

# Meritain Health<sup>®</sup> Member Website User Guide

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# Introduction

Meritain Health offers members a user-friendly web experience, including accessing account information and other functions in a secure environment. The following guide will help you navigate your Meritain Health website and all its features.

**Please note:** The information contained within does not contain actual member information but rather encrypted data. Some features represented in this document may not be available to all members. Features and services are based on the member's specific health plan.

# **Member Website Flow**

Mem	ber V	<b>Vebsite</b>

Plan	Benefits and Coverage	Claims	Tools and Resources	Find Care	Submit a Claim	Account Settings
Summary of out-of-pocket expenses	ID card		Forms and other documents			Update Account Information
HRA	Letter of Coverage		Health tools			Update Communication Preferences
Prescription plan	Coordinations of Benefits		Education			Update HIPPA Authorization Settings
Plan documents			Direct deposit forms			
Coverage overview			Discounts			

# **Registering and Logging In**

### Registering

Your Meritain Health member website has everything you need to manage your health care benefits. If you've ever wondered how much you can do when you visit your website, now is your chance to learn more!

Go to the Meritain Health website at **www.meritain.com** and click *Register* in the upper right-hand corner of the Login page.



To drive down your costs, we focus our efforts on



Cost Avoidance and Prevention

Access to Care

Nationwide network and associated

Payment Integrity

Proactive plan reviews help lower your We was

Actionable D	ata
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We want your benefits plan to work

Meritain Health Member User Guide

On the registration page, click the *Member* button and then click *Next*.

MERITAIN® HEALTH An Aetna Company
Registration / New Member
Registration
I am a
Member Provider Producer
Each member may setup a Login for themselves as well as any minor children covered by the plan. For privacy purposes, the member's spouse and adult dependents, covered by the plan, must each establish logins to access their individual information.
Cancel

You have two ways to register your account on the Meritain Health website. On the member registration page, you can choose to register with the Member ID and Group ID found on your ID card.

Step 1 Step 2 Step 3	Step 4
Personal Information	Step 1
e how to create your account. Most people use their Member	ID card information, but you also can use the last 4 digits of your Social Security Number, if you haven't received
y card at this time. You can find your wember and Group its of	I your to card, welcome kit, or any tote we sent to you. * Indicates required fie
2	
Member ID O Last 4 Digits of Social Security Number	
nber ID*	Group ID*
Name*	Middle Initial
No. of Contract of	C. Mar
	Suina
Name-	
Name"	
e of birth*	Zip code*
e of birth* n/dd/yyyy	Zip code*

Or you can simplify the registration process by using the last four digits of your Social Security number. Then, simply complete all the required (\*) fields on the screen.

tration > New Member	
nber Registration	
Step 1 Step 2 Step 3	Step 4
ter Personal Information	Step 1/
cose how to create your account. Most people use their Member ID unity Number, if you haven't received your ID card at this time. You y EOB we sent to you.	card information, but you also can use the last 4 digits of your Social can find your Member and Group ID on your ID card, Welcome Kit, or
) Member ID' 🔹 Last 4 Digits of Social Security Number	
) Member ID   East 4 Digits of Social Security Number act 4 Digits of Social Security Number*	Group ID
O Member ID  East 4 Digits of Social Security Number  ast 4 Digits of Social Security Number*  000:00+	Group ID
O Member ID  E Last 4 Digits of Social Security Number Last 4 Digits of Social Security Number*  KON-NOP  List Name*	Group ID Middle Initial
) Member ID  B Last 4 Digits of Social Security Number Last 4 Digits of Social Security Number D0004004 Elist Name*	Group ID Middle Initial
O Member ID  East 4 Digits of Social Security Number  Last 4 Digits of Social Security Number*  DOD:00: First Name*  Last Name*	Group ID Middle Initial
D Member ID E Last 4 Digits of Social Security Number Last 4 Digits of Social Security Number*  DOD:DO: Elist Name* Last Name*	Group ID Middle Initial Suffix
D Member ID Exit 4 Digits of Social Security Number Exit 4 Digits of Social Security Number Exit 4 Digits of Social Security Number Exit Name* Exit Name* Date of birth*	Group ID Middle Initial Suffix
D Member ID ELast 4 Digits of Social Security Number Last 4 Digits of Social Security Number* Docesor	Group ID Middle Initial Suffix Zip code*

Next, review the information you provided, completes the attestation, and click Next.

Registration > New Mem	ber				
Member Registrat	tion				
Step 1	Step 2	Step 3	Step 4		
Review and Confirm In	formation				Step 2/
Please take a moment	to look at the information yo	u entered. Click next	if correct		
First Name:	duvan				
Last Name:	tommassian				
Middle Initial:					
Last 4-Digits of SSN:	9980				
Group ID:	99980				
Suffix:					
Zip Code:	98208-2903				
DOB:	03/04/1970				
By confirming that you	are the above person, you a	re stating to be the av	uthorized user of this acco	unt. You also understand that the	e information provided here is strictly confidential
and cannot be viewed Yes, I am*	or modified by anyone other	than the authorized	user.		
Previous					Cancel Next

You'll then need to create a username and password. You will need to add your mobile phone and your email address before registration is complete. You will also need to enter an email address to be used in the event you need to recover a password or change a security question. You'll have option to enter a separate email address for electronic communication, or you can simply use the same email you previously entered.

Step 1	s	ep 2	s	itep 3	Step 4						
Create Username and	Password										Step 3
Jsername*											
Password *			0	Confirm Password	•						
Password * Please provide the bes	t phone num	ber to reach ye	() about yo	Confirm Password	• d important updates	about your hea	alth care.				
Password * Yease provide the bes Mobile Phone Number	t phone num r (optional)	ber to reach ye	Du about yo	Confirm Password*	d important updates	about your hea	alth care.				
Password * Nease provide the bes Mobile Phone Number This email address will	t phone num (optional) be used in c	ber to reach ye ase your usern	Du about yo	Confirm Password	Important updates ecovered, or in case	about your hea	alth care.	r account's	privacy/secur	rity settings	

Then, select the option to receive electronic communications or to continue to receive paper. Agree to the terms and conditions and click *Next*.

If you need to change your email on file, please ;	to the portal home page and click on the icon located next to the "Logout" button in the top right. From there, click on the "Edit"
link located to the right of your email.	
Claim information for dependents over the age of	of eighteen will continue to be sent via standard mail.
You can opt out of this service at any time by chi	inging your Electronic Communications Preferences and clicking "Withdraw".
Yes, I would like electronic communications	O No, I prefer to receive paper

Your registration is now complete. An email notification will be sent to the member website account email address.



you did not initiate this account registration, please contact Meritain Health Customer Service at 1.800.925.2272.

