BPA Benefit Plan Administrators

Benefit Plan Administrators
PO BOX 1128
EAU CLAIRE WI 54702-1128

[EF-]

Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Forwarding Service Requested

①

Customer Service

If you have any questions, please contact BPA at 1-800-236-7789.

Group Name: ABC Company, Inc.
Member ID: 1155555X555555406
Date: 10/16/2017

*******************ALL FOR AADC 550
39110 1 AB 0.403 103
JOHN SMITH
555 ANY STREET
ANY TOWN WI 55555

Hi JOHN SMITH,

Don't worry, this is not a bill.
This is an Explanation of Benefits prepared just for you.

We heard that you recently recieved medical services. This document gives you information about how an insurance claim from a health provider (such as a doctor, hospital, or pharmacy) was paid on your behalf. You should review this over and **keep it for your records**.

We want to make sure that you are satisfied, so please let us know if any information in this document needs to be corrected. For updates to your account, log on to your BPA account or call our customer support department. Information on the appeal process is provided in the following pages of this document.

Your health is important to us. Please let us know how we can help!

[EF-]

Reference Info

Group Name: ABC Company, Inc.
Member ID: 1155555X55555

YOUR QUICK CLAIM SUMMARY

Here's a summary of claims for the period of 10/04/2017 thru 12/01/2017

Total Amount Billed	2	$347.99	This is the total amount of charges for claims received with dates of service of 10/04/2017 thru 12/01/2017.
Discount	3	$16.40	You saved $16.40. Benefit Plan Administrators negotiates discounts with health care professionals and facilities to help you save money.
Amount Not Covered	4	$164.00	This is the portion of your bill that is not covered by your plan. You may or may not need to pay this amount. We'll cover that information for you in the later pages.
What Your Plan Paid	5	$167.59	This is the total amount the Plan paid on claims received with dates of service 10/04/2017 thru 12/01/2017.
What You Pay	6	$0.00	This is the amount you owe after your discount and what your plan covered. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. **You may or may not have already paid this amount.**
You Saved	7	$183.99	You saved $183.99. This is a total of your discount and what your plan paid.

		Used	Remaining	TOTAL AMOUNT:
8	Individual Network Deductible **Member:** JOHN SMITH	$2,600.00	$0.00	$2,600.00
8	Individual Network Out of Pocket **Member:** JOHN SMITH	$6,550.00	$0.00	$6,550.00
8	Individual Out of Network Deductible **Member:** JOHN SMITH	$2,600.00	$1,400.00	$4,000.00
8	Individual Out of Network Out of Pocket **Member:** JOHN SMITH	$6,550.00	$6,550.00	$13,100.00
8	Family Network Deductible	$2,600.00	$2,400.00	$5,000.00
8	Family Network Out of Pocket	$6,550.00	$6,550.00	$13,100.00

BPA *Benefit Plan Administrators*

Reference Info
Group Name: ABC Company, Inc.
Member ID: 55555X55555

(8) Family Out of Network Deductible	$2,600.00 Used	$5,400.00 Remaining	TOTAL AMOUNT: $8,000.00
(8) Family Out of Network Out of Pocket	$6,550.00 Used	$19,650.00 Remaining	TOTAL AMOUNT: $26,200.00

YOUR DETAILED CLAIM BREAKDOWN

Member: JOHN SMITH
Provider: Pharmaceutical Services
Claim #: RX184870 (9)

Type of Service & Date	Amount billed	Your Member Discount	Amount Not Covered	Reason Code	Amount Covered	BPA Paid: What Your Plan Paid	BPA Paid: Paid At	Patient Responsibility: (10) Deductible Amount	Patient Responsibility: (11) Co-pay Amount
11/25-12/01/2017	$19.99	$0.00	$0.00		$0.00	$19.99	0%	$0.00	$0.00
TOTALS	**$19.99**	**$0.00**	**$0.00**		**$0.00**	**$19.99**		**$0.00**	**$0.00**

Plan Paid: $19.99

(12) **Adjustments: $0.00**
(13) **Other Insurance Paid: $0.00**
Amount You May Owe: $0.00

Member: JOHN SMITH
Provider: SOUTHSIDE MEDICAL CLINIC
Claim #: 21799999900 (9)

Type of Service & Date	Amount billed	Your Member Discount	Amount Not Covered	Reason Code	Amount Covered	BPA Paid: What Your Plan Paid	BPA Paid: Paid At	Patient Responsibility: (10) Deductible Amount	Patient Responsibility: (11) Co-pay Amount
OFFICE VISIT 10/04-10/04/2017	$164.00	$16.40	$0.00	01	$147.60	$147.60	100%	$0.00	$0.00
TOTALS	**$164.00**	**$16.40**	**$0.00**		**$147.60**	**$147.60**		**$0.00**	**$0.00**

Plan Paid: $147.60

(12) **Adjustments: $0.00**
(13) **Other Insurance Paid: $0.00**
Amount You May Owe: $0.00

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Reference Info

Group Name: ABC Company, Inc.
Member ID: 55555X55555

Member: JOHN SMITH
Provider: SOUTHSIDE MEDICAL CLINIC
Claim #: 21799999900 (9)

Type of Service & Date	Amount billed	Your Member Discount	Amount Not Covered	Reason Code	Amount Covered	BPA Paid: What Your Plan Paid	BPA Paid: Paid At	Patient Responsibility: (10) Deductible Amount	Patient Responsibility: (11) Co-pay Amount
OFFICE VISIT 10/04-10/04/2017	$164.00	$0.00	$164.00	90	$0.00	$0.00	0%	$0.00	$0.00
TOTALS	**$164.00**	**$0.00**	**$164.00**		**$0.00**	**$0.00**		**$0.00**	**$0.00**

Plan Paid: **$0.00**

(12) **Adjustments:** **$0.00**
(13) **Other Insurance Paid:** **$0.00**
Amount You May Owe: **$0.00**

Reason Code/Description	
01	PPO DISCOUNT APPLIED
90	DUPLICATE OF PREVIOUSLY PROCESSED CLAIM

(14)

HOW TO APPEAL A CLAIM (16)

This claim has been processed consistent with benefit terms and conditions written in the Summary Plan Document. CONTACTING CUSTOMER SERVICE at the number on the claimant's ID card may resolve your questions. If more information is being requested on this claim, the claim will be deemed denied.

A Claimant or their authorized representative has the right to appeal any claim, denied in whole or in part; and request free of charge a copy of any criteria or plan provision used in denying this claim including the diagnosis and treatment codes and their meaning. The appeal must be sent in writing along with any additional information within 180 days of receipt of the denial to Benefit Plan Administrators, ATTENTION APPEALS COORDINATOR at PO Box 1128, Eau Claire, WI 54702-1128 or the claimant loses the right to further appeal or file a suit in civil court. Please refer to the Summary Plan Document for benefit and appeal details.

If your attending provider believes your situation is urgent, you may request an expedited appeal by contacting customer service at the number on the claimant's ID card.

If the payment, coverage, or service requested involves medical judgment, and continues to be denied and the internal appeal processes are deemed exhausted, you may be able to request an external review of your claim by an independent third party who will review the denial and issue a final decision. Expedited appeals do not require exhaustion of internal appeal processes.

For questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).