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BILL'S COMPLETE MANUALS

Health Insurance Apps

UnitedHealthcare, Humana, Aetna, Anthem and Medicare.gov — explained in plain English, one step at a time

A plain-English guide for seniors, families and caregivers

Take your time — you can't break it

Written for you by Bill — Bill's Home Tech

(330) 200-8042 · BillsHomeTech.com

For UnitedHealthcare, Humana, Aetna Health, Anthem Sydney Health & Medicare.gov · facts current November 2026

What's Inside

This is your guide to the apps and websites that health insurance companies now use for almost everything: your ID card, your claims, finding a doctor and refilling prescriptions. It covers the UnitedHealthcare, Humana, Aetna Health and Anthem (Sydney Health) apps, plus your own account on Medicare.gov. Read it in any order and at your own pace. Every plan is a little different, so wherever the details depend on your plan, this guide tells you where to look. It explains the technology; it isn't insurance or medical advice.

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PART 1

Getting Started

What a health insurance app does for you, the words you'll see, and how to tell which app is yours.

CHAPTER 1

A Note from Bill

Hello, and welcome. Not long ago, your health insurance lived in a wallet card and a stack of mail. Today the same company would much rather you use its app: your ID card is on your phone, your claims show up there first, and the doctor search, pharmacy and "message us" buttons all live inside it. If that sounds like one more thing to learn, this guide is for **you**, and for the son, daughter or grandchild who has been asked to "help Mom with her insurance app."

I'm Bill. I've spent more than 30 years working with technology, and these days I help folks here in Portage County feel at home with theirs. I wrote this guide the way I'd explain it sitting at your kitchen table: patiently, in plain English, and without trying to sell you anything. When a word like "deductible" or "EOB" comes up, I'll stop and explain it right then.

What this guide will do for you

- Help you figure out which app or website is the right one for *your* plan.
- Walk you through creating an account with your member ID, and getting back in when you're locked out.
- Put your ID card on your phone, and in Apple Wallet or Google Wallet where your plan offers it.
- Explain claims, EOBs and bills in plain English, so you know what you really owe.
- Show you how to find in-network doctors and pharmacies, track your deductible, and use mail-order and telehealth.
- Help a family member help you, the proper way, with the right permission forms.
- Warn you about the scams that pop up every fall during Medicare Open Enrollment, which is happening right now.

The big promise: you can't break it

Looking around your insurance app can't change your coverage. Opening your claims, your ID card or the doctor search is completely safe. The only things that call for real care are changing your plan, paying a bill, and giving out your member ID or Medicare Number. I'll mark those clearly.

WHAT THIS DOES FOR YOU

Why this matters

When your ID card, claims and doctor list are on your phone, you're never stuck at the front desk without your card, you can catch a billing mistake before you pay it, and you can check whether a doctor takes your plan before you book, not after.

GOOD TO KNOW

A word about advice

I'm a technology helper, not an insurance agent, doctor or benefits counselor. I don't sell plans and I won't tell you which plan to pick. For unbiased help choosing Medicare coverage, Chapter 25 points you to free counselors, including Ohio's own OSHIIP program.

And I'm only a phone call away

If anything in this guide leaves you unsure, call me at **(330) 200-8042**. There's no such thing as a silly question, especially when it's your health and your money.

So let's start with what these apps actually do.

— Bill

CHAPTER 2

What a Health Insurance App Does

Every big health insurance company has a free app and a matching member website. They show the same account, so anything you do on one shows up on the other. Use whichever is easier for you: the phone app is handy at the doctor's office, and the website is easier to read on a big screen at home.

The main things inside

Section	What it's for
ID card	A digital copy of your member ID card that you can show at the front desk or pharmacy. Chapter 8.
Claims	A list of every visit, test and prescription your plan has been billed for, and what it paid. Chapter 11.
Find care	A search for doctors, hospitals, labs and pharmacies that are in your plan's network. Chapter 15.
Spending	Trackers that show how much of your deductible and out-of-pocket maximum you've used. Chapter 14.
Pharmacy	Your prescriptions, drug prices and mail-order refills. Chapters 17 and 18.
Virtual care	Video visits with a doctor and, on many plans, a 24/7 nurse line. Chapter 16.
Rewards	Wellness programs on some plans that reward checkups and healthy habits. Chapter 19.
Messages	Secure messages, chat, letters and plan documents. Chapter 20.

A few words you'll see everywhere

Word	Plain meaning
Member ID	The number on your insurance card that identifies you to your plan. You'll need it to create your account.
Premium	What you pay each month to have the plan, whether or not you see a doctor.
Deductible	What you pay for covered care each year before the plan starts paying its share. Some plans have none.
Copay	A set amount you pay for a service, such as a flat fee for an office visit.
Coinsurance	Your share as a percentage, such as 20% of the approved cost.
Out-of-pocket maximum	The most you'll pay for covered in-network care in a year. After that, the plan pays the full approved cost.
In-network	Doctors and pharmacies that have an agreement with your plan. They usually cost you much less.

TIP

Your plan's own words win

Plans use these words in slightly different ways. If a number in the app surprises you, your plan's Summary of Benefits or Evidence of Coverage is the official word, and member services (the number on the back of your card) can explain it.

CHAPTER 3

Which App Is Yours?

The quickest way to know which app to use is to look at the card in your wallet. The company name on the front of the card is the company whose app you want. If you have Medicare, you may have more than one card, and that's where people often get mixed up.

The four big insurer apps in this guide

Company	App name	Member website
UnitedHealthcare (including AARP Medicare plans)	UnitedHealthcare	myuhc.com (or the website printed on your card)
Humana	Humana (MyHumana)	humana.com, sign in to MyHumana
Aetna	Aetna Health	aetna.com (the site printed on your card)
Anthem (Anthem Blue Cross and Blue Shield)	Sydney Health	anthem.com

If you have Medicare: which card is which?

