

MyCreateHealth Mobile App Quick Start Guide

Get to know your member portal app. Use this guide as a quick reference when accessing these tools.





Create® Technology

Dashboard & Links

DASHBOARD

A snapshot view of your Paid Time Off Balance, Medical Insurance Information, outstanding action items on your To-Do list, recent reimbursements and quick links.

WORK HOURS

View your last 24 months of hours worked and requested PTO reimbursement.

COVERAGE SUMMARY

Provides an overview of our DVE coverage and Healthcare Cost Assistance (HCA) for any given month.

PAYMENTS AND REIMBURSEMENTS

View your reimbursements. Filter by time period, type of reimbursement and status of reimbursement request.

MEMBER PROFILE

View demographic information such as your address, phone number, and preferred communication method.

OTHER PREFERENCES AND FORMS

View and download important forms such as W-9's, preferred payment method, Annual Enrollment Paperwork and DVE Benefit waivers.

MESSAGE CENTER

Read messages from your administrator from the last 12 months. The read messages/notifications are sorted by date.

ACCOUNT SETTINGS

View login details, acknowledgements, and communication preferences.

FORMS & DOCUMENTS

View and download documents such as Summary of Benefits for Dental HMO

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DASHBOARD

A snapshot view of your Paid Time Off Balance, Medical Insurance Information, outstanding action items on your To-Do list, recent reimbursements and quick links.

Benefits for June	2023
Healthcare Cost Assistance	ELIGI
dental plan	S ENROLLED
Dental HMO Name of plan shown COVERAGE DETAILS	here
Vision + Hearing Website / Benefit details	Senrolled
Employee Assistance Program	ENROLLED
Website / Benefit details	
Coverage Summa	ARY OVERVIEW
When you meet the elig DVE, HCA, or PTO, you v forms below to access eac	gibility requirements for will need to fill out the th benefit.
ANNUAL ENROLLMENT PAPER	NORK 🛈 🛛 👦



Quick link to your other employee benefits through **Ameriflex**





WORK HOURS

View your last 24 months of hours worked and requested PTO reimbursement.

	Work Hours : October 2021 - <	
	Paid Time Off balance: 7 hours	RU Sarwelli
Click here to request PTO and see <pre> your available PTO balance.</pre>	REQUEST PTO NOW Hours shown reflect what your payroll vendor has reported	Work Hours : October 2021 - September 2023
Note: If you do not have a completed w9 on file, you will not be able to use your PTO balance.	to us. If you see any discrepancies, you need to contact your local field office to resolve any issues with your reported hours.	Paid Time Off balance: 7 h REQUEST PTO N
	If you were paid the correct amount of hours and you see	Hours shown reflect what your payroll vendor has report to us. If you see any discrepancies, you need to contau your local field office to resolve any issues with your reported hours.
	MAC at 1-844-503-7348.	If you were paid the correct amount of hours and you a
	CLICK HOURS TO VIEW DETAILS ON HOURS LOGGED	MAC at 1-844-503-7348. CLICK HOURS TO VIEW DETAILS ON HOURS LOGGED
	SEPTEMBER 2023	SEPTEMBER 2023
	COVERAGE	AUGUST 2023
	AUGUST 2023	COVERAGE
	COVERAGE	JULY 2023
	JULY 2023	JUNE 2023
	COVERAGE	

COVERAGE SUMMARY

Provides an overview of our DVE coverage and healthcare Cost Assistance for any given month.

Clicking on any of the orange Coverage Details
links to view more details about your plan
coverage and respective vendor webpages.

Dental H	IMO
Name of plan sh	own here
O VIEW PLAN DE	TAILS (PDF)
WHO'S COVERED	^
Coverage Effective	01/01/2023
YOUR NAME HERE	Subscriber

Care	sell Sell				
YOUR NAME HERE					
SUBSCRIBER					
Benefits for June 2023					
Healthcare Cost Assistance	ELIGI				
dental plan Dental HMO Name of plan shown h COVERAGE DETAILS	enrolled nere				
Vision + Hearing Website / Benefit details	ENROLLED				
Employee Assistance Program Website / Benefit details	Senrolled				





