

THIS TRANSACTION SAMPLE IS INTENDED FOR REPRESENTATIONAL PURPOSES ONLY.

ONE OF THE FOLLOWING METHODS MAY BE USED TO REQUEST A TRANSACTION RESPONSE:

- **Provider ID, Recipient ID, Last Name, First Name, Date of Birth and Date of Service**

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09/02/06                               14:32:46
Status: CLOSED                           Id:4.48 Record: 48
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```
BC/BS Maine
Subscriber Eligibility v1.0
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```
Benefit.....: Y
Other Payer....: NA
Medicare.....: NA
```

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-----Input / Response Information-----
Provider ID                               12345
Recipient ID                             XVG1234567890
(On File)                                XVG1234567890
Date Of Service                           06/06/2006
Date Of Birth                             01/01/2001
(On File)                                01/01/2001
Last Name                                 OFFICE
(On File)                                 OFFICE
First Name                                MODEL
(On File)                                MODEL

-----Transaction Information-----
Submit ID      1234567890123456789012345
Creation Date   06/06/2006
Creation Time   08:53:00
Benefit Ind     Y
Medicare Ind    NA
Other Payer Ind NA

-----Information Source-----
Primary ID      00000004818
Name            WELLPOINT - BCBS OF MAINE

-----Information Receiver-----
Primary ID      12345

-----Subscriber-----
Trace 1        1234567890123456789012345
                                   9MEDIFAXXX
Primary ID      XVG1234567890
```

Last Name	OFFICE
First Name	MODEL
Date Of Birth	01/01/2001
Gender	Female
Student Status	N
Handicap Ind	N
Change	N
-----Subscriber Additional ID-----	
	Grp #: 123456789
	DUMMY PLAN NAME
-----Subscriber Additional ID-----	
	Grp/Pol #: 123456
-----Subscriber Additional ID-----	
	Plan Netwk ID #: 4-A1
-----Eligibility/Benefit-----	
	Actv Cvg
	Hosp
	PPO
Plan Cvg	BLUE CHOICE,\$15.00
	Elig: 07/01/2004-12/31/9999
-----Eligibility/Benefit-----	
	Co-Pay
	Individual
	Hosp - Emergency Medical
	PPO
Plan Cvg	ER (Emergency Room) In
	Network
Time Period	Visit
Amount	\$50.00
Authorization/Certification	No
In Network	Yes
-----Eligibility/Benefit-----	
	Co-Pay
	Individual
	Hosp - Emergency Medical
	PPO
Plan Cvg	ER (Emergency Room) Out of
	Network
Time Period	Visit
Amount	\$50.00
Authorization/Certification	No
In Network	No
-----Eligibility/Benefit-----	
	Unlim
	Individual
	Hosp - IP
	PPO
Plan Cvg	Inpatient Medical/Surgical
	Benefit Days and Perio
Time Period	Cal Yr
	Days: 99999
	following hospital admission

```

-----Eligibility/Benefit-----
Non-Cvd
FP
PPO
Plan Cvg      Infertility Diagnosis
Authorization/Certification      Unknown
In Network      No
-----Eligibility/Benefit-----
Non-Cvd
FP
PPO
Plan Cvg      Infertility Diagnosis
Authorization/Certification      Unknown
In Network      Yes
-----Eligibility/Benefit-----
Non-Cvd
Infertility
PPO
Plan Cvg      Infertility Coverage
Authorization/Certification      Unknown
In Network      No
-----Eligibility/Benefit-----
Non-Cvd
Infertility
PPO
Plan Cvg      Infertility Coverage
Authorization/Certification      Unknown
In Network      Yes
-----Eligibility/Benefit-----
Bene Descrip
Individual
PC
PPO
Plan Cvg      State Mental Health Parity
-----Eligibility/Benefit-----
Bene Descrip
PC
PPO
Plan Cvg      Federal Mental Health Parity
-----Eligibility/Benefit-----
Unlim
Individual
HH Visits
PPO
Plan Cvg      Home Health Visits -
Professionals
Time Period      Cal Yr
Visits: 99999
Authorization/Certification      Unknown
In Network      Yes
-----Eligibility/Benefit-----
Unlim

```


Prof (PHY) Visit - Office
PPO
Plan Cvg PCP Office Visit
Time Period Visit
Amount \$15.00
Authorization/Certification No
In Network Yes
Elig: 07/01/2004-12/31/9999
Visit|Copay| Indemnity / PPO|ME
Other PHY
PCP
203B00000X
-----Eligibility/Benefit-----
Co-Pay
Professional (PHY)
PPO
Plan Cvg Specialist Visit
Time Period Visit
Amount \$15.00
Elig: 07/01/2004-12/31/9999
SPECIALIST
Other PHY
PCP
203B00000X
-----Eligibility/Benefit-----
Limitations
Chiropractic
PPO
Plan Cvg All Chiro Services
Time Period Cal Yr
Amount \$40.00
Yrs: 40
Authorization/Certification Unknown
In Network Unknown
Visit Limit|Referred/Self Referred
Combined| Indemnity/PPO| ME
-----Eligibility/Benefit-----
Limitations
Physical Medicine
PPO
Plan Cvg PT/OT/ST
Time Period Cal Yr
Amount \$3,000.00
Authorization/Certification Unknown
In Network Unknown
Maximum Amount|Referred/Self Referred
Combined| Indemnity/PPO| ME
-----Eligibility/Benefit-----
Co-Pay
Allergy Testing
PPO
Plan Cvg Allergy Office Visits

