FAIROS POWERED BY OCCUNET | VAULT STRATEGIES

Member Experience

A short guide to help you navigate your benefits plan

07012024

How to Access Medical Care:

- Your health plan is an open network.
- This means every doctor / provider is eligible to deliver services to you and your dependents.
- If the front desk staff has any questions about your insurance that you cannot answer, advise them to call your TPA.

How to Pay Your Medical Bill

- Compare the price of your medical bill to your Explanation of Benefits (EOB) before making any payment.
- You will receive your EOB in the mail.
- If the price of your medical bill matches your patient's responsibility on the EOB, you can pay the bill.
- If the price of your medical bill does not match your patient's responsibility on the EOB, this is a balance bill.

If You Receive a Balance Bill, Follow These Steps

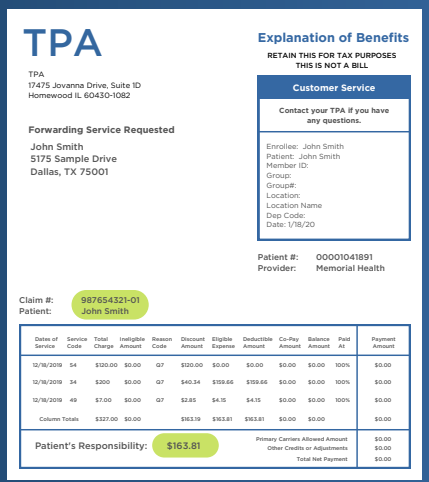
- Call your TPA to confirm you have a balance bill.
- Your TPA will confirm & then transfer you to your personal member advocate at Fairos.
- You will know your Fairos Advocate's name and have direct access to them via phone & email.
- Your Advocate will set you up on the Fairos portal so you can track the status of your balance bill.
- Expect frequent updates from your Fairos Advocate at a minimum of every 15 calendar days until it's resolved.

What to expect from Fairos

- Personal member advocate dedicated to you
- Access to a portal giving you real-time updates 24/7
- No member homework / balance bill packets
- Balance bills are settled within a week to a few months
- Timely updates from your personal member advocate

For more information about your benefit plan contact your TPA.

Example EOB



TPA

TPA
17475 Jovanna Drive, Suite 1D
Homewood IL 60430-1082

Explanation of Benefits

RETAIN THIS FOR TAX PURPOSES
THIS IS NOT A BILL

Customer Service

Contact your TPA if you have any questions.

Forwarding Service Requested

John Smith
5175 Sample Drive
Dallas, TX 75001

Enrollee: John Smith
Patient: John Smith
Member ID:
Group:
Group#:
Location:
Location Name
Dep Code:
Date: 1/18/20

Patient #: 000001041891
Provider: Memorial Health

Claim #: 987654321-01
Patient: John Smith

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Eligible Expense	Deductible Amount	Co-Pay Amount	Balance Amount	Paid At	Payment Amount
12/18/2019	54	$120.00	$0.00	G7	$120.00	$0.00	$0.00	$0.00	$0.00	100%	$0.00
12/18/2019	34	$200	$0.00	G7	$40.34	$159.66	$159.66	$0.00	$0.00	100%	$0.00
12/18/2019	49	$7.00	$0.00	G7	$2.85	$4.15	$4.15	$0.00	$0.00	100%	$0.00
Column Totals		$327.00	$0.00		$163.19	$163.81	$163.81	$0.00	$0.00		$0.00

Patient's Responsibility: $163.81

Primary Carriers Allowed Amount $0.00
Other Credits or Adjustments $0.00
Total Net Payment $0.00