Customer Service Contact Information

Please call Benefits, Inc. when you have questions or concerns about your partially self-funded health insurance plan. It is our job to answer your questions or get you to the right person to answer your questions.

Refer to this list when you need to contact one of your benefit providers.

CUSTOMER SERVICE FOR MEDICAL, PARTIALLY SELF-FUNDED:

Benefits, Inc. Toll Free Number (877) 461-1424

MEDICAL:

Wellmark Blue Cross and Blue Shield of Iowa (800) 524-9242 www.wellmark.com

healthVu Website

You are able to see your Partially Self-Funded claims on line.

Each Insured and their spouse will receive an ID and password for the healthVu site. Insureds cannot view their spouse information, only their own and any dependent children.

The following can be viewed:

- Detailed claim information
- Deductible and coinsurance met for current year and previous year

They can also send questions via email to the TPA and print detailed claim information.

The claim information is up-dated every evening.

Insurance & Benefit Solutions

Partially Self -Funded Claims Flow Chart

PRIMARY INSURANCE

Step 1:

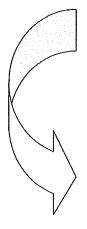
Show your Medical Provider your Health Insurance ID card. Your Medical Provider will send your claims to Wellmark. The address is located on your ID card.



PARTIALLY SELF FUNDED PAYMENT

Step 2:

When you receive your Explanation of Benefits from Wellmark, we will also receive a copy of it at Benefits, Inc. We can then automatically process the partially self-funded payment for you.



PAYMENT OF CLAIM & EXPLANATION OF BENEFITS

Step 3:

BI will then send any payment due to the medical provider. At the same time BI will mail you a copy of the Explanation of Benefits. This will explain how the claim was paid and what you are responsible to pay.

Explanation Of Benefits

Benefits, Inc.

PO BOX 410 Decorah, IA 52101 563-387-0789

Client Insured Claimant Patient ID

Prov Name

Prov ID

Charge

Claim

KOSSUTH REGIONAL HEALTH CENTER 55015 643.00

Date 05/28/14 Check 010673

14-013323

***** THIS IS NOT A BILL *****

Service	From	To	Charge	Inel	CD	Deduct	Allowable	Pot	<i>Payable</i>
.2	3		2/	4-	6	7	8	9	10
OPS	05/06/14	05/06/14	643.00	228.24	08	117,80	296,96	70	207.87
			11	7 a		/3	14		15
			//			/3	14		207.87
Totals			643.00	228.24		117.80	296,96		
Description of Ineligible Codes /6						Insured Responsibility			206.89
-		a newider of	• •	nt wat warman	olhla				17

2014	I YTD I YTD	Coinsurance Met Copay Met	\$ \$	108,59 490,00	Single Single	\$ \$		18
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All charges are processed in accordance to PLAN provisions and limitations. Within 60 days after receipt of the Explanation of Benefits, you may request a review of the handling of this claim. If there are such questions, please submit your comments in writing, or request a review of pertinent documents upon which the decision was based, and the matter will be given further considerations. Be sure to refer to our Claim Number.

There are hand written numbers in each section of this Explanation of Benefits. These hand written numbers are explained on the following page. So please refer to the following page to better understand what this Explanation of Benefits is telling you.

If you should have any questions or just don't understand your Explanation of Benefits, please give Benefits, Inc. a call at 1-877-461-1424.

THIS IS AN EXAMPLE ONLY

You have the \$2,000 Deductible plan through your employer, it is a plan that is partially self-funded by your employer. This means that your employer is funding a high deductible plan that they buy from Wellmark down to your \$2,000 deductible plan. When this is done, Benefits, Inc. (BI) is the third party administrator that processes those claims. You will receive an Explanation of Benefits (EOB) from BI showing you how the claim was paid.

This is an explanation of the information that you will find on the Explanation of Benefits from BI. Please look at the corresponding numbers on the Explanation of Benefits to understand what each part of the EOB is telling you,

- 1) Client Name, Employee Name, Claimant Name, information concerning the claim (Claim Number, Group Name, Provider Name, Process Date, etc.)
- 2) Service Category The type of service that you had.

Here is a listing of the service categories:

AMB - Ambulance

CHIR - Chiropractor

DME - Durable Medical Equipment

ER - Emergency Room

IPS - In Patient Services

OPS - Out Patient Services

OVI – Office Visit In Network

OVIO – Office Visit 100%

PHA - Pharmacy RX

PIP - Physician Service In Patient

POP - Physician Services Out Patient THP - Therapy

WLNS - Wellness

LXOO, LXRD, LXRO - Lab X-ray

There could be others. Call if you have any questions about the Service Categories.

- 3) Date of Service Date that you had services done.
- 4) Total Charges Total amount that was billed by the provider for this service,
- 5) Ineligible Charges that are not being paid by you or Benefits, Inc.
- 6) Ineligible Codes See #16.
- 7) Deductible The amount that you will pay toward your Deductible.
- 8) Allowable Amount of the bill that has to be paid by you or Benefits, Inc. after you have met your deductible.
- 9) Percentage The percentage that the plan will pay of the allowable...
- 10) Payable This is the amount that the plan will pay toward this charge.
- 11) This is the Total Charge for this claim.
- 12) This is the Total Amount that is Ineligible for this claim.
- 13) This is the Total Amount of your Deductible that you will have to pay.
- 14) This is the Total Allowable amount for this claim.
- 15) This is the Total Payable Amount for this claim. This is the amount that your Employer is paying toward this claim to bring it down to the Deductible and Coinsurance amounts that you are responsible for.
- 16) Description of Ineligible Codes This gives you the description of the codes used in #6.
- 17) Insured Responsibility This tells you the Total Amount Payable by you for this claim.
- 18) This box tells you how much of the Deductible you have met and how much of your Family Deductible have you met. It also does that for the Coinsurance and your Copays. Remember, you're Deductible plus your Coinsurance plus your Medical Copays equals your Out-of-Pocket.

If you should have any questions, concerns or just don't understand your Explanation of Benefits, please give BI a call at 877-461-1424.