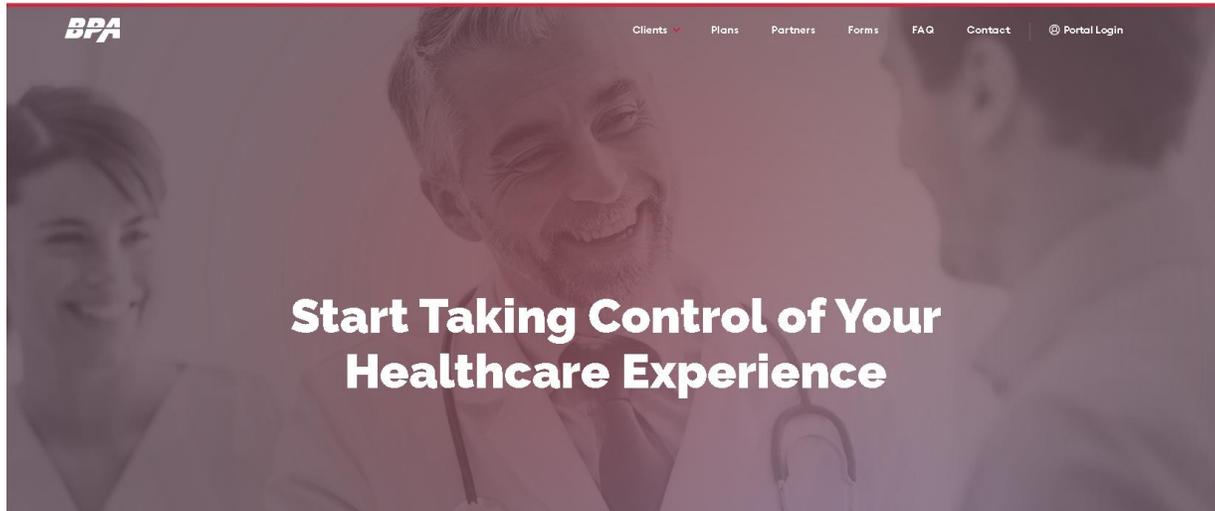


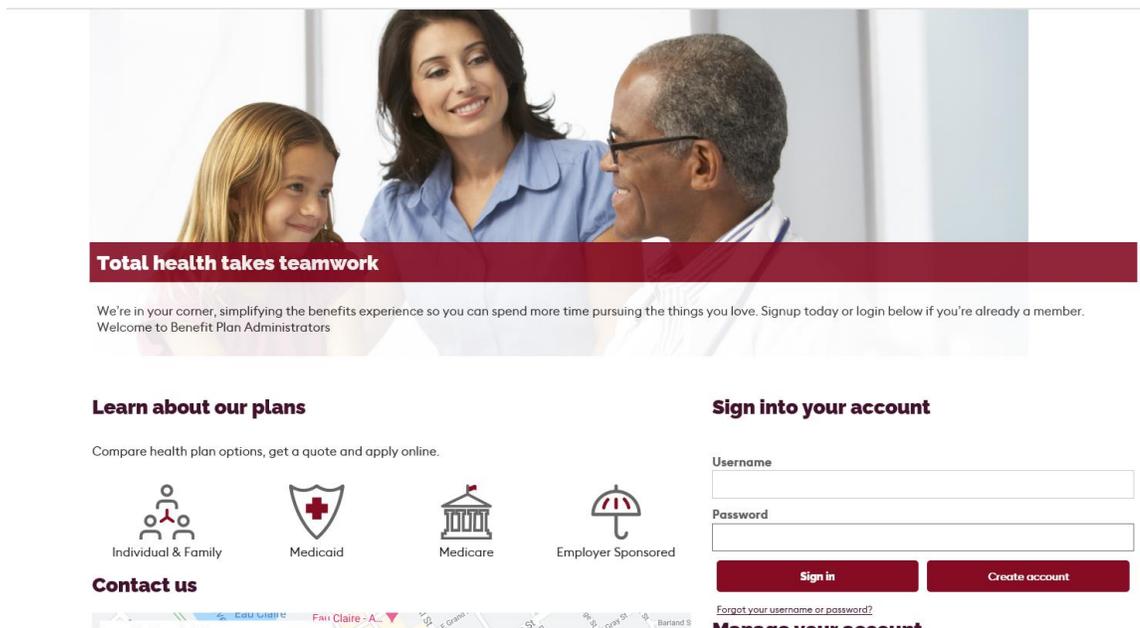
Benefit Plan Administrators Online Benefits Service

Benefit Plan Administrators offers online access to claim and benefit information for employers, providers and individual members through our website.

