



ClaimLinx
10260 Alliance Road
Suite 325
Cincinnati, OH 45242
Phone (800) 858-1772 or (513) 677-6262
Fax (800) 858-1913 or (513) 677-6263
help@claimlinx.com
www.claimlinx.com

Welcome to ClaimLinx!

We are so happy to have you as a member. Our company specializes in helping businesses change the way they purchase health insurance so they can provide comprehensive benefits at an affordable price.

That is why we have assisted your employer in creating a Medical Expense Reimbursement Plan (MERP). This plan ensures your employer will be able to continue to provide the same benefits while still reducing costs.

Our team is committed to distinctive quality and unparalleled customer service. That is why your company's health benefits plan has been designed specifically for you.

There will be changes to how your benefits are administered, though, so we strongly encourage all of our members to read the following documents carefully. This packet is designed as a resource to make using your health benefits an easy process.

ClaimLinx provides members with personalized customer service. We know how confusing the health insurance industry can be; our personnel are dedicated to providing you with timely responses to your questions.

We look forward to administering your benefits.

Sincerely,
The ClaimLinx Team

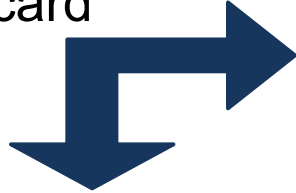
Be certain your secondary ClaimLinx ID card matches the below sample.
If it does not you will need to read a different member packet.

XYZ Company Medical Employer Funded Plan	
Member: JOHN DOE	
ID: TBA-00-1234	Dep Code: 00
Group ID: 123_PL01	
Effective Date: 01/01/2016	
Office Visit: \$25 Copay	
Emergency Visit: \$200 Copay	
Urgent Care: \$35 Copay	
IP/OP Surgery: 20% Ded	
Deductible: \$500 Single / \$1,500 Family	
Network: United Healthcare	
Benefits are In-Network (call for out-of-network)	
SEE BACK OF CARD FOR IMPORTANT INFORMATION	

Which ID Card to Use

Medical Visits

USE BOTH CARDS
Primary Insurance
card & Secondary
ClaimLinx card



Primary Insurance Provider

Member: John Doe Policy: 00123456

Family Coverage Value Plan

*For network provider information please visit
www.website.com*

XYZ Company Medical Employer Funded Plan

Member: JOHN DOE
ID: TBA-00-1234 Dep Code: 00
Group ID: 123_PL01
Effective Date: 01/01/2016

Office Visit: \$25 Copay
Emergency Visit: \$200 Copay
Urgent Care: \$35 Copay
IP/OP Surgery: 20% Ded
Deductible: \$500 Single / \$1,500 Family
Network: United Healthcare
Benefits are In-Network (call for out-of-network)

SEE BACK OF CARD FOR IMPORTANT INFORMATION

- Doctors' office visits
- Hospital visits
- Urgent Care
- ER Visits
- Other medical visits

Filling a Prescription

Primary Insurance Provider

Member: John Doe Policy: 00123456

Family Coverage Value Plan

*For network provider information please visit
www.website.com*



USE ONE CARD
Primary Insurance
Card only

****CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS****
help@claimlinx.com | (800) 858-1772



ClaimLinx
10260 Alliance Road
Suite 325
Cincinnati, OH 45242
Phone (800) 858-1772 or (513) 677-6262
Fax (800) 858-1913 or (513) 677-6263
help@claimlinx.com
www.claimlinx.com

How to File a Medical Claim

Your employer has purchased major medical coverage with a high deductible. In addition, your employer is self-funding a portion of your health coverage in order to provide you with the same quality benefits at a cost-efficient price. Therefore, it's important to know how to process a claim with our office.

To file a medical claim:

- ✓ Show two cards when you visit your medical provider:
 1. Major medical coverage (i.e. Humana, Medical Mutual, United Healthcare, Anthem, etc.) identification card as “primary” coverage.
 2. ClaimLinx employer funded identification card as “secondary” coverage.

