



### Deductible/Split Dollar Summary

Under this plan design, the first \$250.00 (\$250.00 x2 Family) of annual expenses will be the employee's responsibility. All claims above that amount will be reimbursed at the percentage specified until the plan deductible is met. Once the deductible is met, the health plan will pay all in-network expenses at 80% and all out of network expenses at 60%.

## Envision Healthcare Medical Reimbursement Account

### Summary of Benefits for National University of Health Sciences

10-1-19

<b>Underwritten By:</b> <b>Blue Cross</b>	<b>Insurance Guidelines</b> <b>(In-Network)</b>	<b>HRA Pays</b> <b>Employer pays up to \$2,250 towards each deductible based on the below formulas</b>
<b>Individual Deductible</b> The amount you would pay each calendar year before payments begin for covered services	\$2,500.00	HRA Allotment Employee pays \$250.00 <b>Employer pays last \$2,250.00</b>
<b>Family Deductible</b> The amount your family would pay each calendar year before payments begin for covered services	\$2,500.00 (x2)	HRA Allotment Employee pays \$250.00 (x2) <b>Employer pays last \$2,250.00 (x2)</b>
<b>Employee Out of Pocket</b> Total amount the employee would pay if they exhaust their deductible, HRA, and coinsurance.	\$2,750.00	Not Covered by HRA
<b>Family Out of Pocket</b> Total amount the employee would pay if they exhaust their deductible, HRA, and coinsurance.	\$2,750.00 (x2)	Not Covered by HRA
<b>Coinsurance</b> Percentage paid by the insurance carrier after the appropriate deductible is met	80%	After deductible is met Employee pays \$2,500.00 per deductible
<b>Physician Office Visit</b> Includes consultation in addition to all lab, x-ray, mammogram, pap smears, maternity and PSA services if preformed in the physicians office	\$20 PCP \$40 Specialist \$150 ER	Not Covered by HRA
<b>Well Care</b> Covers annual adult/child physical and OB/GYN exam including routine diagnostic tests received on the same day as part of the physical exam	Paid at 100%, not subject to Deductible	Not Covered by HRA
<b>Inpatient/Outpatient Hospital Services</b> Room allowance based on the hospital's most common semi-private room rate. Includes pre-admission testing and all ancillary services	Applied to Deductible	Per your above HRA allotment, paid directly to provider.
<b>Prescriptions</b> Rx Co-pay.	Paid at 100% after \$8 / \$50 / \$75	Not Covered by HRA

*This provides only a general summary of the benefit plan. Consult your Certificate of Coverage for specific guidelines and limitations.*

Envision Healthcare, Inc.

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# How to work with Envision and your HRA....the Process

The Envision Healthcare solution empowers you to make your own healthcare decisions while providing you with the ability to become a better health care consumer.

*Your health plans through (Blue Cross Blue Shield of Illinois and your Envision HRA) consists of the following components:*

- ✓ An overlying High Deductible Health Plan policy that is administered by Blue Cross Blue Shield.
- ✓ A Health Reimbursement Account (HRA) for expenses that are covered by the Medical plan but are subject to your deductible. Envision administers your HRA.

## How It Works...

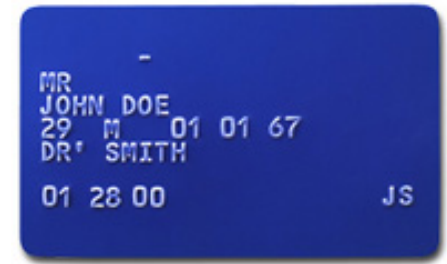
Your employer established an account of specific health dollars for each person in your group. These dollars are available for you to use as you need them:

- ✓ Dependent upon your actual plan design you may have little or no out of pocket expense.
- ✓ Since the HRA pays for expenses subject to your deductible and coinsurance, your financial risk is reduced.

## Filing A Claim Is As Easy As 1-2-3!

### 1. Present Your ID Card

When visiting the doctor or hospital, Simply present your Blue Cross Blue Shield health care ID card. The information on the card will provide your doctor with your insurance network, and claims filing information. **Important:** If you need a prescription filled, show your ID card to the pharmacy as the claim must be discounted at the point of purchase.

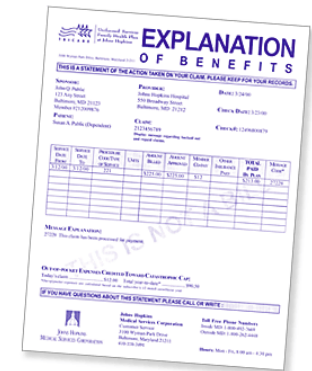


### 2. Provider Will Bill Blue Cross & Blue Shield

After you visit your provider, the provider sends the bill to BCBS. BCBSIL will then process the claim and send the Explanation of Benefits (EOB) to Envision Healthcare to process the claim. Since the EOB's are sent directly from BCBS to Envision, you need not submit the claim form.