<http://www.bpaco.com>



From our website, employers, members, and providers can access their accounts by selecting the appropriate link from the “Portal Login” menu at the top right corner of the page. For the health plan, select the “Member, Employer, and Broker Health Plan Portal.” This will take you to the site below:



Employer level accounts will be provided with their login information by BPA.

Members (and their dependents) can self-register by selecting the “Create Account’ button.

Member registration is a 4-step process. The first page is the standard license agreement. Please read this, check the 'Accept' checkbox, and click 'Next' to continue.



License Agreement

License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthx Inc., reserves all rights not expressly granted in this Agreement.

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Term and Termination. This license is effective until terminated by either you or the producers of this website. This license will automatically terminate without notice if you fail to comply with any provisions of this Agreement. The provisions of this Agreement which by their nature extend beyond the termination of this Agreement shall survive termination of this Agreement, including but not limited to the sections relating to Restrictions, Content of the Website, Links to Third Party Websites, Disclaimer of Warranties, Limitation of Liability, and Governing Law.

Content of the Website. The insurance products, data, and other information referenced in the website are provided by parties other than the

Accept



The second step verifies your identity. Please enter your date of birth, and the member ID number shown on your ID card. If you are not the employee, please enter your own Social Security Number in place of the Member ID. Click 'Next' to continue.



Member ID

DOB

Format mm/dd/yyyy



In the third step, you will create your username and password, as well as entering your email address and a set of security questions/answers that can be used to help retrieve your login information if you should happen to forget it. Once you have entered all of the required information, click 'Next' to continue.



Username

E-mail Address

Confirm E-mail Address

Password

Confirm Password

Security Question 1
-- Select Question --

Security Question 2
-- Select Question --

Security Question 3
-- Select Question --

Previous **Next** **Cancel**



The final step shows your information for verification purposes. Click 'Finish' to continue or 'Previous' to go back and change any information you entered.



Please confirm the information below is correct and press "Finish" to complete your registration

Member Information

Your Name: John Doe
Address: 555 Any Street
City: Any City
State: WI
Zip: 55555

Account Information

Username: your username
E-mail Address: your email address

Previous **Finish** **Cancel**



Once you have completed registration or logged into the website, you will see the following pop-up if you have not signed up for paperless EOBs. The 'Go Paperless' button will take you to your profile page where you can change your EOB preferences between paper and paperless. Clicking 'Proceed' will close the pop-up and take you to the home page for your account.

You can choose to receive an email when your claim has been processed and your Explanation of Benefits (EOB) is ready online instead of receiving your EOB in the mail. The EOB provides information about how your medical claim was processed; it is not a bill or an invoice. It is important that you review your EOB, as it shows you if any portion of your claim was denied and if you are responsible for any portion of the charges.

Going paperless protects the environment and reduces costs, while keeping your EOBs secure and available 24/7.

Simply click on the "Go Paperless" button to begin receiving an email when your claim has processed and your EOB is ready online.

GO PAPERLESS
Proceed

Below is a sample of what the homepage displays.



 MESSAGES
  PROFILE
  LOGOUT

HOME
COVERAGE & BENEFITS
CLAIMS
ONLINE CUSTOMER SERVICE
BENEFIT INFORMATION
FORMS & DOCUMENTS

Welcome, [Redacted]

Member ID [Redacted]

Employer
Benefit Plan Administrators

Recent claims

| CLAIM NUMBER | DATE OF SERVICE | PROVIDER |
|-----------------------------|-----------------|--------------------|
| 22015875900 | 10/14/2020 | SEAN TARPENNING |
| 22013223700 | 9/3/2020 | SEAN TARPENNING |
| 22006901700 | 5/12/2020 | MADELINE ROSELIUS |
| 22006607800 | 5/12/2020 | MARK BILDSON |
| 22008879000 | 5/12/2020 | MCHS IN EAU CLAIRE |

View all claims


Print your ID Cards


TelaDoc


Claims Cost Estimator (Alithias)


FLEX


Claim access authorization


Wellness Tools

Deductible and out-of-pocket balances

m/v3app/a/76713520D04184E07101C1A2003140C1C130C11166E1A0A3A00135F460D1C4C2D4B001F04105E160A5215775E5050080304...

At the top of the page, you will see links for Messages, Profile, and Logout.