****Most providers file secondary coverage. If your doctor does not file secondary or if you receive information at your home, please send any of the following items in order to assist us in processing your claim:**

- 1. Send major medical carrier Explanation of Benefits (EOB).**
 - This document shows the discounted bill amount because of your major medical coverage. You usually receive this about one month after you have visited your provider (i.e. doctor, hospital, x-ray, laboratory).
- 2. Send any documentation from your provider that has diagnostic coding on it.**
 - Diagnostic coding is what the provider uses to explain what condition you have, what service was performed, etc. You can ask for this when you leave the facility. In most cases, the facility will provide these documents when you leave the hospital and/or doctor's office.
- 3. Send information about your provider.**
 - Especially important is the phone number. This can be written on your EOB or included on the Provider Information Form, which you should complete before or immediately following your effective date. This information is helpful if we do not have your medical provider in our system and need to obtain billing information.
- 4. Send invoices, NOT STATEMENTS.**
 - Statements provide no value in filing a claim. Invoices provide us with detailed billing information, your account number, claimant name and diagnosis.
- 5. If you are Jr. or Sr., be sure your doctor has this information correct in his or her system and please indicate it on your EOB.**

If you pay “up-front” for services and are requesting reimbursement:

- You must provide a copy of your receipt indicating that you paid for any services “up front”. A receipt could be a credit card statement, receipt from doctor's office, pharmacy receipt, processed check front and back, etc.
- Services will not be reimbursed directly to you without this documentation.

What do I do?

Show TWO cards

- Primary insurance ID
- Secondary ClaimLinx ID



In the event the provider will not accept the secondary ID card:

1. Send:
 - ✓ EOBs
 - ✓ Invoices
 - ✓ Diagnostic coding
 - ✓ Info on your providers
2. Indicate Jr. or Sr. on your EOB if this is applicable.
3. Allow 10-30 business days for processing and payment from the day we receive your claim
4. Claims may be appealed through your plan administrator
5. Provide receipts if services were paid for up-front.

****CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS****
help@claimlinx.com | (800) 858-1772

How a Claim is Processed

Member visits health care provider.

Member shows both Primary Insurance ID card and ClaimLinx Secondary ID card.

Health care provider submits bill to primary insurance carrier.

Primary insurance carrier determines coverage.

Primary insurance carrier sends Explanation of Benefits (EOB) to health care provider and member.

Health care provider or member submits claim, bill and/or primary carrier EOB to be processed for secondary coverage.

ClaimLinx determines Medical Expense Reimbursement Plan (MERP) coverage.

ClaimLinx submits balance to Employer for applicable MERP benefit.

Employer pays ClaimLinx for balance left on member's claim.

ClaimLinx sends payment to health care provider.



ClaimLinx sends high dollar claims to third party Medical Cost Advocate for review.

Member receives an EOB from ClaimLinx.

Member pays any remaining balance on claim, indicated on ClaimLinx EOB and billed by provider.



10260 Alliance Rd, Suite 325
Cincinnati, OH 45242
(800) 858-1772 (Phone)
(800) 858-1913 (Fax)
www.claimlinx.co



ClaimLinx
10260 Alliance Road
Suite 325
Cincinnati, OH 45242
Phone (800) 858-1772 or (513) 677-6262
Fax (800) 858-1913 or (513) 677-6263
help@claimlinx.com
www.claimlinx.com

Understanding the Explanation of Benefits (EOB)

How do I read my Explanation of Benefits (EOB)?

Typically you will receive two EOBs:

1. Major medical carrier Explanation of Benefits
2. ClaimLinx Explanation of Benefits **after** your claim has been processed and/or paid

What do I do with the major medical EOB?

- You will receive an EOB from your major medical carrier about one month after going in for a medical service. You will need to send this EOB to ClaimLinx for processing. You can send it via fax or mail or you can submit it through the ClaimLinx private member portal.
- ClaimLinx may request additional information that is needed to process your claim at any time. This may include verification of your provider's address, telephone number, diagnostic service, billing summary, etc. These requests are required in order to process your claim properly through our system. Typically they are performed via a letter or by email.

What happens after my claim is processed?

You will receive another EOB from Claimlinx. This EOB is a summary of all charges and payable benefits remaining after the claim has been filed.

For example, on the generic EOB attached, the total claim is for \$59. In this case, the health provider discounted the charge \$5.56, reducing the amount owed to \$53.44. The patient is only responsible for the co-pay of \$20, which reduces the amount owed to \$33.44. This is the total amount owed to the physician, and the amount the employer will send ClaimLinx, who will then submit to the provider.

