7, 2022	\$20.00
Uptown Urgent Care	Aug 4, 2022	\$99.00
The Family Clinic	Jul 22, 2022	\$30.00

Deductible: \$827.44 / \$3,000.00
Out of Pocket Max: \$827.44 / \$5,000.00

Provider Search link, used to determine if the member's medical providers are in network.

First Health Provider Search

Search for providers, hospitals, urgent care centers, and imaging locations in your First Health network.

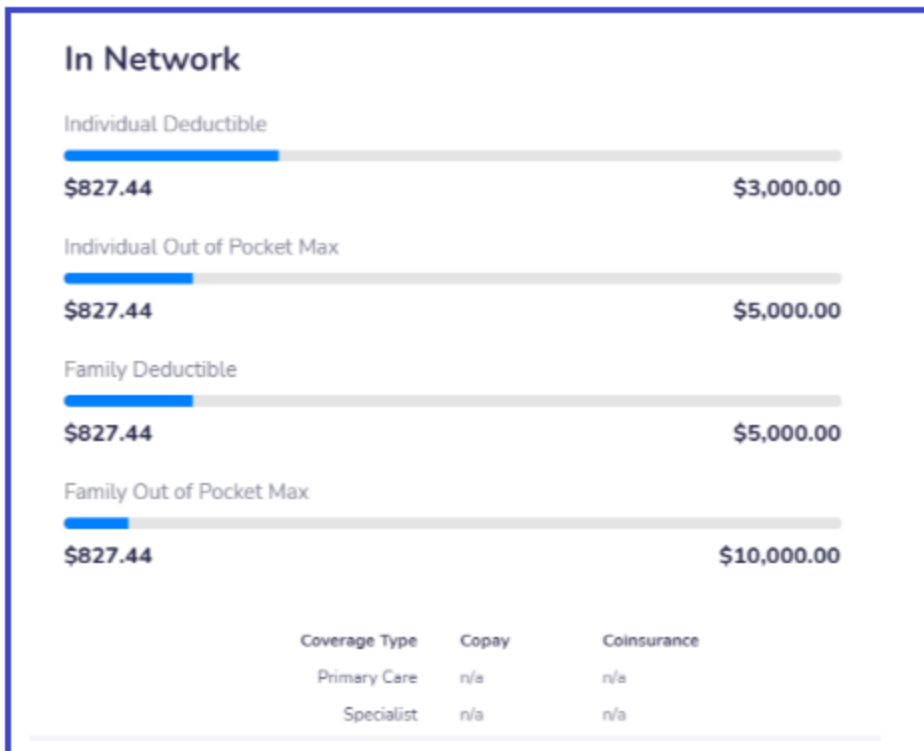
Go Now!

Click "Go Now!" to be redirected to the First Health website. Here the member can perform a provider search for In-Network participation

Note: The provider search link may show a different network name as shown above based on which network the member's plan is participating in. Ex. Midlands Choice, Cigna, PHCS or Ohio PPO Connect.

My Care Tab

Benefits summary including the In Network and Out of Network accumulations for deductibles and out of pocket maximum (individual and family).



Out Of Network

Individual Deductible

\$827.44	\$5,000.00
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Individual Out of Pocket Max

\$827.44	\$10,000.00
----------	-------------

Family Deductible

\$827.44	\$10,000.00
----------	-------------

Family Out of Pocket Max

\$827.44	\$20,000.00
----------	-------------

Coverage Type	Copay	Coinsurance
Primary Care	n/a	n/a
Specialist	n/a	n/a

Claims drop down, allows members to review claims history. By clicking on the claim the member can view claim details, estimated costs and the explanation of benefits.

Benefits Summary
Claim drop down
⊞

Claims ^

Movement Physical Therapy
Aug 7, 2022
\$20.00
Member Responsibility

Uptown Urgent Care
Aug 4, 2022

Balance Bills Claim in history. Clicking on the claim will allow details to appear in pane to the right. + ▾

Movement Physical Therapy

000249406 Claim Number	Paid Status
Jonathan Appleseed Patient	Aug 7, 2022 Date of Service

Claim Details

Cost Breakdown

Provider Billed	Cost Break down will provide estimated costs to the member for that specific claim.	\$205.50
Allowed Amount		\$62.00
Plan Paid		\$42.00
Member Copay		\$20.00
Member Responsibility		\$20.00
Balance Owed		\$20.00

Explanation of Benefits

1. Procedure Code	
Manual Therapy 1/> Regions	97140
Date of Service	Jan 7, 2022
Billed Amount	\$205.50
Allowed Amount	\$62.00
Health Plan Paid	\$42.00
Member Copay	\$20.00
Member Responsibility	\$20.00

Payments

No payments have been made.