'ours in good health, he Meritain Connect team

#### You're all set and ready to log in to your Meritain Health member website!

Registration > New Mer	mber			
Member Registration				
Step 1	Step 2	Step 3	Step 4	
Registration Complete	•			Step 4/4
Your account has bee	n successfully created, pleas	se <b>login here</b> . For more informa	ition check your email.	

#### Meritain Health Member User Guide

### Logging In

To log in, you'll need to click the *Login* button in the upper right-hand corner of <u>meritain.com</u>. You can also find the Login page on <u>account.meritain.com</u>.



To drive down your costs, we focus our efforts on









Cost Avoidance and Prevention Access to Care
Nationwide network and associated

Payment Integrity
Proactive plan reviews help lower your

Actionable Data

We want your benefits plan to work

Then, enter your username, click the Next button, enter your password and click Sign in.



If you forget your username or password (or both!) that's okay. Simply click the *Forgot Username* link on the *Login* home page and follow the prompts.

The second se	Contraction of the second s
Login	
Username* Forgot Username?	All the second
member username	
Remember Me	
Next	and the second second
Don't have an account yet? <u>Register</u>	
Need Help? If you're a Member or Provider please call 888-509-	
6420. If you're a Client or Broker, please contact your Meritain	
Health Manager.	
Cobrowse	
and the second se	
and the second se	

# Adding the Meritain Health Application to Your Mobile Device

Do you have the Meritain Health app yet? You can reach our member website in just one click. With the app, you can access everything available on our website with real time updates on any device. You can easily access all services related to your benefits with a single sign on. The Meritain Health app makes it easy to track your benefits and get the care you need on the go. Why not get started today? It's quick and easy to download.

#### Android

1. If you have an Android device, log in to your member website through **www.meritain.com**. Once on the home page, click on the widget on the top right-hand corner.



2. Select *Add to Home Screen* at the bottom of the page.





3. Click *Add* to home page or *Cancel* to opt-out.



4. Your Meritain Health app logo will then be installed and added to your home screen.



Now, launch the app from your home screen and log in.

### **iPhones**

1. If you have an Apple device, first open your Safari web browser.



 Go to the Meritain Health website at <u>www.meritain.com</u>. Click the drop-down menu in the top right-hand corner.



11:46			4	- 153
A	6	i meritain.com		C
V MI	ERIT	AIN* ALTH Company		×
		Results		>
		Solutions		,
		Resources		,
		Company		,
	(	Login	)	
		Register		
Search	h			
starten				
		φ.	m	B

4. Next, tap the share icon located at the bottom center of your screen.



3. Choose *Login* from the menu selections.

5. Scroll through the options listed and select *Add to Home Screen*.

	Meritain Health account.meritain.com Options >	×
	ArDrop Messages Mail	News
	Сору	٩
	Add Bookmark	m
	Add to Favorites	☆
	Find on Page	Q
<	Add to Home Screen	ŧ
	Add to Reading List	00
	Markup	۲
	Print	8
	CVS 1	*
	CVS	*
	Edit Actions	

6. Then, just click *Add* in the top right-hand corner to add the Meritain Health mobile app.



# Your Member Website Dashboard

You can find valuable information about your health care plan on your home page. It's the first thing you'll see when you log in to your account. From your dashboard, you'll get a complete picture of your benefits plan information. You can also start from your dashboard and navigate to anywhere on your member website.

You'll see infographics that can help you:

- View coverage for you and your dependents.
- Print or request ID cards.
- Update your other insurance information.
- Track your out-of-pocket expenses and progress toward your deductible.
- Track your claims status and amounts you may owe.
- View visit-specific limits for certain services you and your dependents have used for the year so far.
- Download important forms and documents.
- Link to your member resources, provider search and discount information.

Coverage	ther	All Coverages >	Member Resources
Group ID Group Name 12721 WEST BOCA SPORTS MED CTR 12721 WEST BOCA SPORTS MED CTR	Name ERIC DEAN KLEINHEN (Self) GHOLA KLEINHEN (Married Spouse)	Effective Date 01/01/2021 01/01/2021	Aetna Resources For Living Compare Hospitals Peerfit
Find Care >	Plan Docs >	Discounts >	Out-of-Pocket View All > Expenses Medical Dental Family In-Network Deductible Limit - \$2500.00

From the top toolbar of your dashboard, you can also link to information about your plan, benefits coverage, covered dependents, claims, and much more. Your dashboard is a one-stop-shop for all the valuable information you need to manage your health care benefits!

# How to View Your Out-Of-Pocket Expenses

Your out-of-pocket expenses are the amounts you owe until you meet your deductible and your plan coverage begins.

Your Meritain Health member website gives you a quick view of your out-of-pocket expenses to help you plan for health care spending. Right from your dashboard, you can see how much you've spent so far for the plan year, and how close you are to meeting your deductible.

You can also find your out-of-pocket expenses from the home page. Simply click on the *View All* text in the *Out-of-Pocket Expenses* tile. If you have a family plan, you can view out-of-pocket spending for each dependent on your plan, as well as out-of-pocket spending for your entire family. If you have a single plan, you'll see only your own out-of-pocket expenses.

\$2500.00
\$2500.00
Remaining
iit -
40500.00
\$3500.00

The out-of-pocket infographics show you how much has been applied to your out-of-pocket expenses, how much of your deductible is remains and how much you've spent towards your out-of-pocket maximum. It's a quick, easy way to track your benefits spending.

		SW	/W HRA		
twork					
amily In-Network Dedu	uctible Limit		Family In-Network Out-	of-Pocket Limit	
Applied (\$)	Remaining (\$)	Maximum (\$)	Applied (\$)	Remaining (\$)	Maximum (\$)
	0117				
455.00	2045.00	2500.00	475.00	3025.00	3500.00
455.00	2045.00	2500.00	475.00	3025.00	3500.00
455.00	2045.00	2500.00	475.00	3025.00	3500.00
455.00	2045.00	2500.00	475.00	3025.00	3500.00
455.00	2045.00	2500.00	475.00	3025.00	3500.00
455.00	2045.00	2500.00	475.00	3025.00	3500.00
455.00	2045.00	2500.00	475.00	3025.00	3500.00
455.00	2045.00	2500.00	475.00	3025.00	3500.00
455.00	2045.00	2500.00	475.00	3025.00	3500.00
455.00 f-Network	2045.00	2500.00	475.00	3025.00	3500.00
455.00 f-Network amily Out-of-Network	2045.00 Deductible Limit	2500.00	475.00 Family Out-of-Network	3025.00 Out-of-Pocket Limit	3500.00
455.00 f-Network amily Out-of-Network Applied (\$)	2045.00 Deductible Limit Remaining (\$)	2500.00 Maximum (\$)	475.00 Family Out-of-Network Applied (\$)	3025.00 Out-of-Pocket Limit Remaining (\$)	3500.00 Maximum (\$)

# **Review of Plan Information**

You can get information about your health care benefits from your member website homepage. You can see who is covered on your plan and their effective date of coverage.

