

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, Date of Service, Date of Birth, Last Name and First Name

01/08/07 15:59:04
Status: CLOSED Id:6.17 Record: 17

BC Northeastern Pennsylvania
Subscriber Eligibility v1.0

Benefit.....: Y
Other Payer....: NA
Medicare.....: NA

-----Input / Response Information-----

Provider ID 987654321
Recipient ID QEE123456789012
(On File) QEE123456789012
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 17:27:00
Benefit Ind Y
Medicare Ind NA
Other Payer Ind NA

-----Information Source-----

Primary ID 00000000981
Name BLUE CROSS OF NORTHEASTERN
PENNSYLV

-----Information Receiver-----

Primary ID 987654321

-----Subscriber-----

Trace 1 1234567890123456789012345
9MEDIFAXXX

Primary ID QEE123456789012
 Last Name OFFICE
 First Name MODEL
 Middle Name T
 Date Of Birth 01/01/2001
 Gender Male
 123 OAK AVE
 ANYTOWN
 PA
 123454678
 Change Y
 -----Subscriber Additional ID-----
 Grp #: 123456789
 -----Eligibility/Benefit-----
 Actv Cvg
 Individual
 Health Bene Plan Cvg
 PPO
 Plan Cvg BLUECARE PPO BCNEPA
 Elig: 06/01/2005
 -----Eligibility/Benefit-----
 Co-Ins
 Health Bene Plan Cvg
 PPO
 Time Period Cal Yr
 Percent 100%
 Authorization/Certification No
 In Network Yes
 PREFERRED-COINSURANCE MAXIMUM NOT
 APPLICABLE
 -----Eligibility/Benefit-----
 Co-Ins
 Health Bene Plan Cvg
 PPO
 Time Period Cal Yr
 Percent 80%
 Authorization/Certification No
 In Network No
 NONPREFERRED-\$3,000 INDIVIDUAL
 ;MAXIMUM 3 SEPARATE COINSURANCE
 MAXIMUMS PER FAMILY, COMBINATION OF
 PREFERRED AND NONPREFERRED
 -----Eligibility/Benefit-----
 Bene Descrip
 Health Bene Plan Cvg
 PPO
 Authorization/Certification No
 In Network Yes
 PREFERRED-MAXIMUM 3 SEPARATE
 DEDUCTIBLES PER FAMILY, COMBINATION OF
 PREFERRED AND NONPREFERRED
 -----Eligibility/Benefit-----

| | |
|-------------------------------|--|
| | Deductible |
| | Individual |
| | Health Bene Plan Cvg |
| | PPO |
| Time Period | Cal Yr |
| Amount | \$200.00 |
| Authorization/Certification | No |
| In Network | No |
| | NONPREFERRED- |
| -----Eligibility/Benefit----- | |
| | Bene Descrip |
| | Health Bene Plan Cvg |
| | PPO |
| Amount | \$1,000,000.00 |
| Authorization/Certification | No |
| In Network | No |
| | NONPREFERRED-MAXIMUM 3 SEPARATE |
| | DEDUCTIBLES PER FAMILY, COMBINATION OF |
| | PREFERRED AND NONPREFERRED |
| -----Eligibility/Benefit----- | |
| | Bene Descrip |
| | Health Bene Plan Cvg |
| | PPO |
| Authorization/Certification | No |
| In Network | Yes |
| | PREFERRED-UNLIMITED LIFETIME MAXIMUM |
| -----Eligibility/Benefit----- | |
| | Bene Descrip |
| | Health Bene Plan Cvg |
| | PPO |
| Time Period | Lifetime |
| Amount | \$1,000,000.00 |
| Authorization/Certification | No |
| In Network | No |
| | NONPREFERRED- |
| -----Eligibility/Benefit----- | |
| | Co-Pay |
| | Hosp - Emergency Medical |
| | PPO |
| Time Period | Visit |
| Amount | \$50.00 |
| Authorization/Certification | No |
| In Network | Yes |
| | PREFERRED- |
| -----Eligibility/Benefit----- | |
| | Co-Pay |
| | Hosp - Emergency Medical |
| | PPO |
| Time Period | Visit |
| Amount | \$50.00 |
| Authorization/Certification | No |
| In Network | No |

NONPREFERRED-

-----Eligibility/Benefit-----

| | |
|-----------------------------|---------|
| | Co-Pay |
| Prof PHY Visit - Office | |
| | PPO |
| Time Period | Visit |
| Amount | \$15.00 |
| Authorization/Certification | No |
| In Network | Yes |

PREFERRED-UNLIMITED VISIT MAXIMUM
COMBINATION OF PREFERRED AND
NONPREFERRED

-----Eligibility/Benefit-----

| | |
|-----------------------------|---------|
| | Co-Pay |
| Prof PHY Visit - Office | |
| | PPO |
| Time Period | Visit |
| Amount | \$15.00 |
| Authorization/Certification | No |
| In Network | Yes |

SPECIALIST
PREFERRED-UNLIMITED VISIT MAXIMUM
COMBINATION OF PREFERRED AND
NONPREFERRED

-----Eligibility/Benefit-----

| | |
|-----------------------------|---------|
| | Co-Ins |
| | PC - OP |
| | PPO |
| Time Period | Visit |
| Percent | 50% |
| Authorization/Certification | No |
| In Network | Yes |

SERVICES RECEIVED IN OFFI
PREFERRED-INPATIENT VISITS CAN BE
CONVERTED TO OUTPATIENT VISITS;EVERY
TWO OUTPATIENT VISITS REDUCES
INPATIENT DAYS BY ONE. 60 VISITS PER
BENEFIT PERIOD

-----Eligibility/Benefit-----

| | |
|-----------------------------|--------------|
| | Bene Descrip |
| | Hosp - IP |
| | PPO |
| Authorization/Certification | Yes |
| In Network | Yes |

PREFERRED-365 DAYS PER BENEFIT PERIOD

-----Eligibility/Benefit-----

| | |
|-----------------------------|--------------|
| | Bene Descrip |
| | PC - IP |
| | PPO |
| Authorization/Certification | Yes |
| In Network | Yes |

PREFERRED-30 DAYS PER BENEFIT PERIOD

-----Eligibility/Benefit-----

Bene Disclmr

UNLESS OTHERWISE REQUIRED BY STATE
LAW, THIS NOTICE IS NOT A GUARANTEE OF
PAYMENT. PAYMENT OF ACTUAL CLAIMS IS
SUBJECT TO MEDICAL NECESSITY, MEMBERS
BENEFIT COVERAGE AND MEMBERS
ELIGIBILITY STATUS ON THE DATE OF
SERVICE.

==== Emdeon MAX Transaction Stats ====

Query: ID+ - PASS