- **The red, white and blue Medicare card** comes from the federal government. It's for Original Medicare (Part A hospital and Part B medical). Its online home is your account on **Medicare.gov**, covered in Chapter 6.
- **A Medicare Advantage card** (sometimes called Part C) comes from a private company such as UnitedHealthcare, Humana, Aetna or Anthem. If you have one, it's usually the card you show at the doctor, and that company's app is where your claims appear.
- **A Part D drug plan card** covers prescriptions only. It may come from one of the same companies.
- **A Medicare Supplement (Medigap) card** helps pay what Original Medicare doesn't. You'd show it along with your red, white and blue card.
- **A card from work or a retiree plan** follows the same idea: the name on the card is the app.

WHAT THIS DOES FOR YOU

What sorting this out does for you

Once you know which card goes with which app, you stop wondering where to look. Your Medicare Advantage claims show up in your plan's app, not on Medicare.gov, and Original Medicare claims show up on Medicare.gov, not in an insurer's app.

TIP

Not sure which you have?

Lay all your cards on the table and read the name and phone number on each. If you still can't tell, call the number on the back of the card you use most, or call 1-800-MEDICARE (1-800-633-4227) and ask, "Which plans am I enrolled in?"

HEADS UP

Only one person's cards, please

If you and your spouse are both on Medicare, you each have your own Medicare Number and usually your own plan card and account. Keep them separate, even if you share a phone.

PART 2

Signing Up Safely

Getting the real app, creating your account with your member ID, setting up Medicare.gov, and getting back in when you forget a password.

CHAPTER 4

Before You Start: Getting the Real App

Ten minutes of preparation makes signing up go smoothly. Gather a few things first, and make sure the app you download is the genuine one from your insurance company.

Have these ready

- **Your member ID card**, the newest one. Many plans issue a new card each January.
- **Your date of birth and home ZIP code**, exactly as your plan has them.
- **An email address you check**. Your plan will send a code and important notices there.
- **Your cell phone**, for a texted security code.
- **A new password** you don't use anywhere else. Write it down and keep it somewhere safe at home.
- For some plans, the **last four digits of your Social Security number**. Only type it into the official app or website you opened yourself, never into a link from a text or email.

Download the genuine app

1. On an iPhone or iPad, open the **App Store**. On an Android phone, open the **Google Play Store**.
2. Tap **Search** and type the app name from Chapter 3, such as **UnitedHealthcare**, **Humana**, **Aetna Health** or **Sydney Health**.
3. Before you tap Get or Install, check the name of the company that made it, right under the app name. It should be the insurance company (Anthem's Sydney Health app is published by Anthem's parent company, so look for the Anthem name in the description).
4. Tap **Get** or **Install**. The apps are free.
5. When the app opens, it may ask to send notifications. Tapping **Allow** is fine; it lets the app tell you when a claim is processed or a refill ships.

HEADS UP

Look-alike apps and ads

Search results sometimes show ads at the very top for other apps or for agents selling plans. Skip anything that isn't from your insurance company. Your plan's app never charges for download.

TIP

Prefer the computer?

Everything in this guide can also be done on the member website. Type the website printed on your card into the address bar yourself, rather than searching for it, so you land on the real site.

CHAPTER 5

Creating Your Account with Your Member ID

Each company's screens look a little different, but signing up follows the same pattern everywhere. You prove who you are with the details on your card, then choose a username and password.

The usual steps

1. Open the app and tap **Register**, **Create an account** or **Sign up**. (Don't tap Sign in yet; that's for after you have an account.)
2. If asked what kind of plan you have, choose the one that matches your card: Medicare, from an employer, Medicaid, or one you bought yourself.
3. Type your **member ID** exactly as it appears on the card, including any letters.
4. Type your name, date of birth and ZIP code.
5. Choose a **username** and a strong **password**. Write both down.
6. Enter the security code the plan texts or emails to you.
7. Agree to the terms, and choose whether to go paperless. You can change that later (Chapter 20).

Notes for each company

Company	What to expect
UnitedHealthcare	Tap Register in the UnitedHealthcare app or on myuhc.com. You'll enter your name, birth date and your member ID (some employer plans let you use your Social Security number instead).
Humana	Register in the Humana app or at humana.com/registration. Have your member ID handy; some plans also ask for your Social Security number.
Aetna	In the Aetna Health app, tap Create an online account. You'll enter your member ID (or the last four digits of your Social Security number), name, date of birth and ZIP code, then create a username, password and security question.
Anthem	In the Sydney Health app, tap to register and follow the prompts. What you're asked for depends on your plan; your member ID and date of birth are the usual starting point.

WHAT THIS DOES FOR YOU

What your account does for you

Once you're registered, your ID card, claims and spending are a tap away, day or night. You no longer have to wait for paper statements in the mail or sit on hold to ask "Did my claim go through?"

TIP

Brand-new to the plan?

If you just joined, your account may not work until your coverage start date, and your card may take a week or two to appear. If the app says it can't find you, wait a few days and try again, or call member services.

HEADS UP

Sign up for yourself only

Create your own account with your own details. A family member who wants to help should use the proper caregiver or representative setup in Chapter 21, not your username and password.

CHAPTER 6

Your Medicare.gov Account

If you have Medicare, you can also have a free, secure account on **Medicare.gov**, the official U.S. government site for Medicare. It's separate from any insurance company app and from your Social Security account.

What you can do there

- See your **Original Medicare** claims once they're processed.
- **Print an official copy of your Medicare card**, or ask for a replacement.
- Switch to **electronic Medicare Summary Notices** (the statement Original Medicare sends), so you get them by email instead of on paper.
- Compare plans during Open Enrollment, which is going on now (Chapter 22).

> GOOD TO KNOW
>
> **Medicare Advantage claims aren't here**
>
> If you're in a Medicare Advantage or Part D plan, those claims appear in your plan's app, not in your Medicare.gov account.

How sign-in works now

Medicare.gov now has you create your account and sign in through a separate, free identity service: **Login.gov**, **ID.me** or **CLEAR**. These services check that you are really you, so nobody else can open an account in your name. You'll need your **Medicare Number** from your red, white and blue card.

