

Get the answers you need quickly. Follow the steps below to view member benefits information in the Provider Benefit Tool.



NOTE: You can always access FAQs from the top ribbon in the Provider Benefit Tool to get the answers you need if you get stuck while checking eligibility or benefit information.



Viewing Member Benefits and Eligibility, Continued

3 Click on the "Patient Name" to open patient/member information.

| | SEARC | H Quick S | earch | Patient Looku | ID Brows | e Claims | |
|-------------------------------------------------|-------------|----------------------------------|----------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|----------|-------|
| | | Search for Patien Subscriber | ts, Claims, or R ID, Claim ID, Chee | emittance Advice using :k Reference ID, SSN, Medic | any form of numeric IE aid, Check Number | þ | |
| | ID N | JMBER | | | | | |
| | 80 | | | | SEA | RCH | |
| | | | | | | | |
| S (1) PATIENT NAME | | | | | SUBSCRIBER NAME | | |
| s (1) PATIENT NAME | | | | | SUBSCRIDER NAME | | |
| S (1) PATIENT NAME | SEN | DATE OF BIRTH | GENDER | RELATIONISHP TO SUBSCRIPER | SUBSCRIBER NAME SUBSCRIBER ID 80 | SSN | PHONE |
| s (1) PATIENT NAME PATIENT ID | SSN | DATE OF BIRTH | gender F | RELATIONSHIP TO SUBSCRIBER Subscriber | SUBSCRIBER NAME SUBSCRIBER ID | 55N | PHON |
| s (1) PATIENT NAME PATIENT ID Coverage | 55N Pian | DATE OF BIRTH Eligibility Per | GENDER F | RELATIONSHIP TO SUBSCRIBER Subscriber | SUBSCRIBER NAME SUBSCRIBER ID BO GROUP ST 11 INEYS LIE / | SSN | PHON |

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|------------------------------------------------------------------|--------------------|---------------------------------------|------------------------|---------------|--------------------------------------------------------------------------------------------------------|--|
| | Patient ID | Date of Birth | Subscriber Name | Subscriber ID | Group ST. LUKE'S HEALTH S | |
| Policy Details | | Back 1 | о Тор | | | |
| MEDICAL | SEL | CTHEALTH CARE 04/01/2022 - Present | | | | |
| Deductible Accumulators | | L | FAMILY | | Policy Disclaimer | |
| PARTICIPATING | \$1,500.00 | D maximum | \$9,999,999.99 maximum | _/ | This is not a guarantee of coverage | |
| | \$1,262.37 | total met | \$1,262.37 total met | | or payment. The estimate shown here may vary from the actual | |
| Copay and Coinsurance | | ł | | | benefit received when the claim is submitted. Differences may be due to the deductible or annual | |
| SERVICE TYPE | COPAY | DEDUCTIBLE | COINSURANCE | | changes in how the service is | |
| MEDICAL DEDUCTIBLE | \$0.00 | \$1,500.00 | 0% | | billed, or changes in the applicable Select Health coverage policy | |
| OFFICE PCP AFTER DEDUCTIBLE | \$0.00 | \$0.00 | 20% | | This convice may not be covered if | |
| | \$0.00 | \$0.00 | 20% | | this service may not be covered if there are changes in eligibility, the | |
| PHYSICAL THERAPY OUTPATIENT | \$0.00 | \$0.00 | 20% | | member is in an applicable waiting | |
| PHYSICAL THERAPY OUTPATIENT OFFICE SCP AFTER DEDUCTIBLE | 0.00 | | | | period, or the claim needs to be | |
| PHYSICAL THERAPY OUTPATIENT OFFICE SCP AFTER | 40.00 | | | | period, or the claim needs | |

5 Click on the Member Payment Summary (MPS) to view patient benefits. Each plan type/member will have a unique MPS, please review *Understanding the Member Payment Summary* if you are new to using these documents.

Still have questions? Please contact Member Services at 801-442-3692 or email Provider Web Services.