ស៊	Plan 🔻	Benefits and Coverage 🔻 Clai	ms Tools and Resources 🔻	Find Care Subrogation	Submit a Claim
G 11: 12:	edical	Dental Vision Rx Other Group Name WEST BOCA SPORTS MED CTR WEST BOCA SPORTS MED CTR	Name ERIC DEAN KLEINHEN (Self) GHOLA KLEINHEN (Married Spouse)	Effective Date 01/01/2021 01/01/2021	Member Resources View All > My Wellness Healthcare Blue Book Teladoc 24x7 Nurse Line 98Point6

For any additional information about your benefits, just click on the *All Coverages* arrow in the Coverage tile.

#### Coverage ▲ ■ Member ID Cards > All Coverages ) Medical Dental Vision Other Rx Group ID Group Name Name Effective Date 01/01/2021 12721 WEST BOCA SPORTS MED CTR ERIC DEAN KLEINHEN (Self) 12721 WEST BOCA SPORTS MED CTR 01/01/2021 GHOLA KLEINHEN (Married Spouse)

You'll be able to find the following:

- Who's covered under your plan
- What coverage each of your dependents currently has, such as medical, dental or vision
- The effective dates of coverage
- Historical coverage information, to help you track your past coverage

# **Review and Access Plan Documents**

You can get information about your health care benefits from your member website homepage. You can see who is covered on your plan and their effective date of coverage.

Coverag	je		L = Member ID Cards >
Medical	Dental Vision Rx Other		All Coverages >
Group ID 12721	Group Name WEST BOCA SPORTS MED CTR	Name ERIC DEAN KLEINHEN (Self)	Effective Date 01/01/2021
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHEN (Married Spouse)	01/01/2021
Find	l Care >	Plan Docs >	Discounts >

Or, from the *Plan* drop-down, click on the *Plan Documents* link.

You'll arrive at your *Plan Documents* page. You can download documents associated with all aspects of your coverage, including medical, dental and vision. Just click on the document link in the *Plan Documents* column.

ŝ	Plan 👻	Benefits and Coverage 🔻	Claims	Tools and Resources 🔻	Find Care	Subrogation	Submit a Claim	
	Summ Expens	ary of Out-of-Pocket ses			-			
Co	HRA			■ ■ Member ID Cards >			Member Resources View All >	
Me	Prescri	ption Plan	ther		A	in coverages /	My Wellness Healthcare Blue Book	
Gre 12	Plan D	ocuments		Name ERIC DEAN KLEINHEN	Effectiv 01/01/2	e Date 021	Teladoc 24x7 Nurse Line	
12	Coverage Overview			(Self) GHOLA KLEINHEN (Married Spouse)	01/01/2	021	98Point6	
				(Married Spouse)				

Your member website makes it fast and easy to look up health care coverage information when you have questions.

Group ▲ ID <sup>▼</sup>	Division 🔺 ID 🕇	Member Name 🔺 🔻	Member ▲ Type ₹	Plan Name 🔺 🔻	Document ▲ Status ₹	Start ▲ Date ▼	End ▲ Date ▼	Product ÷	Pian ▲ Documents ▼
12721	12721.C03	ERIC DEAN KLEINHEN	Subscriber	SWW HRA	Current	01/01/2021		Medical	<u>12721-0112-SW</u>
12721	12721.C03	ERIC DEAN KLEINHEN	Subscriber	No Info Available	Current	01/01/2021		Dental	<u>12721-0112-SW</u>
12721	12721.C03	ERIC DEAN KLEINHEN	Subscriber	SWW HRA	Current	01/01/2021		Vision	<u>12721-0112-SW</u>
12721	12721.C03	ERIC DEAN KLEINHEN	Subscriber	No Info Available	Current	01/01/2021		Short-term disability	<u>12721-0112-5W</u>

# How to View Your Claims

Keeping track of your health care claims is a smart way to track your health care spending. Plus, if you owe any member responsibility, you'll need to be aware.

You can view a list of claims for you and your dependents from your Meritain Health member website homepage. You can learn more about each claim by clicking the arrow next to the claim.

By clicking *View All Claims* in the *Claims* box, you can link to a full listing on your *Claims Summary* page.



You can also reach the *Claims Summary* page when you click on *Claims* on the top tool bar of your dashboard.

ഹ്	Plan 🔻	Benefits and Coverage 🔻	Claims	Tools and Resources 🔻	Find Care	Subrogation	Submit a Claim	

On your *Claims Summary* page, you can enter identifying information to search for specific claims. Simply enter the information in the appropriate boxes. You can search for claims based on claim type, claim status, provider name, claim number or dates of service. Then click the *Apply* button.

Claims / Claims Summ	nary				
Claims Summary	/				
<		ERIC D	EAN KLEINHEN		>
			• •		
🔍 Search					8
Claim Type Claim Type Medical Comparison Compariso	Paid by HRA Yes No Show All Claim Status In process Processed Awaiting Information	Provider Name Claim Number	Date of Service Billed Charges (\$) You May Owe (\$)	From mm/dd/yyyy	To mm/dd/yyyy
					Clear All Apply

#### To review a particular claim, click on the claim number or *View* arrow.

Please wait until the claim is processed to know the actual dollar values.										
Claim Status 🏮	Claim Type	Provider Name	Date of Service	Claim Number 🔶	Billed Charges	You May Owe 🍦	Details			
In Process	Medical	COTOIA FRANKLIN	01/05/2021	DB90376	\$75.00	•	<u>View</u> ►			
Processed	Medical	COTOIA FRANKLIN	01/03/2021	DB90363	\$165.00	\$20.00	<u>View</u> ►			
In Process	Medical	COTOIA FRANKLIN	01/02/2021	DB90361	\$100.00	1	<u>View</u> ►			
In Process	Vision	LEE-MOY	01/01/2021	DB13736	\$185.00	1	<u>View</u> ►			
In Process	Medical	COTOIA FRANKLIN	01/01/2021	DB90347	\$250.00	•	<u>View</u> ►			
In Process	Medical	BRUMMETT-OHARE	12/31/2020	DG3TA64	\$189.00	1	<u>View</u> ►			
In Process	Medical	BRUMMETT-OHARE	12/31/2020	DG3TA65	\$228.00	•	<u>View</u> ►			
In Process	Medical	BRUMMETT-OHARE	12/31/2020	DG6PH05	\$1216.00	•	<u>View</u> ►			
Processed	Medical	KIM MATT	01/15/2019	BZ89063	\$500.00	\$0.00	<u>View</u> ►			
Processed	Medical	KIM MATT	01/15/2019	<u>BZ89032</u>	\$500.00	\$0.00	<u>View</u> •			