1. On a computer or phone, type **medicare.gov** into the address bar yourself.
2. Choose **Log in/create account** near the top of the page.
3. Pick **Login.gov**, **ID.me** or **CLEAR**. If you already use one of them for Social Security, the IRS or the VA, choosing that same one saves time.
4. Sign in to that service, or create an account with it. It may ask for a photo of your driver's license and a quick selfie, or offer another way to confirm who you are.
5. When you return to Medicare.gov, enter the details from your Medicare card to connect your account.

HEADS UP

Your old Medicare password stops working

If you had a Medicare.gov account years ago, once you connect it to Login.gov, ID.me or CLEAR, the old Medicare username and password no longer work. From then on, you always sign in through the service you chose.

TIP

No computer or smartphone?

You don't need an online account to use Medicare. You can call 1-800-MEDICARE (1-800-633-4227, TTY 1-877-486-2048) any time for help with your claims and coverage.

WHAT THIS DOES FOR YOU

What this does for you

With a Medicare.gov account you can check that every claim on your record is for care you really got. That's one of the best ways to spot Medicare fraud early (Chapter 23).

CHAPTER 7

Forgot Your Password or Locked Out

It happens to everyone. Health accounts lock after a few wrong tries to protect your private information, so being locked out means the security is working, not that something is broken.

Resetting your password in the app

1. On the sign-in screen, tap **Forgot username or password?** (the exact words vary).
2. Enter the details it asks for, usually your member ID, date of birth or email address.
3. Watch for a code by text or email, and type it in. Codes expire after a few minutes, so do it right away.
4. Choose a new password. Write it down and keep it with your other important papers.
5. Sign in again with the new password.

If you're still stuck

- **Locked out after too many tries?** Wait the amount of time the screen says, often 15 or 30 minutes, then use Forgot password instead of guessing again.
- **The code never arrives?** Check your spam or junk folder, make sure the phone number on file is still yours, and ask for a new code.
- **Changed phones or phone numbers?** Call member services at the number on the back of your card. They can verify you and update your account.
- **Medicare.gov?** Reset the password at the service you sign in with (Login.gov, ID.me or CLEAR), because Medicare.gov uses their sign-in.

TIP

Let your phone remember it

On an iPhone, the Passwords app can save your insurance password and fill it in for you. On Android, Google Password Manager does the same. Many insurer apps also offer Face ID or fingerprint sign-in after the first time.

SCAM ALERT

Nobody real asks for your password

Your insurance company will never call, text or email asking for your password or the code it just sent you. If someone does, hang up and call the number on the back of your card.

PART 3

Your Digital ID Card

Your member ID card on your phone, in your phone's wallet where offered, and what to do when a card is lost or a new one arrives.

CHAPTER 8

Your Digital Member ID Card

Every app in this guide shows a digital copy of your member ID card. It has the same information as the plastic or paper one: your name, member ID, group number, the plan's phone numbers and the pharmacy codes the drugstore needs.

Finding your card

App	Where the card is
UnitedHealthcare	Look for ID Card or View Medical ID in the app. On myuhc.com, sign in and choose View ID Card.
Humana	Open the ID card in the Humana app, or sign in at humana.com and go to the ID Card Center, where you can view, print, email or order a card.
Aetna Health	Tap ID Cards on the home screen.
Sydney Health (Anthem)	Tap the ID card on the home screen. You can share it from the app.

Showing it at the doctor or pharmacy

1. Open the app *before* you reach the front desk, in case the signal inside is weak.
2. Open your ID card and turn the phone so the person can read it. Some apps can show the back of the card too.
3. If they'd like a copy, many apps have a **Share**, **Email** or **Fax** button that sends it straight to the office.
4. Keep hold of your phone. There's no need to hand it over or unlock other apps.

WHAT THIS DOES FOR YOU

What this does for you

You'll never be caught without your card. If you change purses or leave your wallet at home, the card is still on your phone, and the newest card for the year is always the one showing.

TIP

Save a picture too

If the app is slow to open in a dead zone, take a screenshot of the front and back of the card and keep it in your Photos. Treat that picture like the card itself and don't post or text it to anyone you don't trust.

GOOD TO KNOW

Medicare's own card

Original Medicare doesn't have a phone app card. You can print an official copy of your red, white and blue card from your Medicare.gov account (Chapter 6).

CHAPTER 9

Adding Your Card to Apple Wallet or Google Wallet

Some plans let you put your member ID card in your phone's own wallet, next to boarding passes and store cards. Then you can pull it up without even opening the insurance app. This depends on your plan, so if you don't see the button, your plan may not offer it yet.

On an iPhone (Apple Wallet)

1. Open your insurance app and sign in.
2. Open your ID card.
3. Tap **Add to Apple Wallet** if you see it.
4. Tap **Add** on the preview screen.
5. To use it later, open the **Wallet** app and tap the card.

App	What it offers
Aetna Health	After signing in, tap ID Cards; on an iPhone you can add the card to Apple Wallet. Each covered family member's card can be added separately.
Sydney Health (Anthem)	Offers the option of keeping your Anthem ID card in Apple Wallet. It updates automatically when a new plan year starts.
UnitedHealthcare	The app can save your plan details to your phone's digital wallet on plans that offer it.
Humana	The app can add Humana member ID cards to your phone's wallet, depending on your plan.

On an Android phone (Google Wallet)

If your plan offers Google Wallet, you'll see an **Add to Google Wallet** button on the ID card screen. Tap it and follow the prompts. UnitedHealthcare, for example, has told members on some plans how to add their card to Apple or Google Wallet in its renewal emails. If there's no button, use the card inside the app instead; it works just as well.

WHAT THIS DOES FOR YOU

What this does for you

The wallet card works even when you're in a hurry: double-click the side button on an iPhone (or open Google Wallet on Android) and the card is right there, with no password to remember at the counter.

GOOD TO KNOW

A wallet card isn't a payment card

Putting your health insurance card in Apple Wallet doesn't let anyone charge you anything. It's just a picture of your ID card with your plan details.

CHAPTER 10

Lost Card, New Card, Family Cards

Cards get lost, run through the washer, or replaced each January. The app makes all of that easier.

