



Benefit Plan Administrators, Inc.

Since 1954

May 2, 2007

## Important Announcement Regarding Changes to A&I's Checks and EOB's

### **A&I is proud to announce a new partnership to enhance our services!**

A&I recently partnered with Emdeon Business Services for printing and mailing our checks and Explanation of Benefits (EOBs). Emdeon operates its mail and print service through a separate division called Automated Business Fulfillment (ABF). Beginning May 8, 2007, A&I will be utilizing Emdeon's services for printing and mailing the checks and EOBs.

### **What is beneficial about making this change?**

- This exciting change will improve our operational processes and help gain efficiencies related to the printing and mailing of checks and EOBs. ABF is able to provide internal mail consolidation, which allows members and providers to receive one envelope with multiple documents from a single day's claims output. This change is in direct response to client, participant and provider feedback that we have received over time. We listened and made changes.
- ABF is its own post office! This means the mail does not go to another sorting warehouse, which saves on additional mail time.
- ABF has a "Best in Class" EOB that we will use, which has a different design and layout than the EOB we currently use. ABF will be including a "How To Read Your EOB" document with all member EOBs for a period of one month.

The Sample layout for the EOB along with the "How To Read Your EOB" are included as page 2 and 3 of this announcement.

Sincerely,

Lee Centrone  
Sr. Vice-President  
503-242-1622

[lee.centrone@aibpa.com](mailto:lee.centrone@aibpa.com)

*Small Enough to Know You, Big Enough to Serve You.*

1220 S.W. Morrison, Suite 300 • Portland, Oregon 97205-2222  
Local (503) 224-0048 • Toll Free (800) 547-4457 • Fax (503) 228-0149



**A&I Benefit Plan Administrators, Inc.**  
 1220 SW Morrison St.  
 Ste. 300  
 Portland, OR 97205



**ALASKA TEAMSTER-EMPLOYER  
 WELFARE TRUST**

**WHITE STOCK**

200705020132

TEST

Alaska Teamsters - Employer Welfare Trust  
 For Questions Please Contact:  
 (907)565-8300 or (800)478-4450  
 www.959trusts.com

**Return Service Requested**

SINGLE PIECE

1 0.7160 SP 0.390



EMPLOYEE NAME  
 1234 SOME STREET  
 ANYWHERE, USA 12345

**Register online to view  
 account information, eligibility, claims and more!**

EMPLOYEE:	EMPLOYEE NAME
ID NO:	9591-00000
CLAIMANT:	SPOUSE NAME
PATIENT ACCT:	
PROVIDER:	A. FRACTURE & ORTHO
PROVIDER TIN:	92-0000008
PPO:	
CLAIM NO:	2007-022000220-0000

**CLAIM SUMMARY**

Total Amount Covered:	236.00
Paid by Other Insurance Co:	0.00
Total Paid by Plan:	70.80
Employee Owes This Amount:	165.20

**Explanation of Benefits**  
 Keep this document for your records

Type of Service	Dates of Service From - Thru	Amount Charged	Not Covered	Discount	Remark	Amount Covered	Code	Deductible Applied	Paid at %	Plan Payment
MEDICAL OFFICE VISIT	11/07/2006-11/07/2006	113.00	0.00	0.00		113.00	2	0.00	30	33.90
DIAGNOSTIC X-RAY SRVCS	11/07/2006-11/07/2006	123.00	0.00	0.00		123.00	2	0.00	30	36.90
<b>TOTALS</b>		236.00	0.00	0.00		236.00		0.00		70.80

Accumulators	Benefits Payable To	Check Date	Check No.	Amount
DEDUCTIBLE REMAINING - PLAN	EMPLOYEE NAME	01/17/2007	00000001	70.80
OUT OF POCKET REMAINING - PLAN				1080.50

**Remarks**

- \*\* INFO RECEIVED
- 2 COINSURANCE/COPAYMENT APPLIED
- \*\* \*

REVIEW OF BENEFIT DETERMINATION APPLIES TO ERISA PLANS ONLY: This Explanation of Benefits (EOB) responds to your claim for benefits under the group health plan named at the top of this form. You are entitled to a review of this benefit determination if you disagree with the decision. To obtain a review, submit your request in writing within 180 days of the date you receive this EOB to A&I Benefit Plan Administrators, Attn.: Board of Appeals, 1220 S.W. Morrison St., Suite 300, Portland, Oregon 97205-2222. Your request for review should include the group name and claim number, as shown at the top of this form, and the reason(s) you disagree with the decision. The review will take into account all materials and information you submit even if the material and information was previously submitted or considered in the initial determination. Upon written request, and at no charge to you, you or your representative may obtain reasonable access to, and copies of, non-privileged documents, records and information relevant to your claim. A copy of the internal rule, guideline, protocol or similar criterion and the relevant document(s) used in making the initial determination will be provided free of charge upon written request. If your claim for benefits was denied due to medical necessity, experimental treatment or similar exclusion or limitation, an explanation of the scientific or clinical judgment supporting the decision will be provided free of charge, upon written request. If your claim for benefits was based in whole or in part on a medical judgment, the plan will consult with a health care professional with training and experience in the relevant medical field. If the plan consults health care professionals in conjunction with the review of your claim, the health care professional will be identified, upon written request, regardless of whether the plan relies on their advice for making a decision. Upon receipt of your appeal, the appeal will be reviewed without deference to the initial benefit denial. If you are a member of a single employer plan or a multi-employer plan that does not meet at least quarterly, you will be notified of the decision within 60 days after the plan receives your appeal. If you are a member of a multi-employer plan that does meet at least quarterly, the review will occur at the next regularly scheduled Board of Trustees meeting following receipt of the appeal, unless the appeal was received less than 30 days prior to the meeting. In such a case, the appeal will be reviewed no later than the date of the subsequent Board of Trustees meeting. In the event of an adverse determination on appeal, you may bring a lawsuit pursuant to Section 502(a) of the Employee Retirement Income Security Act. Written requests for information outlined above should be mailed or delivered to A&I Benefit Plan Administrators, Attn.: Claims Dept., 1220 S.W. Morrison St., Suite 300, Portland, OR 97205-2222. Written requests for information outlined above should be mailed or delivered to A&I Benefit Plan Administrators, Attn.: Claims Dept., 1220 S.W. Morrison St., Suite 300, Portland, OR 97205-2222.