#### A claims detail page will open with more information. It's that simple!

Group ID	12721	Address 1	1911 SW CAMPUS DR
Subscriber	ERIC DEAN KLEINHEN	Address 2	
Patient Name	ERIC DEAN KLEINHEN	City	SAN DIEGO
Patient Account Number		State/Province	CA
Provider Name	FRANKLIN COTOIA	Zip Code	92130-2302

#### Payment Information



\* Exact amount owed may be different, see EOB for details

Processed Date	03/08/2021
Paid Date	03/01/2021
Paid Amount	1
Check Number	
Paid to	FRANKLIN COTOIA
Paid to Address1	1911 SW CAMPUS DR
Paid to Address2	
Paid to City	SAN DIEGO
Paid to State	CA
Paid to Zip Code	92130-2302

Export 🖪 🗟 Print 🛱

# How to View an Explanation of Benefits (EOB)

Sometimes, you may need more information about how your claim was processed—how your benefits were applied and how much you'll need to pay. You can get this through an Explanation of Benefits statement, or EOB.

To view an EOB, just click the *View EOB* link on each claims detail page.

C Back To Claims Summary			View EOB
Claim Information			•
Group ID	12721	Address 1	1911 SW CAMPUS DR
Subscriber	ERIC DEAN KLEINHEN	Address 2	
Patient Name	ERIC DEAN KLEINHEN	City	SAN DIEGO
Patient Account Number		State/Province	CA
Provider Name	FRANKLIN COTOIA	Zip Code	92130-2302
Payment Information			
		Processed Date	03/01/2021
	May Owe	Paid Date	02/28/2021
	,	Paid Amount	\$165.00
		Check Number	59811129
Billed Charges \$165.00		Paid to	FRANKLIN COTOIA
		Paid to Address1	1911 SW CAMPUS DR
* Exact amount owed may be different, see	e EOB for details	Paid to Address2	

### **Member Statement**

Member Statements are easy-to-understand. The layout is like a bank statement—something that is recognizable and can be reviewed quickly.

Your Member Statements will be mailed the second week of each month. At a glance, you will see all claims processed in the previous month. EOBs are always available online and will continue to be sent only in cases of coverage denials. These EOBs will contain instructions for filing appeals.

You can access your statements by clicking Benefits and Coverage on the top menu bar of the home page. Then, select the Member Statement option in the drop-down.



Your available member statements will be displayed in chronological order. Click on the *monthly statement* link and your download statement will be available.

Benefits and Coverage / Member Statements
Member Statements
Your available member statements will be displayed in chronological order. Please note: the list of available statements will ONLY display for the months a member statement was

produced. If there was no activity in a given month, no statement will be produced. Statements are produced typically on the 20th of the month following for activity in the previous month. As this is a new service, statements will only be available from August 2020 forward for viewing on the portal.

Month	Ç Y	fear 🗘	Group ID	Monthly Statement
May	2	2021	12721	52021-Monthly Statement
Chausing 1.1 of 1 country				

Showing 1-1 of 1 results

#### Sample statement.

	MERI	AIN <sup>*</sup>		7	20x877314 on 10060				J243 [5] 1 o
	Ar Adv	e Company				THIS	<b>S NOT</b>	A BILL	
Min	neapolis MN	polis MN 55427			Stateme	ent Period			1005-12
					12/01/20	14 - 12/31/20	14	Print Dat	w 01/15/2015
					Custom	er Service I	nformation	PHILE DO	A. 01/10/2010
For	warding S	ervice Requ	rested	-	GUSCOIII	er service i	mormation		
4 5 5 1 2 9 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2	UUUUU SP N A SAMPLE MAIN ST TOWN AZ IS	<b>IIIIIIIIIIIII</b> IIIII *******************	μ6001]1+6(H1+1+16(H1 *******************5№6	ווי <sup>LP</sup> 1	For an E your be savings contact your Me Did You	Explanation of neft plan cow information. I Customer Set mber ID card Know? Boost y Try wint Add kal Artichek	Benefits, spec rage, and add ogon to www.m ver the pho- ver health with er squash, full e or cabbage to es make a tast	fic information tional health a wMERITAIN.c rise number on winter vegetal of vitamins A a salads or sou y side dish to	n regarding som or the back of bles! and C. aps. most meats.
Health Sta Summary of 12/01/2014 -	Claims Paid 12/31/2014	immary	8703.64	Plan Year D 01/01/2013	eductibles 12/31/2013			in-Network	Out-of-Networ
Patient Respo	n coverage sosibility		\$143.22	Bernain	19			\$0.00	\$500.0
r asers neop	a samely		0140122	01/01/2014	12/31/2014			In-Network	Out-of-Networ
				Beginni	0			\$300.00	8600.0
Monthly C	laim Detai	3 Date of	Provider	Service	Billed	Covered	Applied to	Paid by	Patient
Name	Number	Service	Name	Type	Amount	Amount	Deductible	Coverage	Responsibility
JOHN A	GVL9999	10/28/2014	SAMPLE RADIOLOGY LLC	Medical	\$307.00	\$114.17	\$0.00	\$98.60	\$15.6
JOHN A	GXE8383	08/22/2014	MT SAMPLE REGIONAL	Medical	\$577.00	\$461.60	\$0.00	\$369.28	\$92.3
JOHN A	63077777	11/20/2014	BROWNIND	Medical	\$264.00	\$112.21	\$0.00	\$101.98	\$10.2
JOHN A	G30R99999	11/04/2014	JOE WHITE DO	Medical	\$90.00	\$45.00	\$0.00	\$20.00	\$25.0
JOHN A	GZN8888	10/28/2014	ANYTOWN PATHOLOGISTS	Medical	\$178.44	\$142.75	\$0.00	\$142.75	\$0.0
You Shou	A Id Know			В	С	D	E	F	G
The following language is required by law and is for informational purposes only. This language is intended to assist those plan participants who may not speak lingtish as their protominant language. SPANARY (Eggadiol): Para obtener asidencia en español, gor favor póngase en contacto con el número de teléfono que aparece amba.									