Time Period	Visit
Amount	\$0.00
Authorization/Certification	Unknown
In Network	Unknown
	Copay Referred/Self Referred
	Combined USE OFFICE VISIT
	COPAY Indemnity / PPO ME
-----Eligibility/Benefit-----	
	Limitations
	Allergy Testing
	PPO
Plan Cvg	Allergy Office Visits
Time Period	Cal Yr
Amount	\$999.00
	Visits: 999
Authorization/Certification	Unknown
In Network	Unknown
	Visit Limit Referred/Self Referred
	Combined UNLIMITED PER CALENDAR
	YEAR Indemnity/PPO ME
-----Eligibility/Benefit-----	
	Limitations
	Allergy Testing
	PPO
Plan Cvg	Allergy Treatment/Injectibles
Time Period	Cal Yr
Amount	\$999.00
	Visits: 999
Authorization/Certification	Unknown
In Network	Unknown
	Visit Limit Referred/Self Referred
	Combined UNLIMITED PER CALENDAR
	YEAR Indemnity/PPO ME
-----Eligibility/Benefit-----	
	Limitations
	Cardiac Rehab
	PPO
Plan Cvg	Cardiac Rehabilitation
Time Period	Episode
Amount	\$24.00
	Visits: 24
Authorization/Certification	Unknown
In Network	Unknown
	Visit Limit Referred/Self Referred
	Combined Indemnity/PPO ME
-----Eligibility/Benefit-----	
	Limitations
	DME Purchase
	PPO
Plan Cvg	DME/Prosthetics
Time Period	Cal Yr
Amount	\$9,999,999.00

Authorization/Certification	Unknown
In Network	Unknown
Maximum Amount	Referred/Self Referred
Combined	UNLIMITED PER CALENDER
YEAR	Indemnity/PPO
ME	
-----Eligibility/Benefit-----	
	Co-Pay
	Routine Exam
	PPO
Plan Cvg	OB/GYN Visit
Time Period	Visit
Amount	\$0.00
Authorization/Certification	Unknown
In Network	Unknown
Copay	Referred/Self Referred
Combined	USE OFFICE VISIT
COPAY	Indemnity / PPO
ME	
-----Eligibility/Benefit-----	
	Limitations
	Routine Exam
	PPO
Plan Cvg	OB/GYN Visit
Time Period	Cal Yr
Amount	\$999.00
	Visits: 999
Authorization/Certification	Unknown
In Network	Unknown
Visit Limit	Referred/Self Referred
Combined	UNLIMITED PER CALENDAR
YEAR	Indemnity/PPO
ME	
-----Eligibility/Benefit-----	
	Limitations
	Other Medcl
	PPO
Plan Cvg	Orthotics
Time Period	Cal Yr
Amount	\$9,999,999.00
Authorization/Certification	Unknown
In Network	Unknown
Maximum Amount	Referred/Self Referred
Combined	UNLIMITED PER CALENDER
YEAR	Indemnity/PPO
ME	
-----Eligibility/Benefit-----	
	Limitations
	Other Medcl
	PPO
Plan Cvg	Ostomy
Time Period	Cal Yr
Amount	\$9,999,999.00
Authorization/Certification	Unknown
In Network	Unknown
Maximum Amount	Referred/Self Referred

Combined|UNLIMITED PER CALENDER
 YEAR|Indemnity/PPO| ME
 -----Eligibility/Benefit-----
 Limitations
 Other Medcl
 PPO
 Plan Cvg Oxygen Supplies
 Time Period Cal Yr
 Amount \$9,999,999.00
 Authorization/Certification Unknown
 In Network Unknown
 Maximum Amount|Referred/Self Referred
 Combined|UNLIMITED PER CALENDER
 YEAR|Indemnity/PPO| ME
 -----Eligibility/Benefit-----
 Limitations
 Other Medcl
 PPO
 Plan Cvg Oxygen
 Time Period Cal Yr
 Amount \$9,999,999.00
 Authorization/Certification Unknown
 In Network Unknown
 Maximum Amount|Referred/Self Referred
 Combined|UNLIMITED PER CALENDER
 YEAR|Indemnity/PPO| ME
 -----Eligibility/Benefit-----
 Co-Pay
 Routine Physical
 PPO
 Plan Cvg Preventative Care Adult
 Time Period Visit
 Amount \$0.00
 Authorization/Certification Unknown
 In Network Unknown
 Copay|Referred/Self Referred
 Combined|USE OFFICE VISIT
 COPAY|Indemnity / PPO| ME
 -----Eligibility/Benefit-----
 Co-Pay
 Routine Physical
 PPO
 Plan Cvg Preventative Care Child
 Time Period Visit
 Amount \$0.00
 Authorization/Certification Unknown
 In Network Unknown
 Copay|Referred/Self Referred
 Combined|USE OFFICE VISIT
 COPAY|Indemnity / PPO| ME
 -----Eligibility/Benefit-----
 MC Coord