If you lost your insurance card

1. Open your app and show the digital card in the meantime. It's just as valid at most offices.
2. Look for **Order ID card**, **Request a new card** or the **ID Card Center**. Many plans let you order a replacement right there.
3. If you can't find the option, call member services. If you've lost the card with the phone number on it, the number is also on the plan's website and in the app.

> **TIP**
>
> **Lost your Medicare card?**
>
> A replacement red, white and blue card is free. Print an official copy from your Medicare.gov account or ask for one by calling 1-800-MEDICARE. Nobody legitimate charges for a new Medicare card.

When a new card arrives

- Check that your name, date of birth and plan name are right.
- If the member ID changed, give the new card to your doctor's office and pharmacy at your next visit.
- The app usually shows the new card automatically once it takes effect. Anthem's Apple Wallet card updates itself; with other plans, you may need to add the new card to your wallet again.
- Shred the old card rather than tossing it in the trash.

Cards for your spouse or children

If your plan covers a family, the person who holds the policy can usually see each covered family member's card, and switch between them on the ID card screen. Adult family members on the plan may need their own accounts to see their own claims. On Medicare, every person has their own card and their own account.

SCAM ALERT

"We're sending you a new card" calls

Medicare and real plans mail new cards. They don't call to ask you to "verify" your Medicare Number or Social Security number before sending one. If someone does, hang up. Chapter 23 explains this scam.

PART 4

Claims, EOBs and Bills

What a claim is, how to read an Explanation of Benefits, what to do with a confusing bill or a denied claim, and how to see how much of your deductible you've used.

CHAPTER 11

Claims and EOBs in Plain English

After you see a doctor, the office sends a bill to your insurance company. That bill is called a **claim**. Your plan looks at it, decides what it covers, pays its share, and then tells you what happened in a statement called an **Explanation of Benefits**, or **EOB**.

The most important thing: an EOB is not a bill

An EOB comes from your *insurance company*, and it doesn't ask you to pay anything. It tells you what care was billed, what the plan paid, and what you *may* owe. The actual bill, if there is one, comes separately from the *doctor's office or hospital*.

Finding your claims in the app

1. Open your app and tap **Claims** (it may be under a menu called Coverage, Spending or Activity).
2. You'll see a list by date, with the doctor or pharmacy name and an amount you may owe.
3. Tap a claim to see the details.
4. Look for **View EOB** or **Download** to open the full statement.

Reading an EOB, line by line

Line	What it means
Provider	Who billed for the care: the doctor, lab, hospital or pharmacy.
Date of service	The day you got the care. Check it matches a day you were really there.
Amount billed	The provider's full price. Almost nobody pays this amount.
Allowed amount	The lower price your plan has agreed to with in-network providers. Sometimes called "plan discount" or "approved amount."
Plan paid	What your insurance paid the provider.
Your share / You may owe	What's left for you: deductible, copay or coinsurance. This is the number to compare with any bill.
Notes or codes	Short codes that explain anything not paid, such as a denial. The EOB explains what each code means.

WHAT THIS DOES FOR YOU

What this does for you

Reading your EOBs lets you catch mistakes, like a visit you never had or a test billed twice, and it's how you know the right amount to pay when the bill arrives.

GOOD TO KNOW

On Original Medicare?

Original Medicare's version of an EOB is called the **Medicare Summary Notice**. It also says "This is not a bill." You can see your claims and get the notices by email through your Medicare.gov account.

CHAPTER 12

Got a Bill You Don't Understand?

A medical bill can be confusing even for people who work in health care. Before you pay, a few minutes of checking can save you real money, and it's perfectly normal to ask questions.

Five calm steps before you pay

1. **Wait for the EOB.** If a bill arrives before your plan has processed the claim, it's fine to wait until the claim shows up in your app.
2. **Match them up.** Find the claim in your app with the same provider and date of service as the bill.
3. **Compare the amounts.** The amount you owe on the bill should match "Your share" on the EOB. Don't pay more than the EOB says you may owe.
4. **Check the details.** Is the date right? Is each service something you actually got?
5. **Ask if anything doesn't match.** Call the billing office number on the bill first, then your plan's member services if needed.

Common reasons a bill looks wrong

- The office billed before your plan finished processing the claim.
- The office has an old insurance card on file. Give them your new card.
- The provider was **out of network**, so your plan paid less or nothing (Chapter 15).
- Your plan needed **prior authorization** (approval in advance) and didn't get it.
- A simple coding mistake by the office. These are fixed all the time when you ask.

TIP

What to say on the phone

"I have a bill for a visit on [date]. My insurance EOB says I owe [amount], but the bill says [amount]. Can you help me understand the difference?" Write down the date, the person's name and what they said.

HEADS UP

Pay only through the real channels

Pay a medical bill through the provider's own billing website or phone number printed on the paper bill, or your plan's app. Be wary of a text or call demanding payment right away with a gift card, wire transfer or payment app. Real billing offices don't take gift cards.

CHAPTER 13

When a Claim Is Denied

Seeing "Denied" or "Not covered" next to a claim is upsetting, but it isn't always the final word. Many denials are paperwork problems that the doctor's office can fix, and you also have the right to appeal.

First, find out why

1. Open the claim in your app and read the **notes or codes** on the EOB. They give the reason.
2. Look for a letter or message from your plan about the denial. It explains the reason and how to appeal.
3. Call your doctor's office. Ask: "Was this claim coded correctly? Did it need prior authorization?" Offices can often correct and resend a claim.
4. If it still isn't sorted, call member services and ask them to explain the denial in plain words.

Asking for an appeal

- An **appeal** is a formal request asking your plan to look again. The denial letter tells you how to file and the **deadline**. Don't wait: deadlines are firm.
- Your doctor can often help by sending a letter explaining why the care was needed.
- Keep copies of everything, and write down every call.
- If someone else will handle the appeal for you, they usually need a signed representative form (Chapter 21).

WHAT THIS DOES FOR YOU

What this does for you

Knowing the steps turns a scary letter into a to-do list. Many denials are reversed once the right information reaches the plan.