### 3. Envision Processes Claim

Envision is sent the claim directly from Blue Cross Blue Shield. Envision will process the claim if it is eligible for reimbursement through your Health Reimbursement Account (HRA). For prescription claims, Envision will reimburse the employee according to the HRA plan guidelines. For Medical claims, **Envision will pay the provider directly** according to the HRA plan guidelines. Claims can be viewed online within 48 hours of receipt. Envision will send a notification of the action taken to the covered claimant.



The Envision Healthcare website will allow you to obtain any forms, view your claims, and review your plan summary.

### Customer Service:

Tel: 1-866-672-7526

Fax: 1-800-596-3464

email: [info@envisionhealthcare.com](mailto:info@envisionhealthcare.com)

Mon.-Fri. 8:00am-5:00pm CST

# www.envisionhealthcare.com is On-Line

Envision Healthcare is on-line 24 hours a day, seven days a week to meet your needs. As a member, you can visit [www.envisionhealthcare.com](http://www.envisionhealthcare.com) and access your secure personal webpage for the following information:

- View Submitted Claims
- Access Current / Prior Year Claims History
- Download Forms and Plan Documents



Login to your Secure Account

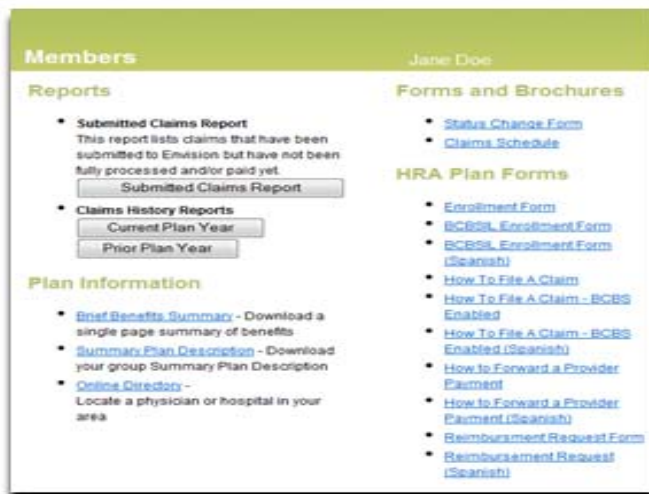
To access the site, go to “Member Access” and type in the following information:

Username: **Employee Name** (Sample: John Doe, include space)

Password: **Employee SSN** (Sample: 111223344, no hyphens)\*

\*You can change your password at any time by clicking on “profile”

To access your Flexible Spending Account add “125” to your username after your last name. (Sample: John Doe 125, include spaces)



Access Claim History, Forms and Plan Documents

Claim Number	Patient	Date of Service	Coverage	Status	Payment Date	Submitted Amount	Member Paid	Paid Amount
78013	John Doe	10/6/2012	Medical	Pending	03/15/2013	\$75.00	\$0.00	\$75.00
78052	John Doe	11/20/2012	Medical	Paid, Ch #131624 - \$60.00	11/15/2012	\$50.00	\$0.00	\$50.00
78048	Jane Doe	10/30/2012	Medical	Paid, Ch #131627 - \$98.00	11/30/2012	\$98.00	\$0.00	\$98.00
78048	John Doe	10/13/2012	Medical	Paid, Ch #131623 - \$25.00	11/15/2012	\$25.00	\$0.00	\$25.00
78045	Jane Doe	10/7/2012	Medical	Paid, Ch #131625 - \$75.00	11/30/2012	\$75.00	\$0.00	\$75.00
78054	John Doe	10/6/2012	Medical	Paid, Ch #131622 - \$75.00	11/15/2012	\$75.00	\$0.00	\$75.00
78056	John Doe	9/27/2012	Rx	Paid, Ch #131624 - \$60.00	11/15/2012	\$10.00	\$0.00	\$10.00
781342	Jane Doe	9/10/2012	Medical	Paid, Ch #131626 - \$45.00	11/30/2012	\$45.00	\$0.00	\$45.00
Total Amount (including voids)						\$453.00	\$0.00	\$453.00
Total Voided Amount						\$0.00	\$0.00	\$0.00
Total Amount (minus voids)						\$453.00	\$0.00	\$453.00