\$59.00	Total charges for services
- <u>5.56</u>	Amount discounted by physician (only applicable in certain cases)
\$53.44	Amount owed before claim is filed
- <u>20.00</u>	Co-pay (amount patient is responsible for at time of visit)
\$33.44	Payable Benefit – paid by employer through ClaimLinx

THINGS TO REMEMBER ABOUT THE EOB

- EOBs are **required if your provider does not file secondary coverage**.
- ClaimLinx **does not** receive EOBs directly from the major medical carrier.
- Do not throw away EOBs! **This may be the only document you receive in order to file a claim.**
- Send **any medical documents** you receive – we will sort it out at ClaimLinx. If we cannot use the document you send us, it is put in your medical file.
- Be sure to **make a copy of the EOB** for your records.
- The sooner ClaimLinx receives your EOB, the sooner the claim can be processed.
- Allow 30 business days (maximum 90 business days) for claims **to be processed and paid** from the date they are submitted.
- Claims should be **submitted as they are incurred**. Delays may occur if additional information is needed for processing.

****CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS****
help@claimlinx.com | (800) 858-1772

XYZ Company
 123 Anywhere Street
 XYZ City, ST Zip Code

Explanation of Benefits

13-Nov-2014

Claims Managed by:

10260 Alliance Road
 Suite 325

Cincinnati, OH 45242



This is an Explanation of Benefits.
This means your claim has been processed and/or paid.

Phone: (513) 677-6262 Ext()

Fax: (513) 677-6263

Claim Number: 11359

Pay To: Provider

Check Number: 8055539

Claim Date: 07/05/2014

Claimant Acct #: n/a

Issued: 3/12/15

Employee	Claimant	Provider
TBA-00-1234 XYZ XYZ Employee Xyz Street Loveland OH 45140	TBA-00-1234 00 XYZ Employee, XYZ Xyz Street Loveland OH 45140	XYZ XYZ Provider XYZ First Street XYZ City OH 45140

Procedure	Treatment Date	Claim Amount	Allowed (Less Dscnt)	COB	Primary Deduct	Primary CoPay/CoIns	Carrier Paid	Member CoPay/CoIns
10 Office Visit	01-Jul-2006	\$59.00	\$53.44	0.00	\$53.44	\$0.00	\$0.00	\$20.00

Ind Ded Met:	\$0.00	Claim Totals:	\$59.00	\$53.44	0.00	\$53.44	\$0.00	\$0.00	\$20.00
Fam Ded Met:	\$0.00	Employee Responsibility:	\$20.00	Paid to Provider:		\$33.44			

- "Employee Responsibility" is the amount you owe to the Provider. Please pay your provider promptly.
- "Paid to Provider" is the amount that was paid to the Provider by your employer.
- The Check Number above is the ClaimLinx Check Number tht was sent to the Provider.

Explanation of Benefits:

The procedure code, 10, was limited to \$53.44, from the original charge of \$59.00.

This is an example of an EOB that will be sent to you by Claimlinx.

- When you receive this in the mail, you will know your claim has been processed and/or paid.
- The "Paid to Provider" is the amount that will be sent to the provider on your behalf.
- The "Paid to Provider" will be paid by your employer.
- The "Employee Responsibility" is your responsibility to pay at the time of service or when you receive a bill.

Contact our office for any questions you may have regarding the EOB you receive from our office.

XYZ XYZ Employee
 Xyz Street

Loveland OH 45140



ClaimLinx
10260 Alliance Road
Suite 325
Cincinnati, OH 45242
Phone (800) 858-1772 or (513) 677-6262
Fax (800) 858-1913 or (513) 677-6263
help@claimlinx.com
www.claimlinx.com

How to Get Reimbursed for a Prescription

Your employer has decided to reimburse you for prescription drug benefits, as outlined in your Prescription Reimbursement Schedule of Benefits.