### How to View and Print ID cards

If you or a member of your family has lost your ID card, that's okay! You can view your existing ID card, order new or extra cards online, and print temporary cards in the meantime. Here's what you need to know!

You can access your member ID cards right from your homepage. Just click the *Member ID Cards* link in the Coverage box.



You can also click on the *Benefits and Coverage* drop down and select *ID Card*.

D Plan 🗸	Benefits and Coverage 🔻	Claims Tools and Resou	irces 🔻 Find Care	Subrogation S
	ID Card			
Coverag	e Letter of Coverage		<b>L</b> ≡ Mer	mber ID Cards >
Medical	Dental Vision Rx Oth	er		All Coverages >
Group ID	Group Name	Name	Effecti	ve Date
12721	WEST BOCA SPORTS MED CTR	ERIC DEAN KLEI	NHEN 01/01/	/2021
12721	WEST BOCA SPORTS MED CTR	(Self) GHOLA KLEINHE (Married Spouse)	:N 01/01/ )	/2021

You'll be able to view your card and download a PDF. You can also request to have a copy of your card emailed to you or emailed/faxed to your provider! You can also order new ID cards for delivery to you by mail.

Final Production     Contract	ZO160519B03 Sh: 0 Bin 1 20160519B03 Sh: 0 Bin 1 2018 Shi 130 CSels 1 of 2 2 Jo L siaS2 [06] Aug EVL	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><text><text><text><text><text><text></text></text></text></text></text></text></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>
Please choose how you would like to receive the ID Card Email ID Card Enter Email Address * demo@meritain.com Disclaimer I his information is being provided to you as an informational tool a	Email Download and Print PDF Torder	nditions must be met to continue plan eligibility.
		Cancel Submit

If a dependent over the age of 18 needs a new ID card, they will need to log in to their individual website account and follow these steps.

# How to Request a Letter of Coverage (LOC)

You may find you need a Letter of Coverage to qualify for COBRA benefits or if your adult dependent is applying for their own insurance. If so, you can request one from your Meritain Health member website.

Simply click on the *Benefits and Coverage* drop-down along the top toolbar and choose *Letter of Coverage*.

🛱 Plan 🗸	Benefits and Coverage 👻	Claims	Tools and Resources 🔻	Find Care	Subrogation
	ID Card				
Coverage	Letter of Coverage			<b>L</b> ≡ Mem	ber ID Cards >
Medical De	ental Vision Rx O	ther		А	Il Coverages >

You can choose from four ways to receive your letter: by email, fax, or regular mail you can download the file and print it on your own.

Benefits and Coverage / Letter of Coverage
Letter of Coverage
Letter of Coverage
Please choose how you would like to receive the Letter of Coverage: @ Email Download and Print PDF
Email Letter of Coverage Enter Email Address* Ericdean@acc.com Disclaimer
<ul> <li>This information is being provided to you as an informational tool and is not a guarantee of benefits. All plan terms and conditions must be met to continue plan eligibility.</li> <li>I Accept*</li> </ul>

Cancel

Submit

### **Tools and Resources**

The Tools and Resources feature has five sub-sections, members can access, depending on permissions.

- 1. Forms and Other Documents
- 2. Health Tools
- 3. Education
- 4. Direct Deposit Form
- 5. Discount

.

#### Forms and Other Documents

This feature shows what forms and documents are available to members.

To access the Forms and Other Documents feature, simply click *Tools and Resources* on the top menu bar of the home page and then select *Forms and Other Documents* from the drop-down.

♥ Plan   Benefits and Coverage   Claims	Tools and Resources V Find C	are Subrogation	Submit a Claim
	Forms and Other Documents		
Coverage	Health Tools	nber ID Cards >	Mem
Medical Dental Vision Rx Other	Education	All Coverages >	My We
Group ID Group Name	Direct Deposit Form	/e Date	Health
12721 WEST BOCA SPORTS MED CTR	Discounts	2022	24x7 N 98Poin

You can click on an item from the list or search by a keyword use the Filter by Text field.

Tools and Resources / Forms and Other Documents		
Tools and Resources Forms and Other Documents		
Click an item to open or download. Click a header to so Filter by Text:	t the list. You can also search by a keyword.	
Name	Date Published	:
OTC COVID-19 Test Reimbursement Form	01/28/2022	
test.docx	03/18/2019	
Universal Form 12721.pdf	04/19/2016	

#### Then, open or download the document.



#### Health Tools

This feature shows the links to all Member Resources elected for the members.

From your home page, click on the View All link on the top right-hand corner of the Member Resources section.

Plan 🔻	Benefits and Coverage 👻 Claim	s Tools and Resources 🔻	Find Care Subrogation	Submit a Claim
Coverag	e		Member ID Cards >	Member Resources
Medical	Dental Vision Rx Other		All Coverages >	My Wellness
Group ID	Group Name	Name	Effective Date	Mealthcare Blue Book Teladoc
12721	WEST BOCA SPORTS MED CTR	ERIC DEAN KLEINHEN (Self)	01/01/2022	24x7 Nurse Line 98Doint6
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHEN	01/01/2022	

You can also access the feature at the top menu bar by clicking on *Tools and Resources*. Then, on the drop-down select *Health Tools*.

Plan - Benefits and Coverage - Claims	Tools and Resources 👻 Find	Care Subrogation	Submit a Claim
	Forms and Other Documents		
Coverage	Health Tools	iber ID Cards >	Memb
Medical Dental Vision Rx Other	Education	All Coverages >	My Well
Group ID Group Name	Direct Deposit Form	/e Date	Healthca Teladoc
12721 WEST BOCA SPORTS MED CTR	Discounts	2022	24x7 Nur 98Point6

The links available to you will appear. To make a selection, please click *Go* on the link of your choice.

Tools and Resources / Health Tools			
Tools and Resources Health Tools			
Treatment Cost Estimate	24x7 Nurse Line GO	Teladoc GO	
Healthcare Bluebook	My Wellness GO	Aetna Resources For Living GO	
Peerfit GO	98Point6 GO	Aetna Supplemental GO	
Livongo GO			

### **Education**

The Education feature allows plan sponsors to add educational materials for members. This can be information on the wellness offering or other shared educational materials.

To access the Education feature, simply click *Tools and Resources* on the top menu bar of the homepage. Then, on the drop-down select *Education*.