**VOID**

# A&I Benefit Plan Administrators, Inc.

**A&I is proud to announce a new partnership to enhance our services!**

Beginning May 8, 2007, A&I will be utilizing Emdeon's services for printing and mailing the checks and Explanation of Benefits (EOBs). This exciting change will improve our operational processes, provide efficiencies and allow for more customization and flexibility related to the printing and mailing of checks and EOBs. We will be using Emdeon's "Best in Class" EOB, which has a different design and layout than the EOB we currently use. We think you will appreciate the changes. The following example highlights the various sections of the new EOB. This new format provides a clear explanation of how a claim was processed. A check will be attached to the lower portion if payment is applicable (not shown in this example).







**A&I Benefit Plan Administrators, Inc.**  
1220 SW Morrison St.  
Ste. 300  
Portland, OR 97205

**Address Service Requested**

1 1.1776 SP 0.550 SINGLE PIECE



John Brown  
1234 Some Street  
Anywhere, USA 12345



**Alaska Teamsters - Employer Welfare Trust**  
For Questions Please Contact:  
(907)565-8300 or (800)478-4450  
www.959trusts.com

Register online to view  
account information, eligibility, claims and more!

**2 EMPLOYEE:** John Brown  
**ID NO:** 1111-00256  
**CLAIMANT:** Jane Brown  
**PATIENT ACCT:** 123456789101112  
**PROVIDER:** Smith Jones MD  
**PROVIDER TIN:** 123456789  
**PPO:** AnyPPO  
**CLAIM NO:** 2007-12345678-0000

**CLAIM SUMMARY**

<b>Total Amount Covered:</b>	120.00
<b>Paid by Other Insurance Co.:</b>	0.00
<b>Total Paid by Plan:</b>	84.00
<b>Employee Owes This Amount:</b>	36.00

**Explanation of Benefits**  
Keep this documentation for your records

Type of Service	Dates of Service From To	Amount Charged	Not Covered	Discount	Amount Covered	Remark Code	Deductible Applied	Paid at %	Plan Payment
CHIROPRACTIC SERVICE	01/08/2007-01/08/2007	60.00	0.00	0.00	60.00	2	0.00	70	42.00
CHIROPRACTIC SERVICE	01/11/2007-01/11/2007	60.00	0.00	0.00	60.00	2	0.00	70	42.00
		120.00	0.00	0.00	120.00		0.00		84.00

Benefits Payable To	Check Date	Check No.	Amount
Smith Jones, M.D.	4/12/2007	00001234	84.00

**6 Remarks**

2 COINSURANCE/COPAYMENT APPLIED

1. Easy to locate customer service information.
2. Enrollee, patient, and provider information, as well as claim number.
3. a) Total Amount Covered: The total amount of charges billed.  
b) Paid by Other Insurance Co.: If you have other insurance that has made payment or taken a discount the amount will be reflected here.  
c) Total Paid by Plan: The amount paid by the plan.  
d) Employee Owes This Amount: Your responsibility to the provider. This amount does not reflect payments you may have already made on this bill.
4. a) Type of Service: The type of service rendered for this bill.  
b) Dates of Service: Date or date span services were rendered.  
c) Amount Charged: Total charges billed.  
d) Not Covered: This will include charges that are not covered under the plan and certain provider discounts that are indicated in column A as a discount.
- e) Discount: Amount of the provider discount (you are not responsible for this amount).
- f) Amount Covered: Charges that are eligible under the plan. Eligible charges have had the non-covered expenses and/or discounts deducted.
- g) Remark Code: Description is indicated in the Remarks area.
- h) Deductible Applied: Dollar amount of charges that were applied to the deductible. This amount is patient responsibility and does not factor in the possible payment you may have made to the provider.
- i) Paid at %: Percentage used to calculate benefits to be paid under the plan. Percentage is based on plan design.
- j) Plan Payment: Benefit amount paid out to the listed provider or payee.
5. Name of the provider that is billing for the service along with check information, if one was generated.
6. Remarks: Information about the claim will be noted here.