To file a Prescription Reimbursement Claim:

- ✓ Visit a pharmacy as outlined in your major medical carrier coverage directory.
 - Most carriers have the directories outlined on their websites, or refer to the documentation in the major medical carrier member packet you should have received.
- ✓ Keep the receipt from your pharmacist and make a copy for your files.
- ✓ Complete the enclosed Prescription Expense Reimbursement Form.
- ✓ Send the Prescription Expense Reimbursement Form, along with a copy of the prescription receipt to the ClaimLinx office for processing.
- ✓ Please send this form via mail or fax or submit it through ClaimLinx's private member portal.
- ✓ You will receive an Explanation of Benefits in the mail from ClaimLinx indicating your reimbursement amount.
- ✓ Reimbursement checks for prescription drugs are mailed directly to a member's address on file.

Remember ...

- **Keep a copy of your receipt and claim for your records.**
- **Do not send poorly reproduced copies**
- **ClaimLinx must be able to read the name, date of service, type of drug, etc. in order to process a reimbursement**
- **Store receipts are not eligible for reimbursement. ClaimLinx must receive a copy of the actual drug dispensing documentation in order to process a claim.**

****CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS****
help@claimlinx.com | (800) 858-1772



ClaimLinx
 10260 Alliance Road
 Suite 325
 Cincinnati, OH 45242
 Phone (800) 858-1772 or (513) 677-6262
 Fax (800) 858-1913 or (513) 677-6263
 help@claimlinx.com
 www.claimlinx.com

Prescription Expense Reimbursement Form

NOTE: Please fax or mail and attach RX receipt(s) to process your request.

Today's Date: _____ # Pages _____
(include coversheet)

Company: _____

Employee Name: _____
(Please Print Clearly – First Name, MI, Last Name)

Relationship: S = Self / SP = Spouse / CH = Child

	Drug Dispension Date	Claimant Name	Relationship to Employee (Circle)	Prescription Expense Type (Circle)		Employee Paid	Reimbursement Amount
				Retail	Mail Order		
1			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
2			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
3			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
4			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
5			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
6			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
7			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
		TOTAL					\$

****CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS****
 help@claimlinx.com | (800) 858-1772

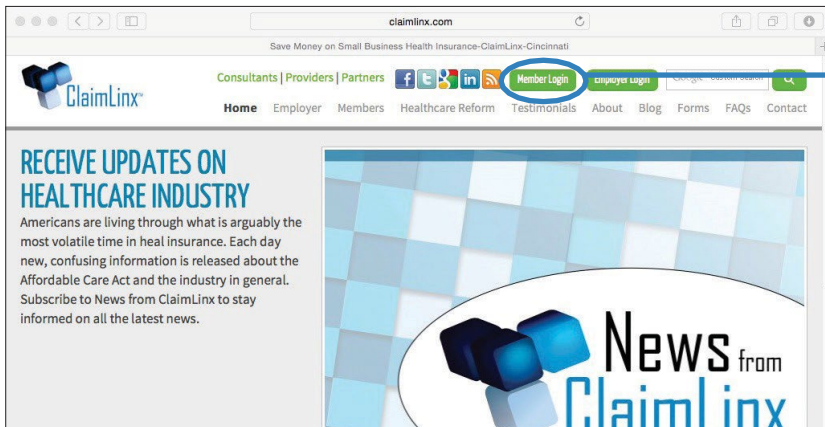
Access Your Private Member Portal

The ClaimLinx member portal is a secure, web-based system that allows real time access to elements of our claims processing system. We encourage all of our members to login now for convenient updates, account verification and benefits communication. Through the portal, members can:

- Submit medical claims for processing
- Check medical claim status
- Verify or update dependent information
- Download commonly-used forms
- Review claims previously processed
- Check or change address information
- Submit regular forms for processing
- Contact ClaimLinx customer service

Login through the Website

Step 1: Go to www.ClaimLinx.com



Member Login

Step 2:

Click the “Member Login” button at the top of the website

Step 3:

Enter username and password to proceed to the private portal

Sign In	
Username	TBA-00-123400
Password	TBA-00-1234
<input type="button" value="Login"/>	

Find the Correct Login Information

For the first time logging in, find your username and password information on your ClaimLinx ID card

- The username is your ClaimLinx member ID plus your Dependent Code (i.e. 01, 02, 03)
- The password is your ClaimLinx Member ID only