GOOD TO KNOW

Free help with Medicare appeals

If you have Medicare, 1-800-MEDICARE and Ohio's free OSHIIP counselors can explain your appeal rights. See Chapter 25.

CHAPTER 14

Your Deductible and Out-of-Pocket Trackers

Most apps show a set of bars or meters that fill up as you use your benefits during the year. They answer the question, "How much more will I have to pay before my plan picks up more of the cost?"

Where to find them

Look on the home screen, or under **Benefits**, **Coverage**, **Spending** or **Plan balances**. You'll usually see two bars, one for the **deductible** and one for the **out-of-pocket maximum**, sometimes separately for you and for your family.

Reading the bars

What you see	What it means
Deductible met	How much you've paid toward the deductible so far this plan year, out of the total.
Out-of-pocket max	How much you've paid toward the yearly limit. When it's full, covered in-network care costs you nothing more for the rest of the plan year.
In-network vs. out-of-network	Many plans keep separate totals. Out-of-network costs often count less, or not at all.
Pharmacy	Some plans track drug costs separately. Medicare Part D has its own yearly cap on covered drug costs: $2,100 in 2026.

TIP

Why the numbers lag

The bars only move after a claim is processed, which can take a few weeks after a visit. If you just paid at the counter, give it time before worrying that it didn't count.

WHAT THIS DOES FOR YOU

What this does for you

If you're planning a surgery or a new treatment, the trackers help you see roughly what's left to pay this year, and whether it's worth scheduling before or after the plan year resets (usually January 1).

HEADS UP

Estimates aren't promises

Many apps also have a cost estimator. It's a useful guide, but the final amount depends on the claim your doctor actually sends. Call member services if a big number surprises you.

PART 5

Finding Care and Prescriptions

Finding doctors and pharmacies in your network, video visits and nurse lines, and getting prescriptions filled, including by mail.

CHAPTER 15

Finding In-Network Doctors, Hospitals and Pharmacies

Your plan has agreements with certain doctors, hospitals, labs and pharmacies. That group is called your **network**. Staying in network usually costs you far less, and on many Medicare Advantage HMO plans, care outside the network isn't covered at all except in emergencies.

Searching in the app

1. Sign in to your app so the search knows which plan you have. (Searching without signing in may show doctors for a different plan.)
2. Tap **Find care**, **Find a doctor** or **Find care & costs**.
3. Choose what you need: a doctor by name, a type of doctor (such as cardiologist), a hospital, a lab or a pharmacy.
4. Type your ZIP code or allow the app to use your location.
5. Look for a label such as **In network**, **Tier 1** or **Preferred** next to each result.
6. Tap a name for the address, phone number and whether they're taking new patients.

Always double-check by phone

Directories aren't perfect. Before your first visit, call the office and ask: "Do you take *[plan name exactly as on my card]*, and are you accepting new patients?" Saying the full plan name matters, because an office may take one of a company's plans but not another.

If your doctor isn't in network

- Ask the office whether they plan to join, or whether another doctor in the same practice is in network.
- Ask your plan whether it can make an exception, especially if you're in the middle of treatment.
- During Open Enrollment (Chapter 22), check whether your doctors are in a plan's network *before* you switch plans.

WHAT THIS DOES FOR YOU

What this does for you

Checking the network takes two minutes and can save you from a bill for hundreds of dollars that your plan won't pay.

GOOD TO KNOW

On Original Medicare?

Original Medicare doesn't have a network in the same way: you can see any doctor in the country who accepts Medicare. Medicare's free Care Compare tool on Medicare.gov helps you find them.

CHAPTER 16

Video Visits and the 24/7 Nurse Line

Many plans let you see a doctor by video from your phone, tablet or computer, often any time of day. Most also have a nurse line you can call around the clock when you're not sure whether something can wait until morning.

What's usually offered

Company	Virtual care
UnitedHealthcare	24/7 Virtual Visits in the UnitedHealthcare app, for same-day care of common problems. The doctor can send a prescription to your pharmacy.
Anthem (Sydney Health)	The app can connect you with a doctor by chat or video, and has a symptom checker, depending on your plan.
Humana and Aetna	Many plans include virtual visits and a 24-hour nurse line. Look in the app under Find care or Virtual care, or check your plan's benefits.

Starting a video visit

1. Find a quiet, well-lit spot and make sure your phone or tablet is charged.
2. Open your insurance app and look for **Virtual visits**, **Virtual care** or **Talk to a doctor**.
3. Check the cost shown for your plan before you start.
4. Choose a time, or join the waiting room for a visit right away.
5. Allow the app to use your camera and microphone when it asks.
6. Have your list of medicines and your pharmacy's name ready.

TIP

Finding the nurse line

Nurse line numbers vary by plan and state. The right number is usually printed on the back of your member ID card or listed in the app. Save it in your phone's contacts as "Nurse line."

STAY SAFE

For emergencies, call 911

Video visits and nurse lines are for questions and everyday problems. For chest pain, trouble breathing, signs of a stroke or a serious injury, call 911 right away.

GOOD TO KNOW

Your own doctor may do video visits too

Many local health systems offer video visits with your own doctor through their patient portal, such as MyChart. Your plan's virtual visits are often with a different doctor.

CHAPTER 17

Prescriptions and Drug Prices

The pharmacy section of your app shows which drugs your plan covers, roughly what they'll cost you, and which pharmacies give you the best price.

What to look for

- **Drug list (formulary):** the list of medicines your plan covers, arranged in **tiers**. Lower tiers, usually generics, cost less.
- **Price a drug:** type a medicine's name to see your cost at different pharmacies, including mail order.
- **Preferred pharmacies:** some plans charge less at certain pharmacies. The app marks them.
- **My prescriptions:** a list of what's been filled, and when refills are due.

Checking a drug's price

1. Open the app and tap **Pharmacy**, **Prescriptions** or **Drug pricing**.
2. Search for the medicine by name, and pick the exact strength and how many you take.
3. Compare the price at your usual pharmacy, a preferred pharmacy and mail order.
4. If a drug is expensive, ask your doctor whether a generic or lower-tier drug would work for you.

