

It's easy to register for MyActiveHealth.com and start making progress toward your health goals.



Step 1: Go to <u>www.MyActiveHealth.com/Mississippi</u> and click **Create an Account**.

You can call **866-939-4721** if you have problems with your account.

Step 1 Step 2	Step 3	
Required Field		
Please enter your first and last	name exactly as they appear on your	health insurance ID Card
Please enter your first and last First Name*	name exactly as they appear on your Last Name*	health insurance ID Card Date of Birth* mm/dd/yyyy
Please enter your first and last First Name*	name exactly as they appear on your Last Name*	bealth insurance ID Card Date of Birth* mm/dd/yyyy mm/dd/yyyy
Please enter your first and last	name exactly as they appear on your Last Name*	health insurance ID Card Date of Birth* mm/dd/yyyy mm/dd/yyyy
Please enter your first and last First Name* Gender* Male Emale	Last Name* ZIP Code/Postal Code*	health insurance ID Card Date of Birth* mm/dd/yyyy mm/dd/yyyy

Step 2: Enter your information and click Continue.

You must enter your name exactly as it appears on your insurance card. If your middle initial is on your insurance card, put it in the First Name box.

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Begin Your Regis	tration Below	
*Required Field		
Password must be between 6-20 Password is case sensitive, canno User Name*	characters, contain 1 upper case, 1 tt contain spaces and must be differ Password*	Iower case and 1 number. ent from user name and your secret answer. Confirm Password*
Personal Email Address*	Secret Question*	Secret Answer*
puris@aetna.com	My first job	*
puris@aetna.com Back Continue	My first job	Ŧ

Step 3: Set up a user name, password and secret question. Then click **Continue**.

Registration: Contact Information		
Required Field Address Select Preferred Primary Disso BALLANTYNE CORP PLACE	Please review and accept the filters of the filters of the Acceletation Web & Mobile Terms of the Webstein to Acceletation Web & Mobile Terms of the webstein and home any adjustations who are and the filters of the Acceletations of the Acceletation of the Acceletati	Items and conditions Dee Items and conditions Use Items and conditions Use Items These Argin tests With 6 Molin Times of Use (Item Times) apply to these and repetition and the organize and the contain is left to these Times (in Papellacidan' orgin these Times These read them contains) is left to these them these these TOP types at the location of the Applications. This condition will be defined in model upon TOP types at the location of them Times. Any medication will be defined in model upon
CHARLOTTE NC 15464	Back Manage your Communication	on Preferences Begin My Health Action Plan
	Cancel	
Personal Phone Number	L	
Select Preferred Secondary •		Stop 4: Confirm
Primary Secondary		Step 4. Commun
We do not have a phone number on If for some reason your primary phone n file for you. Please use the Secondary primary way of contact, please provide a field to enter your phone number.	umber is incorrect or not your secondary phone number below.	contact informati
Personal Phone Number(###) ###-	<i>anu</i>	

Step 4: Confirm your contact information. Then review and accept the terms and conditions.

Services are provided by ActiveHealth Management, Inc. Our programs, care team and care managers do not diagnose or treat members. We assist you in getting the care you need, and our program is not a substitute for the medical treatment and/or instructions provided by your health care providers.



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