Plan 👻 Benefits and Coverage 👻 Claims	Tools and Resources 👻 🛛 Fi	nd Care Subrogation	Submit a Clain
	Forms and Other Documents	5	
Coverage	Health Tools	iber ID Cards >	Mer
Medical Dental Vision Rx Other	Education	All Coverages >	My M
Group ID Group Name	Direct Deposit Form	re Date	Healt
12721 WEST BOCA SPORTS MED CTR	Discounts	2022	24x7 98Po

You can click on an item from the list or search by a keyword using the *Filter by Text* field.

Tools and Resources / Education		
Tools and Resources		
Education		
Click an item to open or download. Click a header to s Filter by Text:	ort the list. You can also search by a keyword.	
Name	* Date Published	÷
Meritain_Form_COVID-OTC-Test-Claim- Reimbursement_Fillable_0122.pdf	01/28/2022	
test.docx	03/18/2019	
Test.docx	08/11/2022	

You can then open or download the document.

test.docx	^	
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#### **Direct Deposit Form**

This is a guided form that allows a member to add a new direct deposit to their eligibility record, change the existing direct deposit information on file or cancel it.

You can access the feature at the top menu bar by clicking on *Tools and Resources*. Then, on the drop-down select *Direct Deposit Form*.

Plan 👻 Benefits and Coverage 👻 Claims	Tools and Resources 👻 Find C	are Subrogation	Submit a Clain
	Forms and Other Documents		
Coverage	Health Tools	tber ID Cards >	Mer
Medical Depted Vision Dr. Other	Education	All Coverages >	
Group ID Group Name	Direct Deposit Form	re Date	Healt
12721 WEST BOCA SPORTS MED CTR	Discounts	2022	24x7

Select your request type from the drop-down.

me / Direct De	posit Form
irect Depos	it Form
Poquert Tupor	Chaosa tupo of request
Request Type:	choose type of requestion +
	Choose type of request
	Choose type of request New
(*************************************	Choose type of request New Change

# Depending on the request type selected, you will provide the information required. When complete, click *Submit*.

**Direct Deposit Form** 

Request Type:" New	v			
Financial Information				
Direct deposit is only available for US-based	financial institutions.			
Account Tune *		Processifiers in disard descent with a initial assessed on		
O Checking Account O Savings Account	informing the joint account holder.	By enrolling in direct deposit with a joint account, yo	ou acknowledge you are responsible for	
Name on the Account *	anne ann 18 ann fanns anne ann ann ann			
Name on the Account				
Bank or Financial Institution *	Routing/Transit Number *	Account Number*	Address of Financial Institution	
Country of Financial Institution	City of Financial Institution	State of Financial Institution	Zip Code of Financial Institution	
UNITED STATES OF AMERICA		Select 🗸		

#### **Terms and Conditions**

- You must complete, sign, and date this authorization form to enroll in the direct deposit program. If you have a joint account, you are certifying you are responsible for
  informing the joint account holder of the direct deposit enrollment. Once your form is received by Meritain Health, there may be up to a 7-10 business day time period
  before the direct deposit becomes effective. Any claims paid during this time will be mailed to you as a check.
- In order to take advantage of the direct deposit program, your financial institution must be a member of an Automated Clearing House (ACH).
- You will receive a direct deposit statement each time an electronic transfer is made to your account. The statement will indicate what claims are paid, as well as year-to-date
  information on your reimbursement account. It can take up to 72 hours for a payment to post into your account after Meritain Health transmits the funds. Please verify that
  the deposit has been made into your account before attempting to withdraw funds.
- It is your responsibility to notify Meritain Health of any changes to your bank account, such as a closure, or a change in the account number. Complete this form with the
  new information, and select option from dropdown. There may be up to a 7-10 business day processing period before the change becomes effective. During this time, you
  will receive checks for any reimbursement claims paid.
- You may cancel direct deposit at any time by completing this form and select option from dropdown. This will take effect as soon as the form is received and processed by Meritain Health.
- If a direct deposit is returned to Meritain Health, or for any reason cannot be made to your account, Meritain Health will investigate the cause and if needed, issue a
  reimbursement check. Until the problem is corrected, you will continue to receive checks for any reimbursement claims paid.
- · Direct deposit services will remain in effect from one plan year to the next unless you cancel the direct deposit services.
- Meritain Health reserves the right to automatically cancel your direct deposit services upon termination of employment or termination of your reimbursement account.
   Questions? Please call the number on your ID Card for assistance.

Voided check (for checking account) or deposit slip (for savings account). Please place directly below.



#### Employee / Account Holder Certification

I certify that I have read and understand the terms and conditions on this form. By signing here, I authorize my reimbursements to be sent to the financial institution and account designated above. This authorization is to remain in effect until Meritain Health has been given a reasonable amount of time to act on written notification from me to terminate the deposits and continue reimbursements with mailed checks.

Signature \*

Date

9/6/2022



### **Discounts**

The Discounts feature allows members to navigate to the links for Discounts, such as Aetna Resources for Living and LifeMart.

From your homepage, click on the *Discounts* link on the middle of the home page.

Covera	ge		Ample: ID Cards >
Medical	Dental Vision Rx Other		All Coverages >
Group ID	Group Name	Name	Effective Date
12721	WEST BOCA SPORTS MED CTR	ERIC DEAN KLEINHEN (Self)	01/01/2022
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHEN (Married Spouse)	01/01/2022

You can also access the feature by clicking on the *Tools and Resources* drop-down from the menu tool bar and select *Discounts*.

Plan - Benefits and Coverage - Claims	Tools and Resources 💌 Find Ca	are Subrogation	Submit a Claim
	Forms and Other Documents		
Coverage	Health Tools	nber ID Cards >	Mem
Medical Dental Vision By Other	Education	All Coverages >	My We
Group ID Group Name	Direct Deposit Form	/e Date	Health
12721 WEST BOCA SPORTS MED CTR	Discounts	2022	24x7 N 98Poin

The discounts will appear, and you can select your choice by clicking Go.

Home / Discounts	
Discounts	
Gottom State	LifeMart. GO

# Submitting a Claim

If you need to submit a claim request for a member, you can do this easily through your website!

These forms can be filled out and submitted online by clicking on the top menu bar *Submit a Claim*. The menu will be available based on the group set up. There may also be other member reimbursement forms available to you, based on your benefit design.

លិ	Plan 🔻	Benef	its and Cov	erage 🔻	Claims	Tools and Reso	ources 🔻	Find Care	Subrogation	Submit a Claim	$\mathbf{)}$	
(	Coverag	e						L Meml	ber ID Cards >	Memb	er Resources	View All >
2	Aedical	Dental	Vision	Rx	Other			A	II Coverages >	My Well Healthca	ness are Blue Book	

Once you click on *Submit a Claim*, you will choose the patient's name in the first drop down. Then, choose the claim type on the second drop down. Lastly, click *Select*.