WHAT THIS DOES FOR YOU

What this does for you

Prices can differ a lot between pharmacies and between a 30-day and a 90-day supply. A quick check before your doctor sends a new prescription can make a real difference over a year.

GOOD TO KNOW

Medicare's drug cost cap

With Medicare drug coverage, what you pay for covered drugs is capped at $2,100 for 2026. Medicare also offers the Medicare Prescription Payment Plan, which spreads those costs into monthly bills.

TIP

Coupons and discount cards

Discount cards aren't insurance. Buying with a coupon is sometimes cheaper, but those purchases may not count toward your plan's deductible or yearly cap. Our Pharmacy Apps guide covers this in detail.

CHAPTER 18

Mail-Order Pharmacy

For medicines you take every day, many plans offer a mail-order pharmacy that sends up to a 90-day supply to your door. It's often cheaper, and it saves trips to the store.

Which mail-order pharmacy goes with your plan

Company	Mail-order pharmacy
UnitedHealthcare	Usually Optum Rx, which delivers 90-day supplies of maintenance medicines.
Humana	Usually CenterWell Pharmacy, Humana's mail pharmacy, with preferred cost sharing for most members.
Anthem	Usually CarelonRx, with up to a 90-day supply and free standard shipping.
Aetna	Check your plan materials or the pharmacy section of the Aetna Health app for your mail-order pharmacy.

HEADS UP

Your plan decides

Employer and retiree plans sometimes use a different pharmacy company. The pharmacy name on your ID card or in your app is the one that counts.

Setting up mail order

1. In your app, open **Pharmacy** and look for **Mail order**, **Home delivery** or **Switch to home delivery**.
2. Pick the medicines you want delivered. The app may offer to transfer them from your current pharmacy.
3. Confirm your mailing address and a payment card.
4. Ask your doctor to send new prescriptions to the mail-order pharmacy, if the app asks you to.
5. Turn on refill reminders or automatic refills if you'd like.

TIP

Plan ahead

Order a refill when you have about two weeks of medicine left. Mail can be slow, especially around holidays. For a medicine you need today, use a local pharmacy.

WHAT THIS DOES FOR YOU

What this does for you

No more running out on a weekend or standing in line. Medicines arrive in plain packaging, and you can track the shipment in the app.

PART 6

Rewards, Messages and Paperwork

Wellness rewards, sending a secure message to your plan, and choosing how your letters arrive.

CHAPTER 19

Rewards and Wellness Benefits

Many plans, especially Medicare Advantage plans, reward you for things like a yearly checkup, a flu shot or regular walking. The rewards are usually gift cards or credits for everyday items. What's offered depends entirely on your plan.

What the big companies offer

Company	Program
UnitedHealthcare (Medicare Advantage)	Open Rewards in the UnitedHealthcare app or on the member website and report eligible activities. Rewards go onto your UCard and can be used for eligible items at participating stores. They can't be used to buy Medicare-covered items or services.
Humana (Go365)	Eligible Medicare Advantage members sign in at Go365.com or in the app to see activities that earn rewards, then redeem them for gift cards in the Go365 Mall.
Aetna and Anthem	Many plans include wellness programs or extra benefits such as fitness memberships. Look under Benefits or Rewards in the app.

Getting started

1. In your app, look for **Rewards**, **Wellness** or **Extra benefits**.
2. Read the list of activities for this year. Each one shows what it's worth.
3. Do the easy ones first, like an annual wellness visit you'd have anyway.
4. Report the activity in the app if it asks you to. Some are recorded automatically from claims.
5. Redeem your rewards before any deadline, often the end of the plan year.

WHAT THIS DOES FOR YOU

What this does for you

You're paid back, in small ways, for looking after yourself. It's also a gentle reminder to get the checkups and screenings your plan already covers.

HEADS UP

Rewards are not a reason to switch plans

Ads during Open Enrollment often highlight gift cards and extras. Doctors, drug costs and the network matter far more. Compare those first (Chapter 22).

CHAPTER 20

Messaging Your Plan and Going Paperless

Your app is a safe way to contact your plan without waiting on hold, and a place to keep your letters and plan documents.

Ways to reach your plan

- **Chat:** many apps have a chat button for quick questions. Humana, for example, suggests its Chat feature for help using MyHumana.
- **Secure messages:** look for **Message center** or **Contact us**. These are private, unlike regular email.
- **Phone:** member services is on the back of your card. Apps often show a tap-to-call button too.

Sending a secure message

1. Open the app and tap **Contact us**, **Help** or **Message center**.
2. Choose a topic, such as Claims or ID card.
3. Type your question in plain words. Include the date of service and the provider if it's about a claim.
4. Send it, and watch for a reply in the same place. The app may notify you.

Paper or paperless?

Your plan will ask how you'd like to get EOBs, letters and plan documents. Paperless means they arrive in the app with an email to let you know. Paper means they come by mail as before. Either is fine. Look for **Communication preferences** or **Paperless settings** in your profile to change it. On Anthem's Sydney Health app, for example, turning on Mobile ID cards there stops printed cards from being mailed.

> **TIP**
>
> **Going paperless? Check in monthly**
>
> If you go paperless, put a reminder on your calendar to open your app once a month and read any new letters. Important notices, like a plan change for next year, arrive there.

GOOD TO KNOW

Your Annual Notice of Change

Medicare plans send an Annual Notice of Change each fall listing what's changing next year. If it came electronically, it's in your app's documents. Read it during Open Enrollment.

PART 7

Family, Open Enrollment and Scams

Letting a family member help the right way, Medicare Open Enrollment (happening now), and the scams that come with it.

CHAPTER 21

Letting a Family Member Help

Health information is private by law. A federal privacy law called **HIPAA** means your plan can't discuss your claims with your son or daughter just because they call and ask nicely. That protects you. When you *do* want family to help, there are proper forms for it, and they're not hard.

