P279702800V

AULTCARE
P. O. BOX 6910
CANTON, OH 44706-0910

201912232026

Explanation of Benefits
Enrollee Copy

For claim questions or general information:

Call: 330-363-6360 or 1-800-344-8858
Hearing impaired 330-363-2393 or 1-866-633-4752
Monday - Friday 7:30 a.m. to 5:00 p.m.

Email: aultcare@aultcare.com

Visit us: www.aultcare.com

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ENV 2248

Electronic Service Requested

2248 0.0372

Member Address Information

This is not a bill

Group Information

Group #:
Date:
Member ID:

Claim Payment Detail

Amount based on adjustments and coinsurance/copay/deductible

Provider Name: **Patient Name:** **Employee:**
Claim#: **Patient #:**

Dates of Service -- CPT/Mod Procedure	Billed Amount	Ineligible Amount	Inel Code	Contractual Adjustment	Adj Code	Coin-Copay/ Deductible	Payment Amount
DATE OF SERVICE --- CPT/MOD PROCEDURE	77.00	0.00		10.59	O3	13.28	53.13
DATE OF SERVICE --- CPT/MOD PROCEDURE	14.00	0.00		10.94	O3	0.61	2.45
DATE OF SERVICE --- CPT/MOD PROCEDURE	5.00	0.00		1.94	O3	0.61	2.45
DATE OF SERVICE --- CPT/MOD PROCEDURE	0.00	0.00		0.00		0.00	0.00
DATE OF SERVICE --- CPT/MOD PROCEDURE	0.00	0.00		0.00		0.00	0.00
TOTALS	96.00			23.47		14.50	58.03

Date of service and name of procedure/service

Cost of procedure/ service

Amount AultCare will pay → **TOTAL PAYMENT AMOUNT: 58.03**

Member responsibility amount → **Patient Responsibility 14.50**

Messages

* For current accumulator information, please view your account on our website.
** If this plan is the secondary payer, the patient responsibility field may not reflect accurately. Please confirm the amount due with your provider of service.
*** The affiliation fee is a contracted amount between the provider and the leased network. The patient is not responsible for this amount.

Payment To:	Check No	Amount
AultCare payment information to provider		58.03

Reason Code Description

O3	FEE ADJUSTMENT/PROVIDER DISCOUNT, PATIENT NOT REQUIRED TO PAY.

If your claim for benefit was denied, the following are details of the determination:

There may be multiple reasons why your claim was denied. Please reference the preceding explanation of benefit pages to determine the cause for denial. Your explanation of benefit will provide you with any applicable denial codes and corresponding meanings. If your denial was based on a specific plan provision, please contact your Plan Administrator.

If the claim was not a clean claim, which means it requires additional material or information necessary to perfect the claim, an explanation of why such material or information is necessary will be provided free of charge upon request.

If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination and/or applying the terms of the plan to the claimant's medical circumstances will be provided free of charge upon request.

The diagnosis code(s) and treatment code(s) relating to this claim, along with an explanation of each, are available upon request.

FIRST LEVEL APPEAL

Written notice is provided if your claim for benefits is denied. Your provider may request a reconsideration of this decision. You and/or your provider may request the clinical rationale used by us to reach this decision. You or your authorized representative (you have the right to appoint a representative, including an attorney to act on your behalf) may request an internal review of our decision (with or without first requesting reconsideration) by submitting a written appeal within 180 days of our notice of denial or you will lose your right to appeal. If you do not appeal within the 180 days allotted, you will also lose your right to file suit in court as you will have failed to exhaust your internal appeal rights, which is generally a prerequisite to bringing suit. Your appeal should state the reasons you feel your claim should not have been denied. You should include any additional facts and/or documents in support of your claim. You may also ask additional questions and make written comments, and you may review (on request and at no charge) documents and other information maintained by us that are relevant to your appeal. The individual deciding your appeal will conduct a full and fair review of the initial decision and will review all written comments you submit for your appeal. To the extent required by applicable law, we will consider your appeal according to the following timeframes:

- Urgent Pre-service claim – You will be notified of our decision as soon as possible, taking into account the medical condition, but not later than 72 hours of our receipt of your appeal.
- Pre-service claim – You will be notified of our decision within 15 days of our receipt of your appeal.
- Post-service claim – You will be notified of our decision within 30 days of our receipt of your appeal.
- Concurrent claim – You will be notified of our decision prior to termination of the benefit.