Home / Submit a Claim	
Submit a Claim	
Claim Submission Selection	
The patient is *	~
Claim type	
General Medicine	~
	Select

One of the many service types we offer is the General Medicine form. The form should be used when you are requesting a reimbursement for an out-of-network medical claim or if you paid out-of-pocket for a covered service.

Another service type we offer is the COVID-19 Pop-Up Test form. This form is for pop-up testing reimbursement only. It is not to be used for tests received from a provider in a provider setting.

This form can be found on the claim type drop-down.

The patient is *	
Choose patient	Ŷ
Claim type	
COVID-19 Pop-Up Test Reimbursement	~

You should provide information in all mandatory fields for the request to be submitted successfully. Once completed, you can click *Submit* at the bottom of the page.

Submit a Claim

Back To Claim Submission Selection	
Instructions: Please submit one claim request per member. • Only submit one service request per service or provider. • Please do not attach documentation that is password protected. • Please do not attach encrypted .pdf files.	* Indicates required fields
Do not use this form for Over the Counter Test reimbursement requests.This reimbursement of tests administered at Pop Up Facilities ONLY.	form is for
Claim Type Information	
Claim Type: COVID-19 Pop-Up Test Reimbursement Patient Name: ERIC DEAN KLEINHEN (05/15/1956)	
COVID-19 Pop-Up Test Reimbursement Information	
Date of Service * Total Charges *	
Proof of Payment	
Attach a copy of your receipt or proof of payment. • NOTE: • Do not submit a request for reimbursement for more than one patient at a time. • Each claim can include up to four attachments (.pdf or image files), with a maximum of second second seco	of 6 MB per attachment.
EMPLOYEE'S (or adult dependent's) SIGNATURE REQUIRED The statements above are true and correct to the best of my knowledge. I authorize any p authorize the Benefit Administrator to release or obtain from any organization or person is photo-static copy of this authorization shall be considered as effective and valid as the orig reimburse the plan in a lump sum payment or by an automatic reduction in the amount of Signature *	provider of services to furnish any information requested to the Benefit Administrator. I also information that may be necessary to determine benefits payable under the Benefit Plan. A ginal. For any payment that exceeds the amounts payable under the Benefit Plan, I agree to if future benefits that would otherwise be payable. Date 9/21/2022

Once the claim is submitted, a message will appear advising the claim has been recevied and processing will be begin soon.

# **Updating Other Insurance Information**

If your spouse also has health care coverage, you'll want to coordinate your benefits. And you can do this easily through your member website!

From your homepage, click on the *Update Other Insurance* Info text in the *Claim* box. You will be directed to the *Coordination of Benefits* page within the website.

#### Coverage

Medical	Rx Other		All Coverages >
Group ID 16501	Group Name WEST COAST BEHAVIORAL HEALTH LLC	Name JANG MARCHIONE (Self)	Effective Date 01/01/2021
Find	d Care > 📔 Pla	in Docs >	Discounts >
Claims		Updat	te Other Insurance Info >
No claims t	to display.		

You can also access the Coordination of Benefits by clicking on the *Benefits and Coverage* drop-down from the tool bar and select *Coordination of Benefits*.

Plan 🗸	Benefits and Coverage 👻	Claims	Tools and Resources $\checkmark$	Find Care	Submit a Claim
	Coordination of Benefits				
Covera	ge				
Medical	Rx Other			A	ll Coverages >
Group ID 16501	Group Name WEST COAST BEHAVIORAL HEA	ALTH LLC	Name JANG MARCHIONE (Self)	Effecti 01/01/	ve Date '2021

Choose your spouse's name from the member name list, and click on the *Plan Info* arrow. Then, simply answer the series of questions. This includes entering your Medicare ID number, if applicable. This can be entered in the MBI format.

If you have any questions or need help, you can contact Meritain Health by calling the Customer Service number on your member ID card.

Member Name	Member Type	Product	Other Insurance
JANG MARCHIONE	Employee	Medical	No Other Insurance
Update Your Coordination of Benefits Inf	ormation		
Plan Info Review			
* Indicates required fields			
Coordination of Benefits			
Is the subscriber covered by any other pla	an? *		
⊖ Yes ⊖ No			
Medicare / Medicaid Information			
Is the subscriber covered by Medicare? *			
○ Yes ○ No			
Is the subscriber covered by Medicaid? *			
○ Yes ○ No			



When you're finished, all the information you entered will be sent to Meritain Health for system updates.

Current Insurance Coverage Information

# **Updating Your Email and Postal Mail Addresses**

Need to update the email address to which you receive plan notifications? No problem! You can do this quickly and easily through your website.

Once you've logged in, you can update or change your preferred email addresses to receive both accountrelated communications, and claims and coverage communications.



To set these up:

- Click on the drop-down area near your name in the Welcome field.
- Click Account Settings. 0
- Click Update Account Information.
- Add your website account email, and electronic communications email. They can be different addresses or the same—it's up to you!

Updat	e Account Information	Update User Information	Update Communication Preferences	Update HIPAA Authorization Settings	
⇒	Update Account Inform	nation			
	Full Name				
	ERIC DEAN KLEINHEN				
ß	Password				🖋 Edit
	Current Meritain Conn	ect Password			
	•••••	ectrassword			
6					A
Ý	Security Question and	Answer			<u>Edit</u>
	Security Question		Security Answer		
	Website Account Email				
	This email address will b	e used in case your username	or password needs to be recovered, or in	case there are any changes to your acco	ount's privacy/security settings.
					Edit
(	Current Website Accoun	t Email			
	8073000016@M.com	c Eman			
l					
	Electronic Communicatio	ons Email			Edit
	This email address will b	e used for general communica	ations regarding requests made on the we	bsite, or for notifications regarding your	claims.
(	Current Electronic Comn	nunications Email			
Merita	ain Health Membe	er User Guide			36

#### Then, click the Save Changes button.

New Website Account Email ID*	Confirm New Website Account Email ID*	
_		
Make this the same as the Electronic Comm	unications email	
Estimate and the same as the Electronic comm		
Current Meritain Connect Password*		
Current Meritain Connect Password*		

To update your postal mailing address, click into the *Update User Information* tab and enter your updated mailing information.

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.t Name* Middle Initial Last Name*

# Finding a Provider in Your Network

When you're in need of medical care and need to find a doctor or hospital—we can help! You can search for providers in your network with your Meritain Health member website.

To start your search, click the Find Care link on your dashboard.



You can also search for a provider, by clicking Find Care on the top tool bar of your homepage.