- Messages: This provides access to online customer service requests and replies. If you have a new reply waiting, a number will display indicating the number of unread replies.
- Profile: Provides access to your account profile where you can change your username, password, security questions, contact information, and your paper or paperless EOB options.
- Logout: This will log you out of your account and take you back to the login page.

Below these items is the menu to access various information for your health plan.

- Home: This is the main page for your account with a list of the most recent claims displayed and your current deductible/out-of-pocket information displayed below that. There are also quick links to a copy of your ID card and other other products that you may have access to or be enrolled in.
- Coverage & Benefits: This page displays your personal information such as name, ID number and date of birth. It will also show your current enrollment information as well as the most recent two years of deductible and out-of-pocket information
- Claims: Displays a list of your claims and includes search functions to find specific claims.
- Online Customer Service: Provides a list of pre-designed questions and requests that can be completed and sent to our customer service department via this portal.
- Benefit Information: This page provides access to plan documents as well as links to PPO networks and prescription drug management vendor.
- Forms & Documents: Provides a link to the standard forms available on our website as well as listing any forms that may be customized for your plan.

This is a sample view of the Coverage & Benefits page.

Personal Info

| | | | |
|--------------|-----------------------------|-----------------------------|---------------------------------|
| Member Name: | | Relationship to Subscriber: | Insured (Policyholder/Employee) |
| Member ID: | | Date of Birth: | |
| Gender: | M | Group Number: | |
| Group Name: | Benefit Plan Administrators | Status: | Active |

Coverage Info

| | | | |
|--------------------------------|---------|-----------------|-------------|
| RX - Prescription Drugs | | | |
| Plan Name: | 500MIAB | Coverage Dates: | 1/1/2019 - |
| Status: | | Coverage Type: | Single |
| MM - Medical | | | |
| Plan Name: | 500MIAF | Coverage Dates: | 1/1/2019 - |
| Status: | | Coverage Type: | Single |
| DE - Dental | | | |
| Plan Name: | 500MIAA | Coverage Dates: | 10/1/2000 - |
| Status: | | Coverage Type: | Single |

My Balances

Plan Year: 2020

| MEDICAL | AMOUNT MET | MAX AMOUNT | PERCENT MET |
|---|------------|------------|----------------------------------|
| Individual | | | |
| Medical Individual In-Network Deductible | \$245.10 | \$0.00 | <div style="width: 100%;"></div> |
| Medical Individual In-Network Out-of-Pocket | \$245.10 | \$0.00 | <div style="width: 100%;"></div> |
| Medical Individual Out-of-Network Deductible | \$245.10 | \$0.00 | <div style="width: 100%;"></div> |
| Medical Individual Out-of-Network Out-of-Pocket | \$245.10 | \$0.00 | <div style="width: 100%;"></div> |
| Family | | | |
| Medical Family In-Network Deductible | \$245.10 | \$0.00 | <div style="width: 100%;"></div> |
| Medical Family In-Network Out-of-Pocket | \$245.10 | \$0.00 | <div style="width: 100%;"></div> |
| Medical Family Out-of-Network Deductible | \$245.10 | \$0.00 | <div style="width: 100%;"></div> |
| Medical Family Out-of-Network Out-of-Pocket | \$245.10 | \$0.00 | <div style="width: 100%;"></div> |

| DENTAL | AMOUNT MET | MAX AMOUNT | PERCENT MET |
|--|------------|------------|----------------------------------|
| Individual | | | |
| Dental Individual In-Network Deductible | \$0.00 | \$0.00 | <div style="width: 100%;"></div> |
| Dental Individual In-Network Out-of-Pocket | \$0.00 | \$0.00 | <div style="width: 100%;"></div> |
| Dental Individual Out-of-Network Deductible | \$50.00 | \$0.00 | <div style="width: 100%;"></div> |
| Dental Individual Out-of-Network Out-of-Pocket | \$0.00 | \$0.00 | <div style="width: 100%;"></div> |
| Family | | | |
| Dental Family In-Network Deductible | \$0.00 | \$0.00 | <div style="width: 100%;"></div> |
| Dental Family In-Network Out-of-Pocket | \$0.00 | \$0.00 | <div style="width: 100%;"></div> |

The “Viewing information for:” dropdown at the top of the page allows you to select different members of a family to see each person’s information.

Per federal privacy regulations, employees do not have access to information for a spouse or dependents over age 18 unless authorized by that individual. Spouses and dependents will have access to only their information unless authorized by an individual. Authorization can be provided using the ‘Claim access authorization’ tool available in the quick links on the home page.