REIMBURSEMENTS

Below is an example PTO reimbursement data. Filter by time period, type of reimbursement and status of reimbursement request.

um pursement Premium Adjustment Reimbursement PTO Payments	Premium Reimbursement Reimbursement Promuse Adjustment Reimbursement	ts Premium Adjustment Reimbursement
mium Reimbursement	Premium Adjustment Reimbursement	Request PTO Hours
Ir Name Here	Your Name Here	Paid Time Off balance: 7 h
ested	STREET ADDRESS CITY, STATE, ZIP	(!) REQUEST PTO REQUIREME
	Advanced Premium Tax Credit (APTC) on File	To request PTO, you need to hav minimum balance of 8 hours.
	\$0.00	
	*Requested Reimbursement Amount	
	Payment method Check	
	Here's the address we have on file to mail your check. Please <mark>update it here</mark> first if it is out of date.	
	Address	



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PTO Payments

MEMBER PROFILE

View demographic information such as your address, phone number, and preferred communication method.



MAGNACARESM All product images shown are for illustrative purposes only. Actual product may vary upon customization and enhancement.

COMMUNICATION PREFERENCES

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OTHER PREFERENCES & FORMS

View and download important forms such as W-9's, preferred payment method and DVE Benefit waivers.

V-9 Preferred Payment OVE Ben - Waiver opt out	nefit to	W-9 Preferred Payment DVE Benefit - Waiver to opt out	W-9 Preferred DVE Benefit Payment - Waiver to opt out	
V-9	1	Preferred Payment	DVE Benefit - Add Waiver	
Received Date Full Legal Name YOU Attestation Date 06/0	JR NAME D2/2023	Payment method Check Here's the address we have on file to mail check. Address Your Name Street Address City, State, Zip	VOUR NAME HERE I acknowledge that I have been offered Carewell SEIU 503 Dental, Vision+Hear Employee Assistance Program (EAP) of through the Oregon Homecare Worke Benefit Trust. By my signature below, I declining this coverage because: What is the reason for your waiver? - Select - O CHECK HERE TO ATTEST THE ABO INFORMATION IS CORRECT Date O6/05/2023 SUBMIT FORM	l ing, and vverage 's am VE



MESSAGE CENTER

Read messages from your administrator from the last 12 months. The read messages/notifications are sorted by date.

	MENU Carewell
Filter by Clear All	Message Center = :
IEMBERS	۹ Request / Ref #
Your Name Here	Last 12 months Unread x
ATEGORY	769030 Member Profile COMPLETED
Form Verification	Your password has been changed on mycreatehealth.com
Member Profile	Sent by Create Service June 01, 2023
TATUS	
Actionable / Trackable	06/01/2023 9:26 AM
☑ Unread	757384 Member Profile COMPLETED
Read / Completed	Your password has been changed on mycreatehealth.com
APPLY Q	Sent by Create Service May 23, 2023
Filter by Members, Category or Status	NEW ≥ LAST ACTION 05/23/2023 11:00 AM ►
	757298 Member Profile COMPLETED
	Your password has been changed on

mycreatehealth.com

Sent by Create Service





ACCOUNT SETTINGS

View login details, acknowledgements, and communication preferences.

ACCOUNT			JNT	COMMUNICATION PREFERENCES	PREFERENCES	ACCOUNT CO
ACCOUNT	COMMUNICATION PREFERENCES PREF		gin C	Details		
Comm	nunication Preferences	Y	′our U	sername		Face ID
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V PRE	FERRED					
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(123) 45	56-7890					ndate vour us
✓ PREF	FERRED					pulle your us
Mobile	Phone					Login Det
Work P	Phone	Ac	kno	wledgements		Your Usern
Preferre	ed Method of Communication					
Phone	Call to Home Phone				сн	carewell12
Langua	age Preference				/ITED	SAVE
English	ı				XT	
You m you or	ay also update contact information your dependents under Member	pr		EDIT ACKNOWLEDGEMENT	s	

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CANCEL

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FORMS & DOCUMENTS

View and download documents such as Summary of Benefits for Dental HMO









Download the mobile app by visiting myCarewell503.com

Need further assistance? Please contact the Member Assistance Center at 844-503-SEIU(7348).