

Get Patient Claims and Benefits Information Fast with MedBen's NEWLY ENHANCED BeneFax!

MedBen BeneFax is the easiest and fastest way to get patient claims and benefits information. There's no need to secure information from patients or call a customer service representative.

To use MedBen BeneFax, all you need is the following information:

- Your area code and fax number;
- Your 9-digit tax ID number, and;
- The insured's personal identification (PID) number.

Using MedBen BeneFax is as simple as **1-2-3!**

- 1) Call MedBen BeneFax at **(800) 455-9528** or (740) 522-1593.
- 2) Enter your area code, fax number and 9-digit tax ID number, and the insured's PID number.
- 3) Choose one of the options (see box above) to request the information you need.

- Option 1**
Medical Information
- Option 2**
Dental Information
- Option 3**
VisionPlus Claim Form
- Option 4**
Claim Status
- Option 5**
EOB Fax



Included in the available options is an **explanation of benefits** for a processed claim. Just press "5" and follow the prompts, and the EOB will be faxed to you immediately!

Within minutes, a patient information sheet will be faxed to you, containing the status of any claims submitted under your tax ID number, the patient's current PPO and Rx networks, deductibles, and a summary of benefits. (See the next page for a breakdown of BeneFax components.) It's that easy!

Should you still have questions after receiving your MedBen BeneFax information, or need assistance using the system, please call MedBen Customer Service at **(800) 686-8425**. Representatives are available Monday through Friday, 8:00 a.m. to 6:30 p.m. EST. You also can e-mail Customer Service at medben@medben.com.

EMPLOYEE IDENTIFICATION AND COVERAGE INFORMATION	
EMPLOYEE ID: XXX-XX-XXXX	NAME: JANE A. JOHNSON
GROUP NO: 1010-0000 ABC DEF	
DATE OF BIRTH, RESIDENCE, MARITAL STATUS, CURRENT PLAN SUPPORTER, DEPT, SUFFICIENT DATA, COMPANY PLAN INFORMATION DATE, AND ADDRESS: (INDICATES FAMILY NETWORK)	
01 MICHAEL D. JOHNSON	DOB: 03/14/1970
02 JANE A. JOHNSON	DOB: 07/21/1968
03 MICHAEL D. JOHNSON	DOB: 03/14/1970
DEPENDENT INFORMATION	
01 MICHAEL D. JOHNSON	DOB: 03/14/1970
02 JANE A. JOHNSON	DOB: 07/21/1968
03 MICHAEL D. JOHNSON	DOB: 03/14/1970
DEBIT INFORMATION	
01 MICHAEL D. JOHNSON	DOB: 03/14/1970
02 JANE A. JOHNSON	DOB: 07/21/1968
03 MICHAEL D. JOHNSON	DOB: 03/14/1970
SUMMARY INFORMATION	
01 MICHAEL D. JOHNSON	DOB: 03/14/1970
02 JANE A. JOHNSON	DOB: 07/21/1968
03 MICHAEL D. JOHNSON	DOB: 03/14/1970
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07 MICHAEL D. JOHNSON	DOB: 03/14/1970
08 JANE A. JOHNSON	DOB: 07/21/1968
09 MICHAEL D. JOHNSON	DOB: 03/14/1970
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47 MICHAEL D. JOHNSON	DOB: 03/14/1970
48 JANE A. JOHNSON	DOB: 07/21/1968
49 MICHAEL D. JOHNSON	DOB: 03/14/1970
50 JANE A. JOHNSON	DOB: 07/21/1968

Thanks for being a MedBen provider!

ISO 9001 CERTIFIED

Reading Your MedBen BeneFax

INSURED ELIGIBILITY AND COVERAGE INFORMATION						
GROUP NO:	10010-00001 ABC WIDGETS		EMPLOYEE ID:	XXX-KX-5289 NAME: JANE A. JOHNSON		
DATE OF BIRTH:	01/11/1976	GENDER:	FEMALE	CURRENT PLAN EFFECTIVE DATE:	01/01/2008	
PPO NETWORK:	1STHEALTH FAMILY NETWORK		PRE-CERTIFICATIONS:	URCARE COMPANY (888)555-9714		
CURRENT PLAN TERMINATION DATE: RX: PHARMUSA - RETAIL ONLY						
DEPENDENT INFORMATION						
DEP	NAME	REL	GENDER	DOB	EFF	TERM
01	JAMES C. JOHNSON	SPOUSE	MALE	03/16/1970	01/01/2008	
02	TYLER L. JOHNSON	CHILD	MALE	02/12/1999	01/01/2008	
03	MICHAEL D. JOHNSON	CHILD	MALE	03/08/2005	01/01/2008	
Benefits paid, deductibles, etc. are listed by dependent for individual accumulators. Refer to dependent numbers above. Deductible and coinsurance maximum accumulations are only representative of current status and are subject to change with claims activity. Deductible amounts may include carryover, if applicable.						
Current deductible year is: 07-2009 thru 06-2010						
DEP	TYPE	AMOUNT APPLIED				
03	Deductible	\$291.70				
03	Out of Pocket	\$291.70				
FAM	Deductible	\$291.70				
FAM	Out of Pocket	\$291.70				

The top portion of your MedBen BeneFax contains information about the covered person and that person's employer/health plan (1), including PPO and Rx networks. Below this is listed the covered person's dependent information (2), if applicable, followed by deductible accumulators (3) for each covered member and the family in total.