View Current / Prior Year Claim Detail

Claim Number	Patient	Date of Service	Coverage	Status	Payment Date	Submitted Amount	Member Paid	Paid Amount	Provider	Payee
829013	John Doe	10/6/2012	Medical	Pending	3/15/2013	\$75.00	\$0.00	\$75.00	AAA Chiropractic	Provider
780757	John Doe	11/2/2012	Medical	Paid, Ch #131624 - \$60.00	11/15/2012	\$50.00	\$0.00	\$50.00	Dr. M. Person	Insured
781348	Jane Doe	10/30/2012	Medical	Paid, Ch #131627 - \$98.00	11/30/2012	\$98.00	\$0.00	\$98.00	Dr. M. Person	Insured
780748	John Doe	10/13/2012	Medical	Paid, Ch #131623 - \$25.00	11/15/2012	\$25.00	\$0.00	\$25.00	AAA Medical Group	Provider
781345	Jane Doe	10/7/2012	Medical	Paid, Ch #131625 - \$75.00	11/30/2012	\$75.00	\$0.00	\$75.00	AAA Chiropractic	Provider
780754	John Doe	10/6/2012	Medical	Paid, Ch #131622 - \$75.00	11/15/2012	\$75.00	\$0.00	\$75.00	AAA Chiropractic	Provider
780756	John Doe	9/27/2012	Rx	Paid, Ch #131624 - \$60.00	11/15/2012	\$10.00	\$0.00	\$10.00	Rx 102	Insured
781342	Jane Doe	9/10/2012	Medical	Paid, Ch #131626 - \$45.00	11/30/2012	\$45.00	\$0.00	\$45.00	AAA Medical Group	Provider

Download Claim Data into an Excel Spreadsheet

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# HOW TO FORWARD A PROVIDER PAYMENT

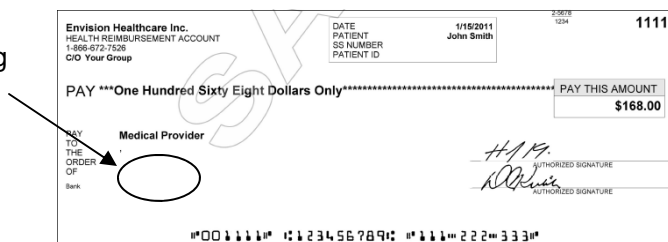
When a member receives a reimbursement check made payable to a provider, the member should forward the check on to his/her provider along with a copy of the provider's bill or statement.

The electronic claims do not include provider addresses, this limits the ability to determine the provider's address.

**It is very important that members open all mail received from Envision. Some material maybe time sensitive and require immediate attention.**

What do you do when you receive a check made payable to a Provider?

Provider Address Missing



## Procedure

- Step 1: Match the Envision check made payable to the provider with the bill or statement received from the provider. If a bill has not yet been received, contact the provider.
- Step 2: Forward the Envision check made payable to the provider to the provider using the address listed on the provider's bill or statement.
- Step 3: Contact Envision at (866) 672-7526 or [info@envisionhealthcare.com](mailto:info@envisionhealthcare.com) with the provider's address for future payments to be mailed directly to the provider.

### Envision Healthcare, Inc.

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## HRA BCBS EMPLOYEE ENROLLMENT FORM

### EMPLOYER INFORMATION

COMPANY NAME: \_\_\_\_\_

HEALTH INSURANCE COVERAGE TYPE: ☐ PPO ☐ HSA ☐ HMO ☐ Other: \_\_\_\_\_

### EMPLOYEE INFORMATION

*First Name:	Middle Name or Initial:	*Last Name:	
*Social Security #:	*Date of Birth:	Marital Status:	*Gender: M / F
*Actual Date of Retirement (if applicable):		*Medicare ID# (if applicable):	
*Street Address:			*Apt / Unit# (if applicable):
*City:		*State:	*Zip Code:
Phone Number:		Email Address:	

### \*Required Information

Dependent Health Coverage (check one): NO ☐ YES ☐ If yes, please provide the below required information

*Dependent Name	*Date of Birth	*Sex (circle one)	*Social Security #	*Medicare ID # (if applicable)
Spouse:		M / F		
Child:		M / F		
Child:		M / F		
Child:		M / F		

ENVISION HEALTHCARE COVERAGE EFFECTIVE DATE \_\_\_\_\_

**Authorization and Purpose:** I request and authorize a representative of Blue Cross and Blue Shield of Illinois to disclose my protected claim and payment information directly to Envision Healthcare for the purpose of reimbursing me from my HRA account. I understand that this authorization is valid for the plan year specified below and maybe revoked at any time by calling Envision Healthcare. I also understand that any information disclosed under this authorization will be made available to me upon request. I further understand that without this authorization, my claims and claims for my dependents cannot be automatically submitted by Blue Cross and Blue Shield of Illinois to Envision Healthcare for reimbursement from my HRA account.

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

The above information has been verified by \_\_\_\_\_, Plan Administrator

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