The three kinds of permission

Kind	What it does
Permission to share information	Lets the plan talk to a named person about your claims and coverage. This is the one most families need. The plans call it a consent or authorization to share personal health information.
Authorized representative	Lets a named person act for you on a specific claim, appeal or complaint. This is a separate form.
Legal authority	A power of attorney or guardianship from a lawyer or court. Plans accept a valid legal document instead of their own forms in many cases.

How each company handles it

Plan	What to use
UnitedHealthcare (Medicare)	An Authorization to share personal information form lets a spouse, family member, caregiver or friend see your account or help manage your plan. A separate form appoints a representative.
Humana	A Consent for Release of Protected Health Information form, sent by fax, mail or online through your own MyHumana account. To change who has access later, use Manage access. For a one-time call, the caregiver can phone Humana with you in the room. A separate Appointment of Authorized Representative form covers appeals.
Aetna and Anthem	Look for an authorization or privacy form in the app's forms or privacy section, or ask member services to send one.
Original Medicare	Form CMS-10106, Authorization to Disclose Personal Health Information, lets 1-800-MEDICARE talk to someone you name. You can also set it up in your Medicare.gov account. It doesn't let them make medical decisions.

Setting it up together

1. Sit down together with your ID card. Decide what the helper should be able to do.
2. Sign in to *your* account (you sign in, not the helper) and look for **Account access**, **Caregiver access**, **Manage access** or **Forms**.
3. Fill in the helper's name and how they're related to you, and sign the form.
4. If the form must be mailed or faxed, keep a copy and note the date you sent it.
5. Call member services a couple of weeks later to confirm it's on file.

HEADS UP

Don't share your password instead

Giving a family member your username and password may seem easier, but it means the plan thinks every call and click is you, and it can cause trouble if there's ever a dispute. The proper forms protect both of you.

WHAT THIS DOES FOR YOU

What this does for you

With the right permission on file, your helper can call about a confusing bill or a denied claim without you needing to be on the phone, and you stay in control of who sees what.

GOOD TO KNOW

Plans each need their own form

Permission you give Medicare doesn't automatically carry over to your Medicare Advantage, Part D or Medigap company, and vice versa. Each one keeps its own list. Our guide on managing a parent's online accounts covers the wider picture.

CHAPTER 22

Medicare Open Enrollment Is Happening Now

Every fall, people with Medicare can change their health and drug plans for the coming year. For 2027 coverage, **Medicare Open Enrollment runs from October 15 to December 7, 2026**. As of November 15, it's in progress. Any change you make takes effect January 1, 2027.

What you can do during Open Enrollment

- Switch from one Medicare Advantage plan to another.
- Switch from Original Medicare to a Medicare Advantage plan, or back again.
- Join, switch or drop a Part D drug plan.
- Or do nothing: if you're happy and your plan is continuing, you usually stay in it automatically.

A calm checklist

1. Read your plan's **Annual Notice of Change** for next year (in your app or mailbox).
2. Make a list of your doctors, your pharmacy and every medicine with its strength.
3. On **medicare.gov**, use the plan comparison tool to see what plans near you cost for *your* drugs.
4. Check that your doctors are in network for any plan you're considering (Chapter 15).
5. If you want unbiased help, call Ohio's free OSHIIP counselors or 1-800-MEDICARE (Chapter 25).
6. If you decide to change, enroll on Medicare.gov, through 1-800-MEDICARE, or directly with the plan by calling the number on its official website. Do it by December 7.

GOOD TO KNOW

A second chance in the new year

If you're in a Medicare Advantage plan on January 1, there's a separate window from January 1 to March 31 when you can make one change: to another Medicare Advantage plan, or back to Original Medicare with a drug plan.

WHAT THIS DOES FOR YOU

What this does for you

Plans change their costs, networks and drug lists every year. A half-hour review now can mean lower drug costs and fewer surprises in 2027.

SCAM ALERT

Open Enrollment brings out the scammers

This is the busiest time of year for fake Medicare calls and pushy ads. Nobody from Medicare will call you to sell a plan. Read Chapter 23 before you take any calls.

CHAPTER 23

Insurance and Medicare Scams

Your Medicare Number and member ID are valuable to criminals, who use them to bill for care and equipment you never got. The good news: a few simple rules stop nearly all of these scams.

The golden rule

SCAM ALERT

Never give your Medicare Number to a caller

Medicare doesn't call to "verify" your Medicare Number. They only ask for it when *you* call *them*. If a caller asks for it, your Social Security number or bank details, hang up. Then call 1-800-MEDICARE or the number on the back of your plan card yourself.

Scams to know about

Scam	How it works
"New Medicare card" calls	A caller says you need a new, plastic or chip Medicare card and asks you to confirm your number. Real Medicare cards are free and come by mail. Medicare doesn't phone about them, even when it does mail a new card, as it did for some people with new numbers in 2026.
Open Enrollment pressure	Callers claim to be "from Medicare" and say your benefits will end unless you switch plans today. Medicare doesn't make sales calls, and you have until December 7.
"Free" equipment or tests	Offers of free braces, test kits or supplies in exchange for your Medicare Number. Medicare gets billed for things you never needed.
Fake member texts and emails	Messages that look like your insurer, with a link to "update your account" or "view a denied claim." Open your app yourself instead of tapping the link.
Phony billing calls	Someone demands immediate payment for a medical bill with a gift card, wire or payment app. Real billing offices don't take gift cards.

Check your statements

Once a month, look through your claims in your app or your Medicare.gov account. If you see a visit, test or piece of equipment you didn't get, that may be fraud. Report it.

Where to report

- **1-800-MEDICARE** (1-800-633-4227) for anything involving your Medicare Number.
- Your plan's member services number on the back of your card.
- Ohio's Senior Medicare Patrol (ProSeniors) at **800-488-6070** for free help spotting and reporting Medicare fraud.
- The Federal Trade Commission at **reportfraud.ftc.gov**.

TIP

If you already gave out your number

Don't panic and don't be embarrassed; these callers are professionals. Call 1-800-MEDICARE, tell them what happened, and watch your claims closely. Our guide "I Think I've Been Scammed" walks through the next steps.