An **expedited/urgent review** will be conducted if your physician or provider certifies that your condition could, in the absence of immediate medical treatment, result in any of the following:

- Seriously jeopardize your life or health or your ability to regain maximum function, or
- Subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.
- If your treating physician certifies in writing that you have a medical condition in which the timeframe for completion of an external review of your appeal of our denial decision would seriously jeopardize your life or health, or your ability to regain maximum function, you may be eligible to file a request for an expedited external review to be conducted simultaneously with an expedited internal appeal.

You will receive a written explanation of our decision and your rights to further review. You may also be entitled to an external review if certain requirements are met, such as when the Plan waives the exhaustion of internal appeals requirement.

SECOND LEVEL APPEAL

The following second level appeal process applies to all enrollees. If we continue to deny the payment, coverage, or service requested, you will have access to a second level appeal. You or your authorized representative must request your second level appeal within 180 calendar days of receipt of our first level appeal decision. Your second level appeal will be conducted by your Plan Administrator who will conduct a full and fair review of the initial decision and first level appeal decision. The Plan Administrator may secure independent medical advice or other information and require such evidence as it seems necessary to decide your appeal. You will be notified of the decision in writing. The decision will set forth: 1) the specific reason for the denial; 2) the specific Plan provision(s) on which he denial is based; 3) a statement of your right to review (on request and at no charge) relevant documents and other information; 4) any internal rule, guideline, protocol, or similar criterion the Plan Administrator relied on, upon your request to receive this information; 5) a statement of your right to bring suit under ERISA § 502(a); and 6) scientific or clinical guidelines used if the decision was based on medical necessity or experimental treatment, and the ability to request this information free of charge. For a detailed explanation of your rights, please consult your Benefit Booklet. Your second level appeal will be decided in the same timeframe as your first level appeal.

The following second level appeal process applies only to enrollees covered under Public Employer Group Plans. If we denied your request because the service is not covered under the terms of your plan, you may, within the required timeframe, appeal to the Superintendent of the Ohio Department of Insurance (ODI) at the Consumer Services Division, 50 West Town St., Third Floor, Suite 300, Columbus, Ohio 43215. ODI will review your plan and the service requested and provide you with a decision as to whether the service is covered.

EXTERNAL REVIEW (If you are entitled under your plan.)

If after the second level of internal appeal, we continue to deny the payment, coverage, or service requested, you or your authorized representative may request an external review. Such request for external review must be received within 4 months of receipt of a final notice of denial from the internal claims and appeals process. Within 5 business days of the date of receipt of your request, a preliminary review will be conducted to determine whether you are eligible for an external review by determining (i) whether you were covered under your plan at the time the health care item or service was requested or provided; (ii) whether the adverse determination was related to your failure to meet the requirements for eligibility or involved a medical judgment or rescission of coverage; (iii) whether you have exhausted internal appeals where required; and (iv) whether you or your provider have provided all information requested by us for an external review. If eligible, an independent review organization (IRO) will be assigned to conduct the external review. The IRO will contact you within 10 business days following the date of receipt of your request for any additional information you would like the IRO to consider. The IRO must provide written notice of the final external review decision within 45 days after it receives a request for review, or 72 hours for an expedited external review. See the above criteria for expedited/urgent review. The IRO is not connected in any way with us. You are not responsible for the cost of the IRO.

Send all appeals, requests for review, and requests for clinical rationale to: P.O. Box 6029, Canton, Ohio 44706-0910

If you have any questions about the appeals process, please contact our Customer Service Center, the phone number is listed on the front of the explanation of benefit pages. For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

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Notice Tag Lines for the State of Ohio

English

This Notice has Important Information. This notice has important information about your application or coverage through **AultCare /Aultra.** Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. **Call Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 330.363.2393 Outside Stark County: 1.866.633.4752**

Spanish

Español

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través **AultCare/Aultra**. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al **Local : 330.363.6360 Fuera del condado de Stark : 1.800.344.8858 TTY Local : 330.363.2393 Fuera del condado de Stark : 1.866.633.4752**

Chinese

中文

本通知有重要的訊息。本通知有關於您透過 **AultCare/Aultra 保險公司** 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 本地： **330.363.6360 斯塔克縣外： 1.800.344.8858 TTY 線 本地： 330.363.2393 斯塔克縣外： 1.866.633.4752。**

German

Deutsche

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch **AultCare/Aultra**. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY -Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752.**

Arabic الـعربـيـة

يحوي هذا الاشعار معلومات هامة. يحوي هذا الاشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال شركة التأمين AultCare/Aultra
ابحث عن التواريخ الهامة في هذا الاشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصور على المعلومات والمساعدة بلغتك من دون اي تكلفة. اتصل بـ330.363.6360 خارج مقاطعة ستارك :1.800.344.8858 لخط TTYالمحلي: 330.363.2393 خارج مقاطعة ستارك :1.866.633.4752