MERITAIN® HEALTH An Aetna Company			Messages and Links & Welcome! I	Eric Dean Kleinhen 🗸
Plan - Benefits and Coverage - Claims	Tools and Resources 👻	Find Care Subrogation	Submit a Claim	
Coverage		▲■ Member ID Cards > All Coverages >	Member Resources	View All >
Medical         Dental         Vision         Rx         Other           Group ID         Group Name         12721         WEST BOCA SPORTS MED CTR         12721           12721         WEST BOCA SPORTS MED CTR         12721         WEST BOCA SPORTS MED CTR         12721	Name ERIC DEAN KLEINHEN (Self) GHOLA KLEINHEN	Effective Date 01/01/2021 01/01/2021	My Wellness Healthcare Blue Book Teladoc 24x7 Nurse Line 98Point6	
Find Care >	Plan Docs >	Discounts >	Out-of-Pocket Expenses Medical Dental	View All >

A list of your networks will pop up. Just click network link to navigate to your search page, and follow the prompts.

Find Care

If you live in Utah, Click here

Network	Network Type	Effective From
AETNA DENTAL ACCESS/ADMIN	Dental	01/01/2021
AETNA OPEN CHOICE PPO	Medical	01/01/2021

Showing 1-2 of 2 results

<1 ▶

# **Managing Your Claims and HIPAA Settings**

From your Meritain Health member website, you can also select how you receive notifications about your claims. You can choose by mail or email.

To select your preference, first go to your website homepage. Then, click on the profile icon in the top righthand corner. Then, click on *Account Settings*.



Next, click on the Update Communication Preference tab and follow the prompts.

Update	Account Information	Update User Information	Update Communication Preferences	Update HIPAA Authorization Settings		
•	Update Mobile Phone M Please provide the best Mobile Phone Number 888-888-888	Number : phone number to reach you a (optional)	bout your plan benefits and important up	odates about your health care.		
					Cancel Save Changes	
<ul> <li>Update Electronic Communication Settings for Benefits</li> <li>In order to receive benefit program communications quickly and efficiently, we'll use the email address you provide to deliver this information.</li> <li>Yes, I would like electronic communications O No, I prefer to receive paper</li> </ul>						
					Cancel Save Changes	
<b>()</b>	Ipdate Electronic Comm	unication Settings for Claims				
O Ir Yı P	Our records indicate that n a continuous effort to ou can view the docume lease note:	: you are not currently signed to improve service and preserve ent on this website where you	up to receive electronic notifications. privacy, we would like to notify you via e r privacy is protected with SSL encryption	email when a claim has been processed ar n.	nd a new document available to you.	
• Y m • E • Ir w • If	<ul> <li>Your consent for this process can be withdrawn at any time. Once you accept, you will have the option to withdraw by clicking "Withdraw" which can be accessed from the main dashboard by clicking the "Email Notification Preferences".</li> <li>Electronic notifications will be sent to .</li> <li>In order to access your documents on this site, you will need Adobe Acrobat Reader software installed on your computer. You can download and install a free copy at www.adobe.com.</li> <li>If you need to print a paper copy of your EOB / member statement, you will be able to print it directly from this website, however, you may also obtain a paper copy at no charge by emailing your request to our Service Center or calling the Service. Center with the number on the back of your card.</li> <li>Documents on this site will not be mailed through the U.S. Postal Service.</li> <li>Notifications for claims for Dependents over the age of 18 will not be sent.</li> <li>To sign up for the electronic notifications of when a claim is processed to , please click the "I agree" button below.</li> </ul>					

Cancel	I Agree

With your website, every dependent over 18, by law, must set up their own online account. This is because of HIPAA privacy rules. However, through your online website, you can allow other adult dependents on your plan to view your personal claims. To do this, click on the profile icon.

Then, select Account Settings.



Next, click on the *Update HIPAA Authorization Settings* tab on the Account Settings page. If you're the plan subscriber, you'll see a list of all adult dependents on your plan who have registered on the website. To allow a dependent to view your claims, click the *grant access* button next to their name in the list, and follow the prompts.

Update Account Information	Update User Information	Update Communication Preferences	

Update HIPAA Authorization Settings

HIPAA Authorization to Disclose Protected Health Information (Authorization to View Claims History and Claims in Process)

#### View Current Permission

By completing this authorization process, you will be authorizing the release of your Protected Health Information, as defined in the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), to a certain individual of your choice that are registered on the Meritain website. The individual to whom you grant access will have the ability to view information regarding your claims history and your claims in process on the Meritain Health member website. To begin the process, please click on the "Grant Access" link next to the corresponding individual below. You may revoke a HIPAA Authorization at any time by clicking the "Revoke Access" link next to the corresponding individual below and following the revocation process. You may also change a HIPAA Authorization's expiration date at any time by clicking the "Change Date" link below. If you would like other family members to access your information, they must register on the website first.

Any HIPAA Authorization granted on this website is limited to the release of information regarding your claims history and your claims in process on the Meritain Health member website.

Name	:	Jane Doe
Member ID	:	1234567891
Group ID	:	123456
Division / Department	:	12345-6
Date of Birth	:	01/01/1965
Email	:	jdoe@aol.com

#### **HIPAA Settings Table**

Member ID	First Name 🌻	Last Name ▲ ▼	Date of Birth	Member Type (Subscriber or Dependent)	Authorization to view my Protected Health Information	Expiration Date	Access
1234567891	Jane	Doe	01/21/1963	Dependent	No	- (	Grant Access

Export 🔼 🗐 Print 🛱

	Step 1	Step 2	Step 3
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HIPPAA Authorization to Disclose Protected Health Information

#### Jane Doe 12345678

I am authorizing the release of information regarding my claims history and claims in process, which includes my Protected Health Information, to the following individual:

Jane Doe
1234567891
12719
12345-6
01/01/1965
Married Spouse
No

In accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and applicable state law, I authorize the use and disclosure of my Protected Health Information as described below and I acknowledge and agree to the following:

I understand that my Protected Health Information is individually identifiable health information, including demographic information, colled by a health care provider, a health plan, my employer, or a health care clearinghouse and relates to: (i) my past, present, or future physical the provision of health care to me; or (iii) the past, present, or future payment for the provision of health care to me.	:ted from me or create or mental health or co	ed or received ndition; (ii)
	Cancel Request	Continue

You can also remove access by clicking the *Revoke Access* button next to the dependent's name.

When you grant access to your HIPAA information through your website, Meritain Health Customer Service is automatically notified. Also, if you notify our Customer Service team of your authorization, it's automatically updated on your website. There's no need to make the update in both places!

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