



My Prairie Online Portal Registration Process

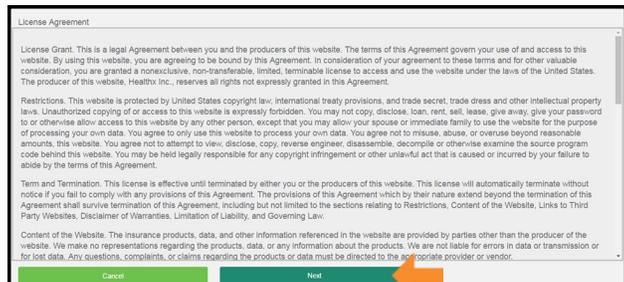
Step 1: Go to www.prairieontheweb.com and select "Member Login"



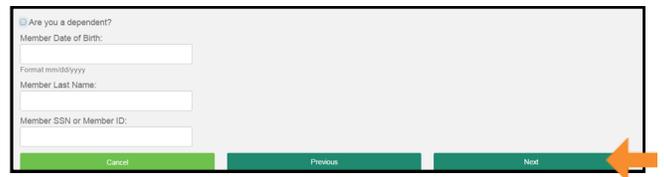
Step 2: Select "Register Account"



Step 3: Under License Agreement select "Next"



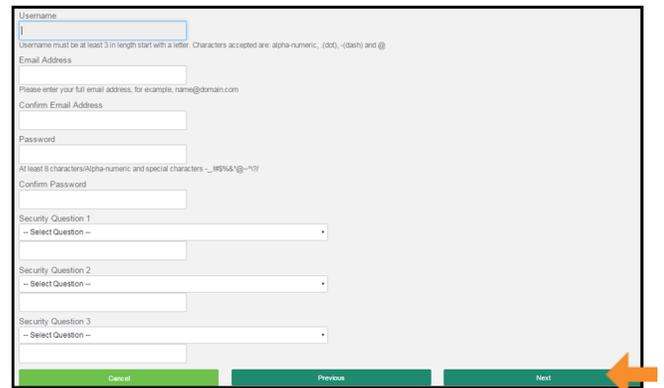
Step 4: If you are the Employee / Member, complete Member Date of Birth, Member Last Name, and Member SSN or Member ID. Select "Next."



If you are a dependent, check the "Are you a dependent?" box, complete Dependent Date of Birth (DOB), Dependent First Name, Member Date of Birth, Member Last Name, and Member SSN or Member ID. Select "Next."



Step 5: Enter a username, email address, password, and security questions. Select "Next."



Continued >

Step 6: Your registration is complete. Confirm your information is correct. Select “Finish.”

Your registration is complete. Please confirm the information below is correct and press the "Finish" button to finalize the process

Member Information
 Your Name: EMPLOYEE1 TEST
 Address: ANY STREET
 City: ANY CITY
 State: ANY STATE
 Zip: 00000

Account Information
 Username: psetestlogin
 Email Address: somebody@somewhere.com

Cancel Previous **Finish**

Welcome to Your Online Portal Homepage!

Through the My Prairie Online Portal, you have access to important information like coverage and benefits, eligibility, current deductible and out of pocket balances, claims, links to networks and prescription benefits, and more. The online portal provides a fast and convenient way to view all the details of your health plan on your computer or mobile device.

You are currently logged in as: EMPLOYEE1 TEST

PRAIRIESTATES MESSAGES 0 PROFILE LOGOUT

Home My Benefits Employee Toolkit F.A.Q.s Wellness Portal Health Cost Manager

Coverage Summary

Primary Insured: EMPLOYEE1 TEST

Effective Date: Effective Until:

Coverage Status: Active Group Number: TES

[View all Coverage & Benefits](#)

Dependents

HUSBAND1 TEST [View Eligibility](#)

NINETEEN TEST [View Eligibility](#)

DAUGHTER TEST [View Eligibility](#)

SON TEST [View Eligibility](#)

Current Balances

2017 Medical Deductible - In Network
 \$836.37 / \$1500.00

2017 Medical Deductible - Out Of Network
 \$836.37 / \$3000.00

2017 Medical Out Of Pocket - In Network
 \$861.37 / \$2000.00

2017 Medical Out Of Pocket - Out Of Network
 \$861.37 / \$4000.00

Quick Links

[Benefit information](#)

[Family Account Access](#)

Recent Claims

Claim Number	Member	Service Date	Total Charges	My Responsibility	Provider	Claim Status
21704482601	TEST, EMPLOYEE1	2/8/2017	\$5,145.00	\$5,145.00	BURKE PERIODONTICS AND IMPLANT DENTISTRY	Paid
21704482600	TEST, EMPLOYEE1	2/8/2017	\$4,140.00	\$3,230.20	BURKE PERIODONTICS AND IMPLANT DENTISTRY	Paid
21701385200	TEST, EMPLOYEE1	1/20/2017	\$3,370.00	\$0.00	BURKE PERIODONTICS AND IMPLANT DENTISTRY	Paid
21701385201	TEST, EMPLOYEE1	1/20/2017	\$11,090.00	\$0.00	BURKE PERIODONTICS AND IMPLANT DENTISTRY	Paid
21702126800	TEST, EMPLOYEE1	1/13/2017	\$1,195.00	\$354.80	JARED FRISBIE	Paid