	Health Bene Plan Cvg	
		PPO
Plan Cvg	Radiology Review	
Authorization/Certification		Yes
	Utilization Management Org	
	NATIONAL IMAGING ASSOCIATES - UM	
-----Eligibility/Benefit-----		
	Deductible	
	Individual	
	Health Bene Plan Cvg	
		PPO
Plan Cvg	Deductible	
Time Period		Cal Yr
Amount		\$100.00
Authorization/Certification		Unknown
In Network		Unknown
	Referred/Self Referred	
	Combined Individual Indemnity /	
		PPO ME
-----Eligibility/Benefit-----		
	Deductible	
	Family	
	Health Bene Plan Cvg	
		PPO
Plan Cvg	Deductible	
Time Period		Cal Yr
Amount		\$200.00
Authorization/Certification		Unknown
In Network		Unknown
	Referred/Self Referred	
	Combined Family Indemnity / PPO ME	
-----Eligibility/Benefit-----		
	Co-Ins	
	Health Bene Plan Cvg	
		PPO
Plan Cvg	Coinsurance %	
Time Period		Visit
Percent		10%
Authorization/Certification		No
In Network		Yes
	Referred Percent Indemnity / PPO ME	
-----Eligibility/Benefit-----		
	Co-Ins	
	Health Bene Plan Cvg	
		PPO
Plan Cvg	Coinsurance %	
Time Period		Visit
Percent		30%
Authorization/Certification		No
In Network		No
	Out of Network Self Referred Percent	
		Indemnity / PPO ME

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-----Eligibility/Benefit-----
                                Co-Ins
                                Family
                                Health Bene Plan Cvg
                                PPO
Plan Cvg                        Coinsurance Maximums
Time Period                      Cal Yr
Amount                          $1,200.00
Authorization/Certification      Unknown
In Network                       Unknown
                                Referred/Self Referred
                                Combined|Family| Indemnity / PPO|ME
-----Eligibility/Benefit-----
                                Co-Ins
                                Individual
                                Health Bene Plan Cvg
                                PPO
Plan Cvg                        Coinsurance Maximums
Time Period                      Cal Yr
Amount                          $600.00
Authorization/Certification      Unknown
In Network                       Unknown
                                Referred/Self Referred
                                Combined|Individual| Indemnity /
                                PPO|ME
-----Eligibility/Benefit-----
                                Cvg Basis
                                Individual
                                FP
                                PPO
Plan Cvg                        Sterilization
Authorization/Certification      Unknown
In Network                       Yes
-----Eligibility/Benefit-----
                                Non-Cvd
                                Individual
                                FP
                                PPO
Plan Cvg                        Sterilization Reversal
Authorization/Certification      Unknown
In Network                       Yes
-----Eligibility/Benefit-----
                                Co-Ins
                                Individual
                                MRI/CAT Scan
                                PPO
Plan Cvg                        MRI
Authorization/Certification      Unknown
In Network                       Yes
                                USE BENEFIT LEVEL COST SHARE
-----Eligibility/Benefit-----
                                Co-Ins

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	Individual
	Dx X-Ray
	PPO
Plan Cvg	MRA
Authorization/Certification	Unknown
In Network	Yes
	USE BENEFIT LEVEL COST SHARE
-----	Eligibility/Benefit-----
	Co-Ins
	Individual
	Dx X-Ray
	PPO
Plan Cvg	CTA
Authorization/Certification	Unknown
In Network	Yes
	USE BENEFIT LEVEL COST SHARE
-----	Eligibility/Benefit-----
	Co-Ins
	Individual
	MRI/CAT Scan
	PPO
Plan Cvg	CT/CAT
Authorization/Certification	Unknown
In Network	Yes
	USE BENEFIT LEVEL COST SHARE
-----	Eligibility/Benefit-----
	Co-Ins
	Individual
	Dx X-Ray
	PPO
Plan Cvg	PET
Authorization/Certification	Unknown
In Network	Yes
	USE BENEFIT LEVEL COST SHARE
-----	Eligibility/Benefit-----
	Co-Ins
	Individual
	Dx X-Ray
	PPO
Plan Cvg	SPECT
Authorization/Certification	Unknown
In Network	Yes
	USE BENEFIT LEVEL COST SHARE
-----	Eligibility/Benefit-----
	Actv Cvg
	Pharm
	PPO
Plan Cvg	TWO TIER RX,\$10.00/\$20.00
	Elig: 07/01/2003-12/31/9999
-----	Eligibility/Benefit-----
	Pre-existing Cond
-----	Eligibility/Benefit-----

Bene Disclmr

Unless otherwise required by state law, this notice is not a guarantee of payment. Benefits are subject to all contract limitations and the members eligibility status on the date of service. If this response does not satisfy your needs, please call 800-676-2583.

==== Emdeon MAX Transaction Stats ====
Query: ID+ - PASS