DP	ST	FROM	SVC	THRU	SVC	CLM	PAID	SUBMITTED	EXCLUDED	COPAY	DEDUCTIBLE	COINSURANCE	CLM	BENEFIT	CHECK	CHECK
CLM	NUM	CD	DATE	DATE	DATE	DATE	DATE	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	NUMBER
02	092363100E	F1	08/14/09	08/14/09	09/14/09			60.00	22.64	0.00	0.00	0.00	0.00	37.36	37.36	30170
02	091963064E	F1	06/26/09	06/26/09	08/10/09			121.00	30.37	15.00	0.00	0.00	0.00	75.63	75.63	29897
03	100183080E	A2	01/12/10	01/12/10				20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
03	100113179E	A2	01/04/10	01/04/10				20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
03	100062035E	A2	12/29/09	12/29/09				20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
03	093643244E	F1	12/21/09	12/21/09	01/18/10			20.00	4.71	15.00	0.00	0.00	0.29	0.29	0.29	31086
STAT CODES: A2=Received, F1=Completed, F2=Rejected, P1=Pending/In Process, P2=Pending/In Review, P3=Pending/Requested Information, P4=Pending/Patient Requested Information																

Next, you will find a list of all claims submitted under your tax ID number (4). Each claim listed includes the patient treated and the claim number, followed by a claims status code (a code key (5) is located beneath the claims list). After this is listed the patient's treatment date(s), the claim payment date, the submitted amount, and any exclusions, copays, deductibles and coinsurance. The benefit amount, check amount and check number are also found here. If a claim has been received but not yet processed, the Claim Paid Date and Check Number columns will be blank.

THE FOLLOWING IS A DETAILED EXPLANATION OF BENEFITS AS OF 01/20/2010	
PPO BENEFITS	
Individual Deductible	\$1,000.00 PER BENEFIT YEA R*
Family Deductible	\$2,000.00 PER BY* LIMIT
Emergency Room Deductible	\$100.00 IF NOT ADMITTED
Individual OOP	\$2,000/BY* INCLUDES DEDUCTIBLE NOT INCLUDING COPAYS & TREATMENT OF INFERTILITY
Family OOP	\$4,000 OOP/BY* LIMIT
Lifetime Maximum	\$1,000,000
Room & Board	80% - SEMI-PRIVATE ROOM UNLESS NO SEMI-PRIVATE, ISOLATION REQUIRED OR APPROVED BY PLAN*****
I.C.U.	80% - REASONABLE AND CUSTOMARY CHARGE
Hospital Misc.	80% / DEDUCTIBLE NOT APPLIED TO OUTPATIENT
Pre-Admission Testing	80% MUST BE PERFORMED W/I 10 DAYS OF HOSPITAL
Emergency Room	\$100/NO DED/100% FOR FACILITY; OTHER 100%/NO DED
Non-Emergency ER	\$100/NO DED/100% FOR FACILITY; OTHER 100%/NO DED
Urgent Care Facility	80%
Dr's Office	\$15 COPAY/NO DED/100%
In-patient Surgery	80%*****
Out-patient Surgery	80%*****
Physician-Surgical	80%*****
Second Opinion	80% - VOLUNTARY
NOT COVERED	ACUPUNCTURE/ HYPNOSIS FOR ANESTHESIA
NOT COVERED	BIOFEEDBACK
NOTES:	*****DEDUCTIBLE APPLIES TO ALL EXPENSES EXCEPT AS SPECIFICALLY NOTED *****
	*BENEFIT YEAR "BY" RUNS FROM 7-1 TO 6-30
	AUTISM - 2 THROUGH 21- \$500/MONTH MAX

NON-PPO BENEFITS	
Individual Deductible	\$2,000 PER BY*
Family Deductible	\$4,000 PER BY* LIMIT
Emergency Room Deductible	NONE
Individual OOP	\$10,080/BY* OOP INCLUDES DEDUCTIBLE BUT NOT INCLUDING COPAYS & TREATMENT OF INFERTILITY
Family OOP	\$21,400/BY* LIMIT
Lifetime Maximum	\$1,000,000
Room & Board	50% - SEMI-PRIVATE ROOM UNLESS NO SEMI-PRIVATE, ISOLATION REQUIRED OR APPROVED BY PLAN*****
I.C.U.	50% - REASONABLE AND CUSTOMARY CHARGE
Hospital Misc.	50%
Pre-Admission Testing	50% - MUST BE PERFORMED W/I 10 DAYS OF HOSPITAL
Emergency Room	50%
Non-Emergency ER	50%
Urgent Care Facility	50%
Dr's Office	50%
In-patient Surgery	50%*****
Out-patient Surgery	50%*****
Physician-Surgical	50%*****
Second Opinion	50% - VOLUNTARY
NOT COVERED	ACUPUNCTURE/ HYPNOSIS FOR ANESTHESIA
NOT COVERED	BIOFEEDBACK
NOTES:	*****DEDUCTIBLE APPLIES TO ALL EXPENSES EXCEPT AS SPECIFICALLY NOTED *****
	SEE PPO FOR OTHER LIMITS THAT APPLY
	NON-PPO PAID @ PPO LEVEL UNDER FOLLOWING CIRCUMSTANCES: DEPENDENT CHILD RESIDE OUT OF PPO

The bottom portion of your MedBen BeneFax contains a detailed explanation of benefits (shown above in an abbreviated version) for PPO and non-PPO providers. Included are deductible and out-of-pocket amounts (6), followed by benefit levels for office visits and many common treatments (7). After this are listed any non-covered treatments (8) and lastly, notes (9) regarding specific benefits as well as Rx plan details.