Pennsylvania Dutch

Pennsylvania Dutch

Die Bekanntmaching gebt wichdichi Auskunft. Die Bekanntmaching gebt wichdichi Auskunft baut dei Application oder Coverage mit **AultCare/Aultra**. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimmde Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY -Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752.**

Russian

русский

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через **Страховая компания AultCare/Aultra**. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону **Местный: 330.363.6360 Вне Старка County : 1.800.344.8858 TTY линия Местный: 330.363.2393 Вне Старка County : 1.866.633.4752.**

French

Français

Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de **Compagnie d'Assurance AultCare/Aultra**. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez **En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local : 330.363.2393En dehors du comté de Stark : 1.866.633.4752**

Vietnamese

Việt Nam

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình **Công ty Bảo hiểm AultCare/Aultra**. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ trúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số **Địa phương: 330.363.6360 Bên ngoài của Stark County : 1.800.344.8858 TTY đường dây Địa phương: 330.363.2393 Bên ng oài của Stark County : 1.866.633.4752.**

Cushite-Orom

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa **AultCare/Aultra** tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala AultCare/Aultra Notice Taglines Updated 8/3/2016 ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa Local: 330.363.6360 Outside of Stark County: 1.800.344.8858 TTY Line **Local: 330.363.2393 Outside of Stark County: 1.866.633.4752** tii bilbilaa.

Korean
한국어
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 **AultCare/Aultra 보험 회사계획** 을 통한 커버리지 에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. **지역 : 330.363.6360 스타크 카운티 의 외부 : 1.800.344.8858 TTY 라인 지역 : 330.363.2393 스타크 카운티 의 외부 : 1.866.633.4752** 로 전화하십시오.

Italian
Italiano
Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso **AultCare/Aultra**. Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama **Locale: 330.363.6360 Al di fuori di Stark County : 1.800.344.8858 TTY linea Locale: 330.363.2393 Al di fuori di Stark County : 1.866.633.4752.**

Japanese
日本語
この通知には重要な情報が含まれています。この通知には **AultCare/Aultra 保険会社** の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持 するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供 されます。**330.363.6360 スターク郡の外： 1.800.344.8858 TTY ライン ローカル： 330.363.2393 スターク郡の外： 1.866.633.4752** までお電話ください。

Dutch
Nederlands
Deze mededeling heeft belangrijke informatie. Deze mededeling heeft belangrijke informatie over uw aanvraag of dekking via **AultCare /Aultra**. Kijk naar belangrijke datums in deze mededeling. Het kan nodig zijn om actie te ondernemen binnen bepaalde termijnen om uw zorgverzekering te behouden of hulp met kosten te krijgen. U heeft het recht op deze informatie en hulp in uw taal zonder kosten. Bel **Local : 330.363.6360 Buiten Stark County : 1.800.344.8858 TTY Line Local : 330.363.2393 Buiten Stark County : 1.866.633.4752.**

Ukrainian
український
Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страхувального покриття через **Страхова компанія AultCare/Aultra.** Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону **Місцевий : 330.363.6360 Поза Старка County : 1.800.344.8858 TTY лінія Місцевий : 330.363.2393 Поза Старка County : 1.866.633.4752.**

Romanian
Româna
Prezenta notificare con.ine informa.ii importante. Aceasta notificare con.ine informa.ii importante privind cererea sau acoperirea sigurarii dumneavoastre de sanatate prin **Compania de Asigurari ltCare/Aultra**. Cauta.i datele cheie din aceasta notificare. Este osibil sa fie nevoie sa ac.iona.i pâna la anumite termene limita pentru a va men.ine acoperirea asigurarii de sanatate sau asisten.a privitoare la costuri. Ave.i dreptul de a ob.ine gratuit aceste informa.ii i ajutor în limba dumneavoastra. Suna.i la **Locale : 330.363.6360 In afara Stark Judet : 1.800.344.8858 TTY linie Locale : 330.363.2393 In afara Stark Judet : 1.866.633.4752.**

Non-Discrimination Notice:

AultCare/Aultra complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AultCare/Aultra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AultCare/Aultra provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). AultCare/Aultra provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, or if you believe that AultCare/Aultra has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can contact or file a grievance with the: AultCare/Aultra Civil Rights Coordinator, 2600 6th St. S.W. Canton, OH 44710, 330-363-7456, CivilRightsCoordinator@aultcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.