This is a sample view of the Claims page as well as a view of the search options available when clicking the 'Filter Claims Results' button.



Filter Claims Results

Showing 2 Claims for User

Export Results (CSV)

| CLAIM NUMBER | PATIENT NAME | SERVICE DATE | TOTAL CHARGE | MY RESPONSIBILITY | PROVIDER | CLAIM STATUS |
|-----------------------------|--------------|--------------|--------------|-------------------|--------------------|--------------|
| 22015875900 | | 10/14/2020 | \$1,652.00 | \$0.00 | SEAN TARPENNING | Finalized |
| 22008879000 | | 5/12/2020 | \$2,837.90 | \$0.00 | MCHS IN EAU CLAIRE | Finalized |

By Date:

Select Member

Begin Date

End Date

Search

By Claim Number:

Claim Numbers

One claim number per line

Search

Reset Filters / View All

The claim listing shows a general overview of the claim including the date of service, the charge, the member's responsibility, the healthcare provider, and the status of the claim.

Clicking the claim number will provide detailed information about the claim as well as links to submit questions about the claim, print a copy of this view, and access a copy of the original EOB.



[I have a question about this claim](#) [Print](#) [Return to Claim Search](#)

[Original View](#)

Claim #22015875900

Member: _____ Date of Service: 10/14/2020
 Member ID: _____ Service Provider: SEAN TARPENNING
 Claim Status: Finalized

| TOTAL CHARGES | DISCOUNT | PLAN PAID | YOU OWE |
|---------------|----------|-----------|----------|
| \$1,652.00 | - \$0.00 | \$778.42 | = \$0.00 |

Claim Details

| PROVIDER CHARGES | | PLAN CHARGES | | | MEMBER RESPONSIBILITY | | |
|------------------------|-------------------|---------------|-----------------|---------------|-----------------------|---------------|-----------------------|
| DESCRIPTION/CODE (CPT) | CHARGE | DISCOUNT | PLAN PAID | PLAN SAVINGS | CO-PAY | YOU OWE | APPLIES TO DEDUCTIBLE |
| (D2740) | \$1,259.00 | \$0.00 | \$604.50 | \$0.00 | \$0.00 | \$0.00 | \$50.00 |
| (D2950) | \$393.00 | \$0.00 | \$173.92 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | \$1,652.00 | \$0.00 | \$778.42 | \$0.00 | \$0.00 | \$0.00 | \$50.00 |

This is a view of the Online Customer Service page.



HOME COVERAGE & BENEFITS CLAIMS **ONLINE CUSTOMER SERVICE** BENEFIT INFORMATION FORMS & DOCUMENTS

Contact Us

Plan/Coverage Requests or Questions

- [Request ID Card](#)
- [Was my change form received?](#)
- [Employee Deductible / Out of Pocket Request](#)
- [Is my doctor or facility plan participants?](#)
- [Employee Name / Address Change Request](#)
- [Is a prior authorization required for a service?](#)

Claim Questions

- [Was my claim received?](#)
- [Was my claim paid?](#)
- [Why was my claim denied?](#)
- [Was the requested claim information received?](#)
- [What is the remaining balance owed on my claim?](#)

Clicking one of these links will open up a page where you can complete a form to submit questions or requests to our customer service department. Responses to your questions will display in the ‘Messages’ page that can be accessed at the top of the screen. Our standard response time is within 1 business day.

This is a sample view of the Benefit Information page.



HOME COVERAGE & BENEFITS CLAIMS ONLINE CUSTOMER SERVICE **BENEFIT INFORMATION** FORMS & DOCUMENTS

Member Plan Documents

Your member plan document information is not available at this time. Please contact your HR Administrator for this information.

Thank you.

Click on the following to view your PPO network:

THE ALLIANCE 
Employers moving health care forward

If traveling out of area, you can find a provider in these networks:

 PHCS

⊙

Your prescription drug benefit is managed by:

SERVE YOU 

Any documents for your plan are listed here along with the logos/links to your PPO network(s) and your prescription drug benefit manager.

The Forms & Documents page shown below provides a link directly to the standard forms available on our website. If your plan has any customized forms available, they will display here.



HOME

COVERAGE & BENEFITS

CLAIMS

ONLINE CUSTOMER SERVICE

BENEFIT INFORMATION

FORMS & DOCUMENTS

To access standard forms and documents, please [visit BPA's website](#). Any plan-specific documents are included below.

Thank you for using our online benefits website. Please let us know if you have any questions or comments.