

## Checking Eligibility and Benefits

### ACCESS THE ELIGIBILITY AND BENEFITS APP

Select **Patient Registration** → **Eligibility & Benefits Inquiry** in the menu bar at the top of the Portal.

### SUBMIT AN INQUIRY

1. Select BCBSKS in Payer field
2. Select a provider from the drop-down menu or enter the rendering provider's NPI
3. Enter the date of service
4. Select the desired type of benefits from the drop-down menu
5. Enter the member ID number including alpha prefix
6. Select Search
7. Select a member from the drop-down menu
8. Select Submit

**NOTE:** It may be necessary to perform multiple searches using various benefit/service type categories in order to view all benefits applicable to a patient.

**New Request**
[Watch a quick demo](#)

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**\* Payer** ⓘ

BCBSKS

**Provider Information**

Select a Provider ⓘ

Search for a Provider

**\* NPI** ⓘ

**Service Information**

**\* As of Date** ⓘ

07/20/2021

**\* Benefit / Service Type** ⓘ **4**

Health Benefit Plan Coverage

**Patient Information**

**\* Patient ID** ⓘ

Search



{

Checking member benefits is *easy!*

}

**Service Information**

**\* As of Date** ⓘ

07/20/2021

**\* Benefit / Service Type** ⓘ

Health Benefit Plan Coverage

**Patient Information**

Select one of the members from the list, or perform a [new search](#).

**\* Member** ⓘ **7**

Please Select a Member

Date of Birth

\_ / \_ / \_

Gender

Patient Relationship to Subscriber

Add another patient

Submit **8**

## Checking Eligibility and Benefits

### REVIEW COVERAGE

#### PATIENT INFORMATION TAB

1. Patient information and policy effective dates
2. Patient Information and Coverage Details tabs
3. Subscriber information
4. Policy type and important policy messages

#### COVERAGE & BENEFITS TAB

5. List of frequently viewed coverage types
6. Benefit category details
7. Links to edit search criteria and print benefits details
8. Example: Deductible and Out of Pocket Max totals
9. Example: Copayment and Coinsurance amounts, benefit stipulation details

**NOTE:** Each out of state Blue plan decides which benefit details appear on Availity and may not provide robust information. It may be necessary to contact BlueCard by phone for more details about the plans with sparse information.

**AVAILITY, SOPHIA L** Subscriber  
 Member ID ABC123456789  
 DOB Jul 19, 1965  
 Gender Female

**Plan / Coverage Date** Jan 01, 2021 - Sep 30, 2021

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Patient Information    Coverage and Benefits

**Subscriber Information**

1234 S MAIN ST  
 WHOVILLE, ME 64832

Group Number 09330  
 Policy Effective Date Mar 01, 2019

Member ID ABC123456789

**Plan / Product Information**

**Active Coverage** Employee and Spouse    Service Types Health Benefit P  
 Insurance Type Group Policy  
 Plan / Product COMPREHENSIVE MAJOR MEDICAL

- THIS POLICY IS ELIGIBLE FOR ACA PREVENTIVE SERVICES, VISIT WEB PAGE FOR COMPLETE LISTING OF LIMITATIONS  
[WWW.BCBSKS.COM/CUSTOMERSERVICE/PROVIDERS/PUBLICATIONS/PROFESSIONAL-SERVICES-GUIDE.PDF](http://WWW.BCBSKS.COM/CUSTOMERSERVICE/PROVIDERS/PUBLICATIONS/PROFESSIONAL-SERVICES-GUIDE.PDF)

**Emergency Services** - 86

**Co-Payment** - Emergency Services

**Network Not Applicable Individual** \$250.00 Visit

THE COPAY IS IN ADDITION TO ANY APPLICABLE DEDUCTIBLE AND COINSURANCE

**Co-Insurance** - Emergency Services

**Network Not Applicable Individual** 20 % Service Year

**Deductible** - Health Benefit Plan Coverage

**Network Not Applicable Individual** \$1,200.00 Service Year  
 - \$199.24 Year to Date  
**\$1,000.76** Remaining

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**Out of Pocket (Stop Loss)** - Health Benefit Plan Coverage

**Network Not Applicable Individual** \$6,500.00 Service Year  
 - \$394.24 Year to Date  
 MEDICAL AND DRUG  
**\$6,105.76** Remaining

**AVAILITY, SOPHIA L** Subscriber  
 Member ID ABC123456789  
 DOB Jul 19, 1965  
 Gender Female

**Plan / Coverage Date** Jan 01, 2021 - Sep 30, 2021

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Patient Information    Coverage and Benefits

**Health Benefit Plan Coverage** - 30

**Active Coverage** Employee Only    Insurance Type Group Policy  
 Plan / Product COMPREHENSIVE MAJOR MEDICAL

- THIS POLICY IS ELIGIBLE FOR ACA PREVENTIVE SERVICES, VISIT WEB PAGE FOR COMPLETE LISTING OF LIMITATIONS  
[WWW.BCBSKS.COM/CUSTOMERSERVICE/PROVIDERS/PUBLICATIONS/PROFESSIONAL-ANUALS/PDF/PREVENTIVE-SERVICES-GUIDE.PDF](http://WWW.BCBSKS.COM/CUSTOMERSERVICE/PROVIDERS/PUBLICATIONS/PROFESSIONAL-ANUALS/PDF/PREVENTIVE-SERVICES-GUIDE.PDF)
- EFFECTIVE APRIL 3, 2020, BLUE CROSS AND BLUE SHIELD OF KANSAS WILL WAIVE MEMBER COST-SHARING FOR TREATMENT OF COVID-19.

**Deductible** - Health Benefit Plan Coverage

**Network Not Applicable Individual** \$1,200.00 Service Year  
 - \$199.24 Year to Date  
**\$1,000.76** Remaining

**Emergency Services** - 86

**Co-Payment** - Emergency Services

**Network Not Applicable Individual** \$250.00 Visit

THE COPAY IS IN ADDITION TO ANY APPLICABLE DEDUCTIBLE AND COINSURANCE

**Co-Insurance** - Emergency Services

**Network Not Applicable Individual** 20 % Service Year

**Chiropractic**

**Co-Payment**

**Co-Insurance**

**Hospital**

**Co-Insurance**

**Limitations**

**Hospital - Emergency Accident**

**Co-Payment**