

Welcome to Trinity Health!

MercyOne Colleagues



Welcome to Trinity Health! We are excited this day is finally here and look forward to having MercyOne Genesis fully integrated into our Trinity Health family! To help with your transition to Trinity Health, below is some additional information regarding how to register and print out an ID card through Blue Cross Blue Shield of Michigan (medical), Delta Dental of Michigan (dental), and United Healthcare (vision).

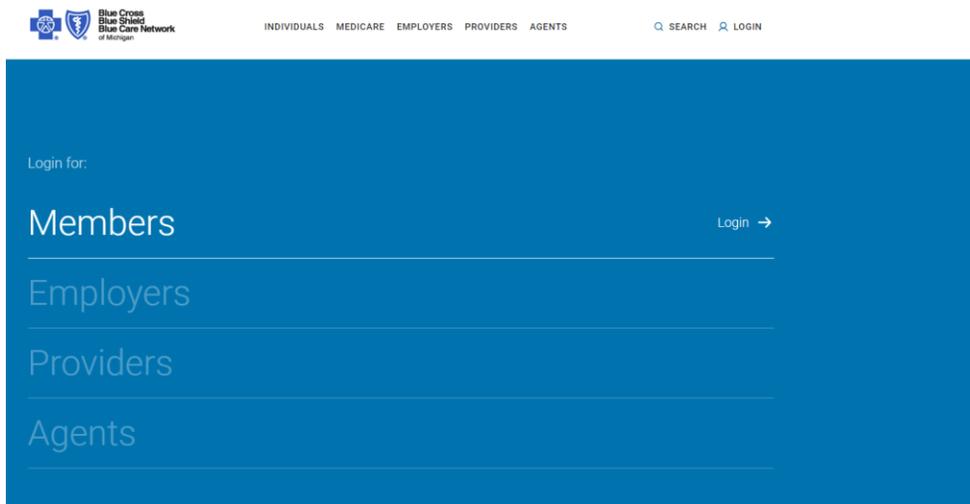
Blue Cross Blue Shield of Michigan (BCBSM)

1. To register:

- Login to [Find the Right Plan | Blue Cross Blue Shield of Michigan \(bcbsm.com\)](https://www.bcbsm.com)
- Click on LOGIN.



- Click on Member Login.



- Click register your online account. Note, multi-factor authentication is required when logging in.



Login

Username

Password

Remember me

Not registered yet?

Quickly and securely [register your online account](#) to access and manage your health plan.

Need help?

[Get login help via our login FAQ](#)

[Forgot your username?](#)

[Forgot your password?](#)

- Fill out online form and hit continue.



Register your online account

Quickly and securely register with the last four digits of your Social Security number. Or, register with your Subscriber ID - it's on the front of your Blue Cross card.

Full name

First name Last name

Birth date

MM / DD / YYYY

Email address

Confirm email

Email communications

I would like to receive plan information, updates, announcements and reminders from Blue Cross Blue Shield of Michigan and Blue Care Network. If I have questions about my rights and privileges as a member, I can find them on the [privacy practices](#) and [terms and conditions](#) pages of bcbsm.com.

Social Security number

Only enter the last four digits.

XXX - XX -

[I don't want to give my Social Security number](#)

OR

Subscriber ID

Only use the last nine characters on your ID card.

XXX

[No, thanks. I'll register using my Social Security number.](#)

2. Print copy of digital ID card.

- Go to My Coverage and click on ID Cards & Proof of Coverage.



My Coverage

Claims

Find Care

Programs & Services

Support

My Coverage

Everything you need to understand and manage your plan, in one place.

OVERVIEW

Benefits

Medical (2)

Resources

[ID Cards & Proof of Coverage](#)

[Who's Covered?](#)

[Coordination of Benefits](#)

[Referrals & Prior Authorizations](#)

- Scroll down to the image of your ID card. Click on Print below the image of the ID card.

ID Cards and Proof of Coverage

Here are your member ID cards. You can order cards for yourself or for family members on the plan, but the subscriber on the card will always be the subscriber.

If you're looking for letters to provide proof of coverage or eligibility, you can find them at the bottom of this page.



1. View your cards

The information on your cards is all here. You can print temporary cards while you wait to receive yours in the mail.



2. Order cards

You will receive two cards in the mail. Both will be in the subscriber's name. You may only order cards for each plan every 15 days.



3. Check your mail

After you confirm your address, we'll send your member ID cards within two weeks.



Your physical member ID card is your official proof of eligibility and current enrollment in your Blue Cross plan. You can print a temporary card, but your provider may not accept it at time of service.

Trinity Health

Flip ↺

Ra Opt IN

Flip ↺



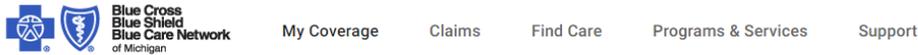
Order

Print

3. To complete Coordination of Benefits.

- Click on My Coverage and then click on Coordination of Benefits.

- Click on Report other coverage or Attest no other coverage.



Coordination of Benefits

What's Coordination of Benefits, or COB?
 When you have more than one health plan, one pays your claims first. The other plan pays toward the remaining cost. That process is called Coordination of Benefits. [Learn more.](#)

We need a few updates about any coverage you may have.

To better address and pay your claims, we need to know whether you or anyone on your plan has other health insurance. Even if you or someone on your plan has no other insurance, we need to know.

