

# Bernie Prohaska

✔ Active coverage
 A service with active coverage was found.

<b>Subscriber</b>	First name	Middle name	Last name	Gender	Member ID	Date of birth	Address line 1	Address line 2
	Bernie	-	Prohaska	Male	23051322	01/01/1999	Richmond Motorway	O'Connell Points
	City	State	Postal code	Plan dates	Group number	Group name	Plan name	
	Prohaska borough	TN	84779	01/01/2000—12/31/2037	20126	Ferry LLC	E20	
	Plan number 527							
<b>Payer</b>	Name Stedi Test Payer		Payer ID STEDI					
<b>Provider</b>	Organization	Payer ID	NPI					
	STEDI	STEDI	1447848577					

## Benefits

E20 Plan 1 of 1

### STC 30 Health Benefit Plan Coverage

Type	Coverage level	Network indicator	Coverage	Benefit
Statuses	Employee only	Not set	✔ Active coverage	Plan E20
Co-insurance	Individual	In and out of network	30% per calendar year	Not set
Deductible	Individual	In and out of network	\$2,000.00 per calendar year	Not set
Deductible	Family	In and out of network	\$4,000.00 per calendar year	Not set
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Co-payment	Individual	In and out of network	\$25.00 per calendar year	Not set

### STC 35 Dental Care

Type	Coverage level	Network indicator	Coverage	Benefit
Benefit description	Individual	In and out of network	Not set	Message General dentistry is not covered and should be billed to the members dental insurance carrier.

### STC 1 Medical Care

Type	Coverage level	Network indicator	Coverage	Benefit
Benefit description	Individual	In and out of network	Not set	Message Preventive services covered 100%.

**STC 2 Surgical**

Type	Coverage level	Network indicator	Coverage	Benefit
Co-payment	Individual	In and out of network	\$50.00 per calendar year	Message Copay applies to office visits.
Benefit description	Individual	In and out of network	Not set	Prior authorization Required

**STC 3 Consultation**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Benefit description	Individual	In and out of network	Not set	Message Preventive services covered 100%.

**STC 25 Restorative**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Benefit description	Individual	In and out of network	Not set	Prior authorization Required

**STC 28 Adjunctive Dental Services**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Co-payment	Individual	In and out of network	\$50.00 per calendar year	Message Copay applies to office visits.
Benefit description	Individual	In and out of network	Not set	Prior authorization Required

**STC 33 Chiropractic**

Type	Coverage level	Network indicator	Coverage	Benefit
Limitations	Individual	In and out of network	30 visits per calendar year	Not set

**STC 37 Dental Accident**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Co-payment	Individual	In and out of network	\$50.00 per calendar year	Message Copay applies to office visits.

**STC 40 Oral Surgery**

Type	Coverage level	Network indicator	Coverage	Benefit	
Co-payment	Individual	In and out of network	\$50.00 per calendar year	Message	Copay applies to office visits.
Benefit description	Individual	In and out of network	Not set	Prior authorization	Required

**STC 41 Routine (Preventive) Dental**

Type	Coverage level	Network indicator	Coverage	Benefit	
Out of pocket	Individual	In and out of network	\$7500.00 per calendar year	Not set	
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set	
Benefit description	Individual	In and out of network	Not set	Message	General dentistry is not covered and should be billed to the members dental insurance carrier.

**STC 47 Hospital**

Type	Coverage level	Network indicator	Coverage	Benefit	
Benefit description	Individual	In and out of network	Not set	Prior authorization	Required

**STC 48 Hospital - Inpatient**

Type	Coverage level	Network indicator	Coverage	Benefit	
Benefit description	Individual	In and out of network	Not set	Prior authorization	Required

**STC 49 Hospital - Room and Board**

Type	Coverage level	Network indicator	Coverage	Benefit	
Out of pocket	Individual	In and out of network	\$7500.00 per calendar year	Not set	
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set	
Benefit description	Individual	In and out of network	Not set	Prior authorization	Required

**STC 50 Hospital - Outpatient**

Type	Coverage level	Network indicator	Coverage	Benefit	
Benefit description	Individual	In and out of network	Not set	Prior authorization	Required

**STC 51 Hospital - Emergency Accident**

Type	Coverage level	Network indicator	Coverage	Benefit	
Co-payment	Individual	In and out of network	\$200.00 per calendar year	Messages	<ul style="list-style-type: none"> <li>Copay is waived if member is admitted.</li> <li>Additional services subject to deductible &amp; coinsurance</li> </ul>