Example:

Username: Member ID + Dependent Code

Password: Member ID

Sample:

Username: TBA-00-123400

Password: TBA-00-1234

XYZ Employer Medical Expense Employer Fund	
Member: JOHN DOE	
Id: TBA-00-1234	Dep Code: 00
Effective Date: 1/1/2015	
Member ID	Dependent Code

XYZ Company Policy: Medical Employer Funded Plan	
Member: JOHN DOE	
Id: TBA00123400	Effective Date:
Medical	Prescription Drug
Member ID	Dependent Code



ClaimLinx
10260 Alliance Road
Suite 325
Cincinnati, OH 45242
Phone (800) 858-1772 or (513) 677-6262
Fax (800) 858-1913 or (513) 677-6263
help@claimlinx.com
www.claimlinx.com

Frequently Asked Questions

What is ClaimLinx?

Founded in 2004 by Christy A. Quigley, ClaimLinx is a Cincinnati, Ohio-based company operating as a health benefits consultant, insurance agency and third party administrator. Our owners have a combined experience of more than 40 years in the insurance industry. We coordinate the processing of claims for more than 4,000 members nationally, and our team is committed to providing its members with unprecedented service offered by no other in our industry.

Is ClaimLinx a secondary insurance provider?

No. ClaimLinx are a third party administrator for employer-sponsored plans. We service “you,” the client, not the insurance company. Part of our expertise is in making sure each individual claim has been reviewed for the maximum payout allowed. In addition, we act as an educational resource for employees and their families so they may become better informed about the healthcare system.

How long does it take to process a claim?

Claims are processed within 30-90 business days from the date the claim is submitted. Claims can be submitted by fax or mail or member can submit them electronically through ClaimLinx’s private member portal. For a complete look at claims process, please refer to the diagram “How a Claim is Processed” in this packet.

What is a deductible?

A deductible is a specific dollar amount that an individual must pay before reimbursement for expenses begins. The higher the deductible, the lower the cost of the health insurance plan.

What is a Medical Expense Reimbursement Plan (MERP)?

MERPs utilize a federal tax code that is more than 50 years old to allow employers to deduct medical reimbursement benefits. The employer purchases a high-deductible plan and self-funds the difference between the high deductible and employees’ copays and/or coinsurance. The MERP requires slightly more administration for the employee, but we find this to be an important part of the education process all of our clients receive about the health insurance industry.

Why did my employer purchase a Medical Expense Reimbursement Plan (MERP)?

Your employer was shown the MERP because he or she is looking out for your best interests. He or she is examining ways to cut costs while still providing you with the same benefits. Many employers have told us they would not have been able to even provide the same health benefits without using the ClaimLinx Solution.

MERP plans are governed by the Employment Retirement Income Security Act (ERISA) of 1974. If you have any questions about your plan, contact the plan administrator. If you have any questions about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you can contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.

**** WE LOOK FORWARD TO PROVIDING YOU WITH PERSONAL SERVICE ****



ClaimLinx
 10260 Alliance Road
 Suite 325
 Cincinnati, OH 45242
 Phone (800) 858-1772 or (513) 677-6262
 Fax (800) 858-1913 or (513) 677-6263
 help@claimlinx.com
 www.claimlinx.com

ID Card Request Form

NOTE: Please fax or mail to process your request.

Today's Date: _____ **# Pages** _____
 (include coversheet)

Company: _____

Employee Name: _____
 (Please Print Clearly – First Name, MI, Last Name)

Current Address: _____
 (Street Address)

 (City, State, Zip Code)

Relationship - S = Self / SP = Spouse / CH = Child
ID card type: Medical =Employer Funded Medical ID Card / Dental = Employer Funded Dental ID Card

Indicate below the Member Name and type of card that you are requesting.

	Card requested for (Member Name)	Relationship to Employee (Circle)	ID Card Type (Circle)	Quantity
1		S / SP / CH	Medical / Dental	
2		S / SP / CH	Medical / Dental	
3		S / SP / CH	Medical / Dental	
4		S / SP / CH	Medical / Dental	
5		S / SP / CH	Medical / Dental	
6		S / SP / CH	Medical / Dental	
7		S / SP / CH	Medical / Dental	