Summary of other coverage

There are no previous responses to display.

- **Note:**

Is your plan not eligible for COB? ×

The policies listed here don't participate in the coordination of benefits, or COB, process. If your other coverage is listed, select **No other coverage**. If your other policy isn't listed, select **Continue**.

- AARP (unless it is Medicare Advantage)
- Auto insurance
- Freestanding benefits (Dental/Vision/Hearing)
- Government agencies (as well as Americorp, Peace Corp, Vista, etc)
- Indemnity plans
- Medicare (coordination handled through membership)
- Ontario Health Insurance Plan (OHIP)
- Students Insurance
- Veterans Insurance (Tri-Care, Champus)
- Workers Compensation Insurance
- Health Savings Account Carriers (HSA)
- Health Reimbursement Account Carriers (HRA)
- Flexible Spending Account Carriers (FSA)
- Medigap (through other carrier)

- Complete online form.



My Coverage

Claims

Find Care

Programs & Services

Support

Coordination of Benefits

Tell us about other coverage you have. All fields are required unless marked otherwise.



First, we'll need some information about the person subscribed to the policy you're reporting.

Policyholder's relationship to you

- Self
- Spouse/Partner
- Parent
- Other

Policyholder's name

This field is required.

Policyholder's birth date (mm/dd/yyyy)

This field is required.

Reason for additional coverage

- Policyholder is retired
- Other policy is a COBRA plan
- Policyholder was laid off
- None of the listed reasons

[Continue to Step 2](#)

[Cancel](#)

Coordination of Benefits

Tell us about other coverage you have. All fields are required unless marked otherwise.



We need a little more information about the other policy you're reporting.

Is this policy part of Medicare?

- Yes
- No

Services included in the policy

- Medical
- Prescription drugs
- Dental
- Medicare Advantage

Plan name

Policyholder's Employer Name

Subscriber ID on policy

Group number on policy

Effective date of policy (mm/dd/yyyy)

[Continue to Step 3](#)

[Go back to Step 1](#)

[Cancel](#)

Coordination of Benefits

Tell us about other coverage you have. All fields are required unless marked otherwise.

Step 1 ✓ Step 2 ✓ Step 3

We need information about the member covered by your other health insurance policy. If no one is covered by this other policy, you do not need to report this particular coverage and you can [cancel](#).

The following members are covered by the policy

[Continue](#) [Go back to Step 2](#) [Cancel](#)

OR

- Attest no other coverage.

Coordination of Benefits

By submitting this form, you attest that the following information is correct:

No member in my plan has other health insurance.

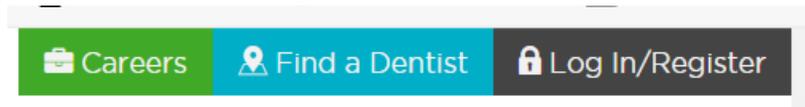
Attestation

I attest that the information I have provided is correct.

[Submit](#) [Cancel](#)

Delta Dental of Michigan

1. Log into www.deltadentalmi.com/trinityhealth and register an account



2. Once you have created an account, you will be taken to the Account Overview page where the below will appear. Click on View and Print Member ID Card.

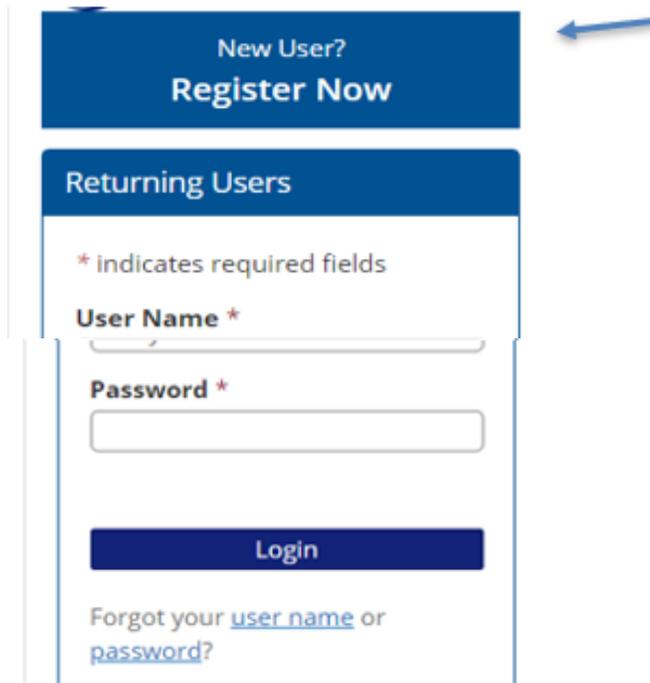


TRINITY HEALTH SYSTEM OFFICE

Member: ██████████
Member ID: ██████████
Group: 9678
Subgroup: 5500
Electronic Payor ID: DDPMI
Benefit Period: 01/01/2024 - 12/31/2024

United HealthCare (vision)

1. Log into www.myUHCvision.com and register as a new user.



New User?
Register Now

Returning Users

* indicates required fields

User Name *

Password *

Login

Forgot your [user name](#) or [password](#)?

2. Once logged in, select the icon that says “Print your ID card”



Print your ID card

3. Select member's name from the drop down menu and click “View” and then select Print icon

Print ID Card

To generate an ID card as a PDF file, select a member and click View

* indicates required fields

Member *

View 