**STC 52 Hospital - Emergency Medical**

Type	Coverage level	Network indicator	Coverage	Benefit
Co-payment	Individual	In and out of network	\$200.00 per calendar year	Messages <ul style="list-style-type: none"> <li>• Copay is waived if member is admitted.</li> <li>• Additional services subject to deductible &amp; coinsurance</li> </ul>

**STC 53 Hospital - Ambulatory Surgical**

Type	Coverage level	Network indicator	Coverage	Benefit
Benefit description	Individual	In and out of network	Not set	Prior authorization Required

**STC 54 Long Term Care**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set

**STC 67 Smoking Cessation**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set

**STC 69 Maternity**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Benefit description	Individual	In and out of network	Not set	Message Preventive services covered 100%.

**STC 76 Dialysis**

Type	Coverage level	Network indicator	Coverage	Benefit
Benefit description	Individual	In and out of network	Not set	Prior authorization Required

**STC 83 Infertility**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Co-payment	Individual	In and out of network	\$50.00 per calendar year	Message Copay applies to office visits.
Benefit description	Individual	In and out of network	Not set	Prior authorization Required

**STC 86** Emergency Services

Type	Coverage level	Network indicator	Coverage	Benefit
Co-payment	Individual	In and out of network	\$200.00 per calendar year	Messages <ul style="list-style-type: none"> <li>• Copay is waived if member is admitted.</li> <li>• Additional services subject to deductible &amp; coinsurance</li> </ul>

**STC 89** Free Standing Prescription Drug

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Co-payment	Individual	In and out of network	\$10.00 per calendar year	Not set

**STC 90** Mail Order Prescription Drug

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Co-payment	Individual	In and out of network	\$30.00 per calendar year	Not set

**STC 92** Generic Prescription Drug

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Co-payment	Individual	In and out of network	\$10.00 per calendar year	Not set

**STC 98** Professional (Physician) Visit - Office

Type	Coverage level	Network indicator	Coverage	Benefit
Benefit description	Individual	In and out of network	Not set	Message Preventive services covered 100%.

**STC A4** Psychiatric

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set

**STC A5** Psychiatric - Room and Board

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7500.00 per calendar year	Not set

Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Benefit description	Individual	In and out of network	Not set	Prior authorization Required

#### STC A7 Psychiatric - Inpatient

Type	Coverage level	Network indicator	Coverage	Benefit
Benefit description	Individual	In and out of network	Not set	Prior authorization Required

#### STC A8 Psychiatric - Outpatient

Type	Coverage level	Network indicator	Coverage	Benefit
Benefit description	Individual	In and out of network	Not set	Prior authorization Required

#### STC AG Skilled Nursing Care

Type	Coverage level	Network indicator	Coverage	Benefit
Limitations	Individual	In and out of network	100 visits per calendar year	Not set

#### STC AJ Alcoholism

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set

#### STC AK Drug Addiction

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set

#### STC AL Vision (Optometry)

Type	Coverage level	Network indicator	Coverage	Benefit
Benefit description	Individual	In and out of network	Not set	Message General optometry should be billed to member's vision insurance carrier.

#### STC BT Gynecological

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Benefit description	Individual	In and out of network	Not set	Message Preventive services covered 100%.

**STC BU Obstetrical**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Benefit description	Individual	In and out of network	Not set	Message Preventive services covered 100%.

**STC BV Obstetrical/Gynecological**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Benefit description	Individual	In and out of network	Not set	Message Preventive services covered 100%.

**STC BW Mail Order Prescription Drug: Brand Name**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Co-payment	Individual	In and out of network	\$30.00 per calendar year	Not set

**STC BX Mail Order Prescription Drug: Generic**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Co-payment	Individual	In and out of network	\$10.00 per calendar year	Not set

**STC BY Physician Visit - Office: Sick**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Benefit description	Individual	In and out of network	Not set	Message Preventive services covered 100%.

**STC BZ Physician Visit - Office: Well**

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set

Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Benefit description	Individual	In and out of network	Not set	Message Preventive services covered 100%.

### STCDM Durable Medical Equipment

Type	Coverage level	Network indicator	Coverage	Benefit
Out of pocket	Individual	In and out of network	\$7,500.00 per calendar year	Not set
Out of pocket	Family	In and out of network	\$15,000.00 per calendar year	Not set
Benefit description	Individual	In and out of network	Not set	Prior authorization Required

### Request

<b>Subscriber</b>	First Bernie	Member ID 23051322
<b>Provider</b>	Name STEDI	NPI 1447848577
<b>Encounter</b>	Payer ID STEDI	