Did you know?

You have access to a variety of online tools and resources through www.myMERITAIN.com!

Please note: If you already have access to myMERITAIN, you will need to re-register once you receive your new member ID Card.

What you’ll find at myMERITAIN.com:

At myMERITAIN.com, you have 24-hour access to a number of tools and resources that can help you manage your health benefits. Below are a few of the tools available at myMERITAIN.com:

- Verify eligibility and benefits
- Find the status of claims
- View your Explanation of Benefits (EOB)
- Review your benefit plan document in its entirety

Access to myMERITAIN.com is as easy as 1-2-3-4!

Step 1:
Open your web browser and go to www.myMERITAIN.com.

Step 2:
Register your account. Click ‘Create a new user account’.

Your spouse and dependents over the age of 18 will need to create their own accounts. Please see the reverse side of this flyer for more information.

Step 3:
Enter your group ID number. You can find this information on your new member ID Card, which you will be receiving in a separate mailing.

You will need to fill in your:

- Member ID (You will be able to find this on your new member ID Card).
- Date of birth
- First and last name of employee, spouse or dependent
- Zip code
- Group number
- Personal e-mail address
- Member type (employee or dependent)

Your group number and member ID can be found on your Meritain Health ID Card.

Step 4:
Set up your username and password and you’re done!

For more information, please refer to the back page.
Spouses and Dependents.
Per the HIPAA Privacy Regulations, spouses and dependents over age 18 have partially protected healthcare information. To access their information, they will need to register for their myMERITAIN account using the first three steps.

Financial information can be viewed for all dependents, regardless of age.

Returning User Login.
When returning to the website after your account has been created, enter your established username and password in the login box.

Incorrect Login.
Click ‘Home’ to return to the homepage and try again if you receive an incorrect login message.

Website Assistance.
If you need assistance with the login process or forgot your username or password, e-mail webmaster@meritain.com or contact customer service using the phone number printed on your ID Card.

Website Options.
Click the name of the function in the left navigation frame to access the functions below. Click ‘Home’ to return to the welcome page.

Account Manager
Click ‘Account Manager’ to change your password or to store your e-mail address.

Benefits at a Glance
Click ‘Benefits at a Glance’ to view and print your demographic information, list of dependents and benefit elections for the current or prior plan year(s).

Claims History
Click ‘Claims History’ to view your claims. Claim statuses of received, in review, processed, or void are displayed. Click the highlighted claim number to view and print the Explanation of Benefits (EOB).

Verification of Benefits
Click ‘Verification of Benefits’ to display some of the key features regarding your benefit plan.

Plan Documents and Forms
Click on the link for ‘Plan Documents and Forms’ to view all aspects of your benefits plan.
Your member ID Card is important, and you should always carry it with you.

Your Meritain Health ID Card will be on its way to you soon. The card shows Meritain Health as your health plan administrator. Remember to show your new ID Card to your provider when you receive services.

Sample ID Card:

Card front

- Your medical copays are conveniently listed for you and your providers.
- Your name, identification number, medical group number and your group name, are used to identify you and your covered dependents’ benefits.
- You are enrolled in a Preferred Provider Organization (PPO) healthcare plan. To receive the in-network level of benefits, your provider must participate in the PPO. Call the provider info number for participating providers.

Card back

- Please ensure that you precertify with Meritain Health Medical Management, if required.
- All claims should be submitted to Meritain Health at this address.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.
Introducing Meritain Health
Member Statements


If you've ever felt mystified trying to decipher the confusing codes and terminology of Explanations of Benefits (EOBs), you'll welcome the new Meritain Health Member Statements.

Simplicity.

Member Statements replace EOBs with user-friendly, easy-to-understand wording. The layout is similar to a bank statement—something that is recognizable and simple to quickly review.

Convenience.

Your Member Statements will be mailed the second week of each month. At a glance, you will see all claims processed in the preceding 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.

Value.

Member Statements contain valuable information to help you gain the maximum advantage from your health benefits. They also contain advice to help you get and stay healthy.

Along with healthcare claims, Member Statements track your deductible balances. This information will help you manage your benefits, including your healthcare dollars.

Member Statement information.

- Claim number
- Date of service
- Amount of covered services
- Billed amount
- Covered amount
- Amount applied to deductible
- Amount of member responsibility
- Provider

Questions? Please contact Meritain Health Customer Service at the number on your ID Card. Remember, you can also view your member statement online, 24 hours a day, 7 days a week!
How To Read Your Member Statement

Member Statements replace Explanation of Benefits (EOBs) with user-friendly, easy-to-understand wording. The layout is similar to a bank statement—something that is recognizable and simple to quickly review.

Your Member Statements will be mailed the second week of each month. At a glance, you will see all claims processed in the preceding 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.

Member Statement information:

1) Statement period and health tips.

2) Health Statement Summary.
   - Summary of Claims Paid: This includes your claims paid during the current month broken down by Health Coverage and Patient Responsibility.
   - Plan Year Deductibles: Are broken down into in-network and out-of-network amounts. Any deductibles for dependents will be presented individually. The amounts listed show your deductible balance(s) at the beginning of the plan year and your deductible amount(s) remaining for the year.

3) Monthly Claim Detail.
   The monthly claim detail shows how your claims were processed during the statement period. The details include:
   - A: The patient’s name, claim number, date the service was provided, and the name of the provider.
   - B: The type of service provided (such as “Medical,” “Rx” or “Protected”). If the type of service and provider say “Protected,” this means that the patient is a dependent 18 years or older. In such cases, government regulations stipulate that the information may not be shown in order to protect the dependent patient’s privacy. Dental and prescription claims will appear on the member statement if paid under the medical plan.
   - C: The amount billed for the service provided.
   - D: The amount covered under your plan. If there is an asterisk (*) in front of the amount, this indicates the claim was from an out-of-network provider. Generally, you may increase your benefit amount by using in-network providers.
   - E: The amount applied to your annual deductible.
   - F: The amount paid by your plan. This amount equals the (D) covered amount, minus (E) the amount applied to your deductible, minus any applicable copay and coinsurance.
   - G: The amount of patient responsibility. This amount does not reflect any copay or other payments made at the time of service. You should not make payment to your provider based on the amounts shown on the member statement, but should wait for the provider to send you a bill for the remaining balance.

Questions? For more information, contact Meritain Health Customer Service at the number listed on your ID Card.