CHAPTER 24

Keeping Your Health Account Safe

Your insurance account holds private health information. A few habits keep it that way.

- **Use a password you use nowhere else**, and let your phone's password manager remember it.
- **Turn on two-step verification** if your plan offers it, so a code is needed on a new device.
- **Open the app or type the website yourself.** Don't tap links in texts and emails about claims or ID cards.
- **Lock your phone** with a passcode, Face ID or a fingerprint.
- **Sign out** when you use a shared or library computer.
- **Keep the app updated** through the App Store or Google Play Store.

HEADS UP

Be careful with "helper" apps

Only enter your insurance login in your insurer's own app, Medicare.gov, or a sign-in service Medicare uses (Login.gov, ID.me or CLEAR). Other apps that offer to "organize all your insurance" don't need your password.

WHAT THIS DOES FOR YOU

What this does for you

A safe account means nobody can change your address, order cards or read your claims, and you can use the app without worry.

PART 8

Help and Quick Reference

Free, unbiased help with Medicare, when a hand from Bill is worth it, and your cheat-sheet.

CHAPTER 25

Free, Unbiased Help with Medicare and Your Plan

When the question is about coverage, costs or which plan to choose, the best help is free and comes from people who don't earn a commission. Here's who to call.

Who	What they help with
1-800-MEDICARE	1-800-633-4227 (TTY 1-877-486-2048), 24 hours a day. Questions about Original Medicare, claims, your card, and enrolling or changing plans.
OSHIIP	The Ohio Senior Health Insurance Information Program, part of the Ohio Department of Insurance. Free, objective, one-on-one Medicare counseling for people with Medicare and their caregivers. Call 1-800-686-1578 or visit insurance.ohio.gov.
Ohio Senior Medicare Patrol	ProSeniors, 800-488-6070. Help spotting and reporting Medicare fraud, errors and abuse.
Your plan's member services	The number on the back of your card. Claims, ID cards, network questions, forms and appeals.

WHAT THIS DOES FOR YOU

What this does for you

An OSHIIP counselor can sit with your list of doctors and drugs and help you compare plans without trying to sell you one. That's exactly the kind of help that matters during Open Enrollment.

TIP

Before you call

Have your cards, your list of medicines and a pen ready. Ask the person's name and write down what they tell you.

HEADS UP

Watch for look-alikes

Ads and websites with names like "Medicare Help Center" are often insurance agents. They may be helpful, but they're not Medicare and not unbiased. The numbers above are the official ones.

CHAPTER 26

When to Call Bill

Most of what's in this guide you can do yourself, at your own pace. But some things go faster and with less worry when someone sits beside you. Here's when a hand is honestly worth it.

Good reasons to call

- Getting the right app installed and your account created, especially if the sign-up keeps failing.
- Setting up your Medicare.gov account with Login.gov, ID.me or CLEAR, including the photo ID step.
- Putting your ID card in Apple Wallet or Google Wallet, and saving the nurse line in your contacts.
- Setting up caregiver access so a family member can help, and finding the right form.
- Learning to read your claims and EOBs on your own phone or tablet.
- Making your phone safer against scam calls and texts.
- Recovering an account you're locked out of.

What I don't do

I'm not an insurance agent and I don't sell or recommend plans. I won't tell you which plan to choose or give medical advice. For those questions, OSHIIP and 1-800-MEDICARE are the right call (Chapter 25). What I do is help with the technology, so you can use your plan's tools with confidence.

What working with me is like

I serve Portage County and bring more than 30 years of professional experience with technology. We go at your pace, I explain each step, and you do the tapping, so you'll know how to do it next time. Family members are welcome to join in, in person or on the phone. I never ask for your passwords to keep; you stay in charge of your own accounts.

FROM BILL

How to reach me

Call **(330) 200-8042** or book a time at **billshometech.com/book**. **$49 remote · $99 in your home**.

GOOD TO KNOW

Meet Sophie

When you call or visit the website, you may be greeted by Sophie, my AI receptionist. She can answer simple questions and book a time for us to work together.

CHAPTER 27

Your Health Insurance Apps Cheat-Sheet

Keep this summary handy for the essentials at a glance.

The essentials

Topic	Remember
Which app?	The company name on your card: UnitedHealthcare, Humana, Aetna Health or Sydney Health (Anthem). Original Medicare: Medicare.gov.
ID card	In the app under ID card. Add to Apple Wallet or Google Wallet where offered.
EOB	Not a bill. Compare "Your share" with the provider's bill before paying.
Denied claim	Read the reason, call the doctor's office, then appeal by the deadline in the letter.
Find a doctor	Sign in first, use Find care, then call the office to confirm your exact plan.
Mail order	Optum Rx (UnitedHealthcare), CenterWell (Humana), CarelonRx (Anthem); check your plan.
Family help	Use the plan's authorization form or caregiver access, not your password.
Open Enrollment	October 15 to December 7, 2026, for 2027 coverage.
Medicare	1-800-MEDICARE (1-800-633-4227).
Free counseling	OSHIIP 1-800-686-1578.
Bill	(330) 200-8042 · billshometech.com/book

Write it down once

Item	Mine
My plan name	_____
Member ID (keep private)	_____
Member services number	_____
Nurse line number	_____
App username	_____
Medicare.gov sign-in service	Login.gov / ID.me / CLEAR: _____
Mail-order pharmacy	_____
Family helper with permission	_____

HEADS UP

Keep this list safe

Store it at home with your important papers. Don't write your password on it if it travels in your wallet.

When something's wrong, in order

1. Stay calm. Nothing in the app changes your coverage by accident.
2. If it's a sign-in problem, use Forgot password (Chapter 7).
3. If it's a bill or claim, compare the EOB and the bill (Chapter 12).
4. If a call or text feels pushy or asks for your Medicare Number, hang up (Chapter 23).
5. Call member services at the number on your card.
6. For Medicare questions, call 1-800-MEDICARE or OSHIIP.
7. For help with the technology, call Bill at (330) 200-8042.