

Reading Your MedBen BeneFax

1	INSURED ELIGIBILITY AND COVERAGE INFORMATION					
	GROUP NO: 10010-00001 ABC WIDGETS	EMPLOYEE ID: XXX-XX-5289 NAME: JANE A. JOHNSON				
DATE OF BIRTH: 01/11/1991 GENDER: FEMALE		CURRENT PLAN EFFECTIVE DATE: 01/01/2023		CURRENT PLAN TERMINATION DATE:		
PPO NETWORK: 1STHEALTH FAMILY NETWORK		PRE-CERTIFICATIONS: URCARE COMPANY		RX: PHARMUSA - RETAIL ONLY		
(888) 555-9714						
2	DEPENDENT INFORMATION					
	DEP NAME	REL	GENDER	DOB	EFF	TERM
	01 JAMES C. JOHNSON	SPOUSE	MALE	03/16/1985	01/01/2023	
	02 TYLER L. JOHNSON	CHILD	MALE	02/12/2014	01/01/2023	
03 MICHAEL D. JOHNSON	CHILD	MALE	03/08/2020	01/01/2023		
3	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.

4	DP	ST FROM SVC	THRU SVC	CLM PAID	SUBMITTED	EXCLUDED	COPAY	DEDUCTIBLE	COINSURANCE	CLM BENEFIT	CHECK	CHECK	
	SQ CLAIM NUM	CD	DATE	DATE	DATE	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	NUMBER	
	02 092363100E	F1	08/14/24	08/14/24	08/14/24	60.00	22.64	0.00	0.00	0.00	37.36	30170	
	02 091963064E	F1	06/26/24	06/26/24	08/10/24	121.00	30.37	15.00	0.00	0.00	75.63	29897	
	03 100183080E	A2	01/12/10	01/12/10		20.00	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		
	03 100062035E	A2	12/29/24	12/29/24		20.00	0.00	0.00	0.00	0.00	0.00		
	03 093643244E	F1	12/21/24	12/21/24	01/18/25	20.00	4.71	15.00	0.00	0.00	0.29	31086	
	STAT CODES: A2=Received, F1=Completed, P2=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 01/20/2025				
6	PPO BENEFITS		NON-PPO BENEFITS	
	Individual Deductible	\$1,000.00 PER BENEFIT YEAR*	\$2,000 PER BY*	
	Family Deductible	\$2,000.00 PER BY*	\$4,000 PER BY* LIMIT	
	Emergency Room Deductible	LIMIT \$100.00 IF NOT ADMITTED \$2,000/BY* INCLUDES DEDUCTIBLE	NONE	
Individual OOP	NOT INCLUDING COPAYS & TREATMENT OF INFERTILITY	\$10,080/BY* OOP INCLUDES DEDUCTIBLE BUT NOT INCLUDING COPAYS & TREATMENT OF INFERTILITY		
Family OOP	\$4,000 OOP/BY* LIMIT	\$21,400/BY* LIMIT		
7	Lifetime Maximum	\$1,000,000	\$1,000,000	
	Room & Board	80% - SEMI-PRIVATE ROOM UNLESS NO SEMI-PRIVATE, ISOLATION REQUIRED OR APPROVED BY PLAN*****	50% - SEMI-PRIVATE ROOM UNLESS NO SEMI-PRIVATE, ISOLATION REQUIRED OR APPROVED BY PLAN*****	
	I.C.U.	80% - REASONABLE AND CUSTOMARY CHARGE	50% - REASONABLE AND CUSTOMARY CHARGE	
	Hospital Misc.	80%/ DEDUCTIBLE NOT APPLIED TO OUTPATIENT	50%	
	Pre-Admission Testing	80% MUST BE PERFORMED W/I 10 DAYS OF HOSPITAL	50% - MUST BE PERFORMED W/I 10 DAYS OF HOSPITAL	
	Emergency Room	\$100/NO DED/100% FOR FACILITY; OTHER 100%/NO DED	50%	
	Non-Emergency ER	\$100/NO DED/100% FOR FACILITY; OTHER 100%/NO DED	50%	
	Urgent Care Facility	80%	50%	
	Dr's Office	\$15 COPAY/NO DED/100%	50%	
	In-patient Surgery	80%*****	50%*****	
	Out-patient Surgery	80%*****	50%*****	
	Physician-Surgical	80%*****	50%*****	
Second Opinion	80% - VOLUNTARY	50% - VOLUNTARY		
8	NOT COVERED	ACUPUNCTURE/ HYPNOSIS FOR ANESTHESIA	ACUPUNCTURE/ HYPNOSIS FOR ANESTHESIA	
	NOT COVERED	BIOFEEDBACK	BIOFEEDBACK	
9	NOTES:	#####DEDUCTIBLE APPLIES TO ALL EXPENSES EXCEPT AS SPECIFICALLY NOTED #####	#####DEDUCTIBLE APPLIES TO ALL EXPENSES EXCEPT AS SPECIFICALLY NOTED #####	
		*BENEFIT YEAR "BY" RUNS FROM 7-1 TO 6-30	SEE PPO FOR OTHER LIMITS THAT APPLY NON-PPO PAID @ PPO LEVEL UNDER FOLLOWING	

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.