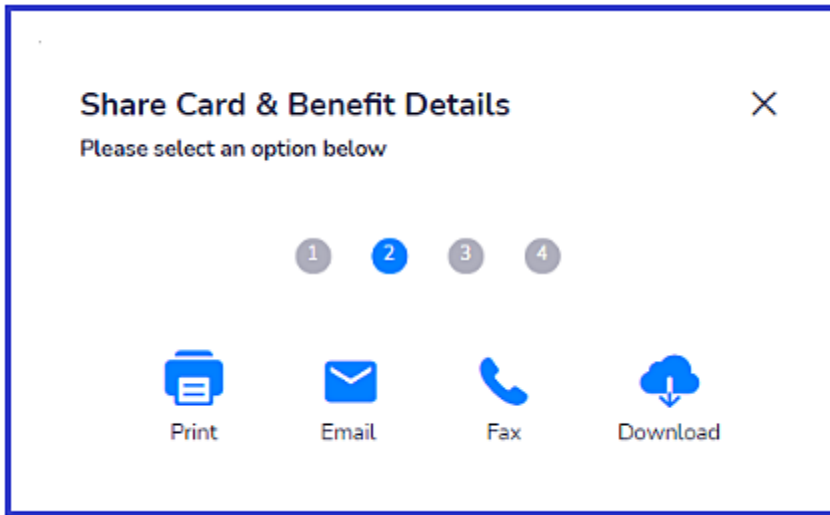
The Wallet Tab

ID Cards

View ID Cards in a PDF format with the function to share the document, through email, fax, printing and downloading.



Note: This card will not be an exact replica of the member's actual card however it will contain all the pertinent information that is required for providers to treat the member and submit claims for consideration.



Summary of benefits and summary of plan descriptions can be viewed along with member information, pharmacy information, in network and out of network deductibles and out-of-pocket maximums (individual and family) as well as claim submission and benefit question information. This information has a shareable function.

Plan summary and member information

Bronze 6000
Medical Plan

[Share Information](#)

[Summary of Benefits and Coverage](#)

Member
Effective 1/1/2021 - 12/31/2029
[Jonathan Appleseed](#)

Group Number	Member Number	Person
X0001	DEMO-BRONZE-01	00
Relationship	Date of Birth	Sex
Self	January 1, 1980	M

Click on the link to view the plan summary document.

Network Information

Provider Networks

 First Health. First Health



Pharmacy Benefits Information

Prescription Benefits

Rx PCN	Rx BIN	Rx Group
RXS	24814	EHPX0001

Claim Submissions and Benefit Questions

Claims Submission & Benefit Questions

Mail Claims To:	EDI Payer ID	Member Support	Provider Support
Aither Health PO Box 211440 Eagan, MN 55121	64884	 (833) 370-9235	 (833) 370-9235

Note: The "Mail Claims To" field may have an alternate address listed based on the network the member's plan is participating with.

Ex. If the plan network is Midlands Choice the address would be listed as follows:

**Midlands Choice
P.O. Box 5809
Troy, MI 48007**

Benefits In Network

In Network

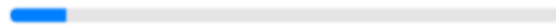
Individual Deductible



\$827.44

\$6,000.00

Individual Out of Pocket Max



\$827.44

\$8,150.00

Family Deductible



\$827.44

\$9,000.00

Family Out of Pocket Max



\$827.44

\$12,000.00

Coverage Type	Copay	Coinsurance
Primary Care	\$10.00	n/a
Specialist	\$80.00	n/a
Urgent Care	\$100.00	n/a
Emergency Room	n/a	40%

Provider Networks

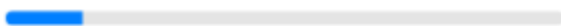


First Health

Benefits Out of Network

Out Of Network

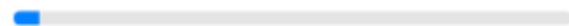
Individual Deductible



\$827.44

\$6,000.00

Family Deductible



\$827.44

\$18,000.00

Coverage Type	Copay	Coinsurance
Primary Care	n/a	50%
Specialist	n/a	50%
Urgent Care	n/a	50%
Emergency Room	n/a	40%

The Inbox Tab

Allows members to review incoming messages and any archived messages.

