

HOW TO READ YOUR INSURANCE CARD

FRONT



QuikTrip Corporation Employee Benefit Plan Self-Funded Plan Administered by QuikTrip Corporation

1 POLICY HOLDER:
2 ID NUMBER:
3 GROUP NUMBER: 44172
3 PRIMARY CARE:
4 In-Network Benefits: Individual/Family
 Deductible: \$2,500/\$7,500
5 Max OOP: \$4,500/\$10,500
 Out-Of-Network Benefits: Individual/Family
 Deductible: \$4,500/\$10,500
 Max OOP: \$20,000/\$40,000

6 QT HMO Plan: Referrals may be required from designated primary care for In-Network benefits.
6 Primary Care: \$0
 Virtual Visits: \$0 98point6
7 COPAYMENTS AFTER DEDUCTIBLE
 Specialist (Office Visit): \$30 (referral required)
 Ped/OBGYN (Office Visit): \$30 (qtquikmed.com)
 Urgent Care: \$100
 Emergency Room: \$400

8 Patient's responsibility is NOT collected by the provider at the time of service. QuikTrip pays 100% of the allowable to the provider on behalf of the patient. QuikTrip will invoice the policy holder for any amount owed towards the deductible and copayments.

- The **policy holder's name** will be the name listed for all cards and is effective for your dependents, as long as the dependents are active on your policy.
- The **ID number** will now be the employee ID number, **NOT** the social security number.
- This is your **designated primary care clinic**. All other primary care providers will be considered out-of-network.
- A **Deductible** is the amount you may be required to pay before your plan begins to pay for covered costs.
- The **Maximum Out-of-Pocket** amount is the most you have to pay for covered services in a fiscal year. After the Max OOP has been met, QuikTrip pays 100% of allowable charges for covered services.
- QuikTrip pays **in-network** providers at 100% of allowable charges, meaning you should not pay anything at the time of service if you are at an in-network provider, an urgent care office, or an emergency room. QT pays in-network providers directly and collects patient responsibility from the policy holder through QT Accounts Receivable via invoices and payroll deductions. This means you should not receive a bill directly from the provider unless the service is for out-of-network or out-of-area services. If you do receive a provider bill, please contact the Benefits Department to verify whether you are responsible for payment to the provider.
- NEW QT Benefits phone number** allows members to connect with your designated primary care clinic directly for questions and scheduling. This line also connects to QT Benefits Department for questions pertaining to billing, referrals, claims, and general benefits.
- NEW QT Benefits website** to see a list of in-network OBGYNs, pediatricians, hospital systems, and urgent cares.

- Primary care visits** through your designated primary care clinic or virtual visits through 98point6 are completely free for all QT HMO Plan members. No deductible or copayments will apply to these visits.
- Copayments** are a fixed amount you pay for a health care service and apply **AFTER** the deductible has been met. For a list of all copayment amounts, please see the Health Plan Document located in Beyond the Paycheck.

BACK

9 Member Customer Service
 QT Benefits: 833.449.2408
10 Website: qtquikmed.com

11 Quest Diagnostics
12 First Health Network Complementary

Claim Filing: Providers must submit claims within 180 days of the date of service.
Claim Mailing Address:
 QuikTrip, P.O. Box 21690, Eagan, MN 55121
EDI Claims Payer ID: 73067
Claim Status or Member Eligibility:
 QT Benefits at 918.615.7972

Pre-certification is required for inpatient admissions and specific outpatient services. Failure to notify may result in reimbursement from the Plan being reduced or entirely excluded. American Health must be contacted at 800.641.5566 at least 48 hours in advance of services being rendered or within 48 hours after a medical emergency.

First Health Network: Provider Locator Assistance and Customer Service
Phone Number: 800.226.5118
Website: firsthealthcomplementary.com
 When seeking care outside of the policy holder's QT division use First Health Complementary Network for in-network out-of-area benefits.

Present this card to your medical provider at the time of service. This card does not guarantee coverage. Persons with coverage that remains in force are entitled to benefits under the terms and conditions of the group health plan.

13 Rx ID: _____ Rx Bin: 006558 Rx Group: QT58
 Phone: 800.228.3108 Website: savrx.com

- Quest Diagnostics** is the preferred in-network provider for labs.
- Use **First Health Complementary** to locate an in-network provider for out-of-area benefits when traveling or if you have a dependent that lives outside of the policy holder's QuikTrip Division.
- Sav-RX** is your prescription provider and your account information is now included on this card.