

How the EBA&M HRA works

What is a health reimbursement arrangement (HRA)?

An HRA is an account that gives you money to pay for your care. Your employer set up the account and puts money into it. Because the money isn't part of your wages, you won't pay taxes on it. You can use this money to help pay your health care costs.

What should I do if my card is lost or stolen, or I need a replacement?

Contact EBA&M member services to report any loss or theft as soon as possible. Should you need additional cards you can order them by phone.

Getting Started

1. Once enrolled in the Blue Shield of CA medical program you will receive a welcome letter and your EBA&M ID card in the mail.

Receive Services

1. Member goes to provider for services and provides both the Blue Shield of CA ID card and the EBA&M Insurance ID card. On your first visit please also bring a copy of the EBA&M provider instructions letter.
2. Provider verifies coverage and charges a fee at the time of service.

Paying for care

1. 4-5 weeks after visit, your provider will send a bill; Do not pay yet.
2. EBA&M will process the claim and make applicable payments directly to your provider.
3. A new EBA&M EOB that details your responsibility will be sent to you after claims is processed.

Managing your account

1. Go to <https://ebamonline.com>
2. Register and/or login to view payment information.
3. Use your member ID # on your EBA&M ID Card.

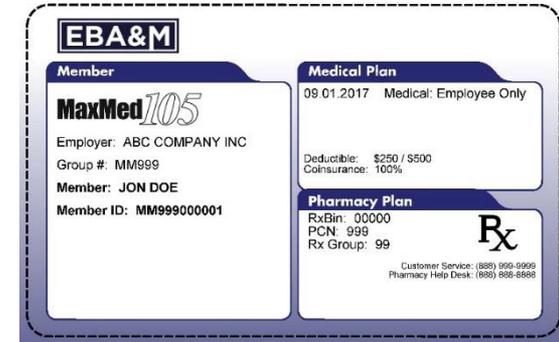
Requesting reimbursement

You can file for reimbursement 3 ways:

- 1) Email Service@ebam.com
- 2) Fax claim to (408) 583-4018
- 3) Submit jotform form.jotform.com/ebam/reimbursement-form

Additional information

You can also call [800-249-8440](tel:800-249-8440) to speak to a customer service representative, Monday through Friday from 8 a.m. to 5 p.m. or email Service@ebam.com



Prescription Benefits

- ✓ Show the pharmacist both of your primary insurance and secondary cards. As reminder, Blue Shield of CA is primary and EBA&M is secondary.
- ✓ The pharmacist will transmit the RX info to the Primary Insurance and then to WellDyneRx who manages the prescriptions on the HRA program.
- ✓ The pharmacist will charge you the applicable co-pay.

How Does My Provider Verify Benefits?

- From the Internet your provider can go to www.ebam.com and click on “Providers”
- Preferably, the provider can call. They will have to use our IVR fax back system to verify benefits, EBA&M’s company policy is to use this system in lieu of speaking to a live representative.

EBA&M	
Member	Medical Plan
MaxMed105	09.01.2017 Medical: Employee Only
Employer: ABC COMPANY INC	Deductible: \$250 / \$500
Group #: MM999	Coinsurance: 100%
Member: JON DOE	
Member ID: MM999000001	
	Pharmacy Plan
	RxBin: 00000
	PCN: 999
	Rx Group: 99
	Rx
	Customer Service: (888) 999-9999 Pharmacy Help Desk: (888) 888-8888

Medical Claims	Pharmacy Claims
Possession of this card does not guarantee eligibility for benefits.	Preferred Pharmacy First Payor: See carrier ID card Secondary Payor: Rx Carrier.
SUBMIT MEDICAL CLAIMS TO CARRIER FIRST. Call EBA&M for questions regarding self-funded plans (877) 587-4534	RxBin must be submitted on claim with PCN for claim to be processed by Rx Carrier.
Medical Providers/Members	Pharmacist - Split billing necessary
1. The employer self-funds (pays) a portion of the charges applied after the claim has been adjudicated by the carrier.	1. Input member's carrier id# in your system and transmit claim to carrier for adjudication.
2. Submit the claim to the carrier.	2. Carrier response will usually reflect one of the following: A. Patient has deductible or B. Patient has a co-pay.
3. Member needs to submit their Explanation of Benefits (EOB) from the carrier to EBA&M along with a completed 105 claim form.	3. Take the amount given by the carrier and transmit this through Rx Carrier. Make sure you use PCN 999. Rx Carrier will reimburse the pharmacy.
4. EBA&M will process the claim based on the reimbursement benefits available and will send payment to the provider.	4. If response B comes back, collect only the co-pay.
EBA&M Corporation / PO Box 5079 / Westlake Village, CA 91359 / Tel: (877) 587-4534 / Fax: (714) 668-9134 / claim forms are available at www.ebam.com	

EBA&M Success At The Pharmacy

- ◆ In order for you to receive your prescriptions at the copay listed on your EBA&M ID card, it will be important to show both Blue Shield of CA and EBA&M ID Cards at the pharmacy.
- ◆ In an effort to streamline the transactions at your chosen pharmacy, we are asking for your help. We'd like the opportunity to contact your pharmacy to verify that your benefits are loaded correctly. Even if you don't have any current prescriptions to fill, we want it all setup for your convenience in the future.
- ◆ A form will be distributed to collect this information. Please email the form to service@ebam.com
- ◆ For those of you not interested in giving your information to us in advance, we have a "Instructions for Accessing Care" form that can be made available upon request.

EBA&M (Claims Payment) Concierge Service

EBA&M Concierge Service

- ◆ The Concierge plan requires that you submit your Blue Shield of CA “Explanation of Benefits” (EOB’s) to EBA&M after each point of service in order for your claims to be processed.
- ◆ EBA&M offers an EOB Concierge Service where EBA&M will automatically retrieve your EOB’s from the Blue Shield of CA website.
- ◆ You will first need to register on the Blue Shield of CA website (blueshieldca.com) then register with the EBA&M Concierge Service.

How to Register with EBA&M Concierge

After you register on the Blue Shield of CA site (www.blueshieldca.com) you can then enroll with EBA&M Concierge:

EBA&M Concierge Online Enrollment

Visit <https://www.ebam.com/maxmed105/other-eob-form/>

- (1) click on “EOB Concierge Enrollment Form” (located middle left on page)
- (2) click on “Other Insurance Members” (located at the bottom of the page)
- (3) Fill in your information and include your Blue Shield of CA username and password on the registration form, then submit for processing. Please note, your username and password on the registration form must be exactly as you entered it on the Blue Shield of CA website. This includes uppercase, lowercase, numbers and special characters or symbols.

Note: Due to the ACA privacy law, all family members ages 16 or older will need to register separately for the EBA&M Concierge service. This will require each family member ages 16 or older to provide EBA&M with separate Blue Shield of CA usernames and passwords

Accessing your EBA&M Account Information

WE'VE MADE ACCESSING YOUR BENEFITS INFORMATION EASY!

- From the Internet, go to www.ebam.com and click on **“Plan Participants”**
 - Click on the **“EBA&M Online (5 Digit Group Number)”** button to get to the User ID and Password screen
 - Input your User ID and Password
 - If you don't have one yet, click on **“Register”**
 - Click the drag-down menu arrow in the **“User Type”** menu and choose **“Employee”** or **“Dependent”**, then input your 5 digit **Group Number MMXXX**
 - Once you do that, Employees will be asked for their Social Security Number, while dependents will be asked for their name, date of birth and gender
 - You will now be asked for your address, phone number and email address

KEY FEATURES

- Claims Inquiry- You can check the status of your claims 24 hours a day, 7 days a week
- Coverage Inquiry - Although you should always refer to the actual Summary Plan Document for detailed Plan Benefits, you may access a summary of your benefits here; you can also verify your eligibility at any time
- Links - The “Links” section offers you web-links to all of the various vendors associated with your plan, i.e. the PPO Network, the Utilization Review company, or the Prescription Drug Plan
- Frequently Asked Questions - Here you will find a list of answers to the questions that we receive most frequently from our clients

Employee Experience

EBA&M Online Portal



Employee Experience

EBA&M Mobile App



EBA&M EOB

E.B.A. & M. CORPORATION
P.O. BOX 5079
Westlake Vlg., CA 91359

THIS IS NOT A BILL.

*If you have any questions about this claim, please call
(714) 668-8920 * (800) 249-8440
Status & Benefits visit www.ebam.com

Return Service Requested

23673 0-3820 AB 0-403 ALL FOR ABC 550
YOUR NAME HERE
SCOTT VALLEY, CA 95041-5229

Beneficiary: YOUR NAME HERE
Patient: YOUR NAME HERE
Member ID: 0000000000
Insured SSN #: XXX-XX-1234
Group: XXXX
Group #: XXXX
Claim #: 142K201905
Date: 10/1/14

Explanation of Benefits for Services Provided By:
MURJONO REKSOTMODJO, DDS

Date of Service	Service Code	Total Charge	Indigible	Discount Amount	Reason Code	Covered By	Deductible Amount	Co-Pay	Co-Insurance	Paid At	Payment Amount
07/30/14-07/30/14	DENT PREVENTI	80.00		0.00		00.00	0.00	0.00	100%		80.00
07/30/14-07/30/14	DENT PREVENTI	70.00		0.00		70.00	0.00	0.00	100%		70.00
07/30/14-07/30/14	DENT PREVENTI	110.00		0.00		110.00	0.00	0.00	100%		110.00
TOTALS		260.00	0.00	0.00		260.00	0.00	0.00			260.00

Other Credits or Adjustments
Total Net Payment: 260.00
Total Patient Responsibility: 0.00

Payment To: YOUR NAME HERE
Amount: 260.00

Message Code - Description

*** You are entitled to a review of this benefit determination if you have questions or do not agree. Written request for review must be mailed within 180 days following receipt of this explanation. To obtain a review, submit your request to the address listed below to the attention of "Appeals Department". Your request should include your name, member ID and other identifying information shown on this form, as well as a statement of the issue and any data, documents or comments you would like to have considered. Ordinarily, you will receive notification of the final determination within 60 days following receipt of your request. If special circumstances require an extension of time, you will be notified of such extension within 90 days following receipt of your request. SEND ALL WRITTEN APPEALS TO: APPEALS DEPARTMENT c/o E.B.A.M. Corporation 3505 Collier Ave, Suite 0120 Costa Mesa, CA 92626. Please be advised this Plan is an ERISA Plan subject to the provisions of the Federal Claims and Appeals Regulation (July 2002).

*** Your plan may or may not require satisfaction of co-pay, annual deductible, or coinsurance. For additional information on why a co-pay, deductible or coinsurance was applied to this claim, please refer to the Schedule of Benefits section of your Summary Plan Description.

E.B.A. & M. CORPORATION
MAXMED 035
P.O. BOX 5079
Westlake Village, CA 91359

CLAIM#
CHECK NO. 0000153383
ISSUE DATE 10/1/14
AMOUNT
***260.00

*****260 DOLLARS AND 00 CENTS *****

PAY TO THE ORDER OF YOUR NAME HERE

VOID AFTER 120 DAYS

CITY NATIONAL BANK
WESTLAKE VILL, CA 91361

VOID

Authorized Signature

⑆0000 15338⑆ ⑆1220 4666⑆ 052⑆07338⑆