# I.U.P.A.T. DISTRICT COUNCIL NO. 51
# HEALTH AND WELFARE FUND

Fund Office: Zenith American Solutions, Administrator, 2 Gateway Center, 603 Stanwix Street, Suite 1500, Pittsburgh, PA 15222
Phone: (412) 471-2885 / 1-800-242-8923 / Fax: (412) 471-2891

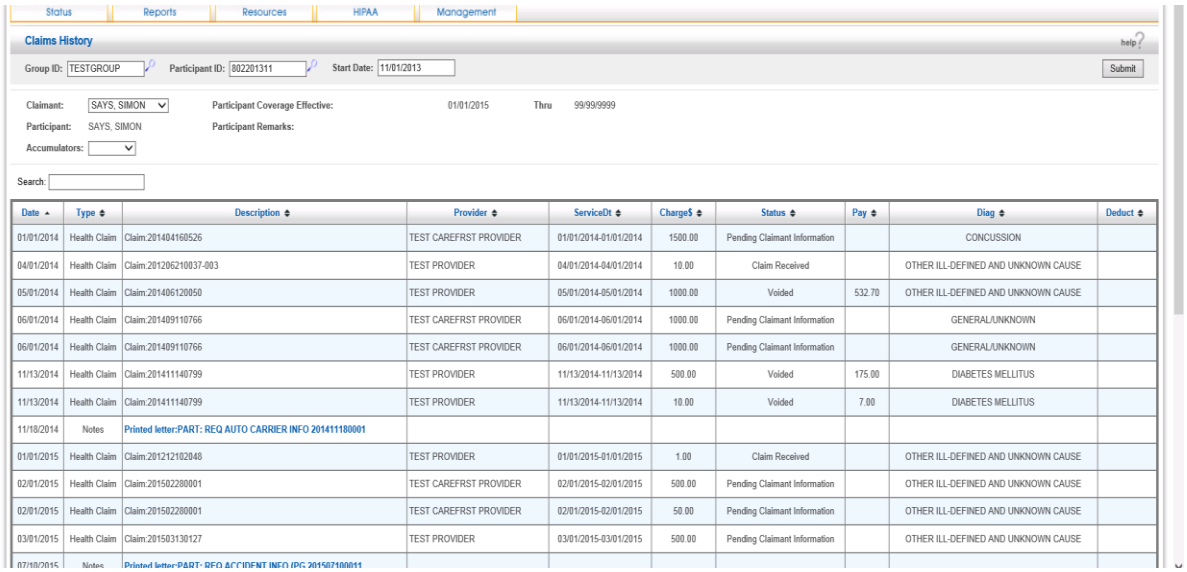
## New Online Claim Portal

Participants can now access personal claim history & eligibility information and documentation online through the Luminex Information Network (LIN) portal, which is accessible through the Zenith American Solutions website.

Here are step by step instructions to assist with taking advantage of this exciting new feature.

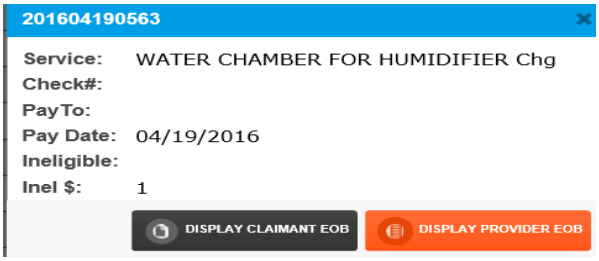
1. Go to https://secure.zenith-american.com/ and select **Ruby-Plus** for Health Claim Access.

   **NOTE**: A link will also be added to the existing Participant Edge website (edge.zenith-american.com)
2. To set up new login information, select **Register New User** from the login section.
3. Once you enter this information, the system will ask you to create a username and password. Please note the specific character and length requirements.
4. After clicking Submit, the system will return you to the main login page. Enter your newly created username and password to continue on to the online member portal.
5. Select the **Status tab** to access Claim History, Benefits at a Glance for a benefits summary or Verification of Benefits (VOB) for benefit details. For Claims History enter the Group ID# 051 and your ID# or SS# and click on Submit:




| Date | Type | Description | Provider | ServiceDt | Charge$ | Status | Pay | Diag | Deduct |
|---|---|---|---|---|---|---|---|---|---|
| 01/01/2014 | Health Claim | Claim:201404160526 | TEST CAREFRST PROVIDER | 01/01/2014-01/01/2014 | 1500.00 | Pending Claimant Information | | CONCUSSION | |
| 04/01/2014 | Health Claim | Claim:2012062100037-003 | TEST PROVIDER | 04/01/2014-04/01/2014 | 10.00 | Claim Received | | OTHER ILL-DEFINED AND UNKNOWN CAUSE | |
| 05/01/2014 | Health Claim | Claim:201406120050 | TEST PROVIDER | 05/01/2014-05/01/2014 | 1000.00 | Voided | 532.70 | OTHER ILL-DEFINED AND UNKNOWN CAUSE | |
| 06/01/2014 | Health Claim | Claim:201409110766 | TEST CAREFRST PROVIDER | 06/01/2014-06/01/2014 | 1000.00 | Pending Claimant Information | | GENERAL/UNKNOWN | |
| 06/01/2014 | Health Claim | Claim:201409110766 | TEST CAREFRST PROVIDER | 06/01/2014-06/01/2014 | 1000.00 | Pending Claimant Information | | GENERAL/UNKNOWN | |
| 11/13/2014 | Health Claim | Claim:201411140799 | TEST PROVIDER | 11/13/2014-11/13/2014 | 500.00 | Voided | 175.00 | DIABETES MELLITUS | |
| 11/13/2014 | Health Claim | Claim:201411140799 | TEST PROVIDER | 11/13/2014-11/13/2014 | 10.00 | Voided | 7.00 | DIABETES MELLITUS | |
| 11/18/2014 | Notes | Printed letter:PART: REQ AUTO CARRIER INFO 201411180001 | | | | | | | |
| 01/01/2015 | Health Claim | Claim:201212102048 | TEST PROVIDER | 01/01/2015-01/01/2015 | 1.00 | Claim Received | | OTHER ILL-DEFINED AND UNKNOWN CAUSE | |
| 02/01/2015 | Health Claim | Claim:201502280001 | TEST CAREFRST PROVIDER | 02/01/2015-02/01/2015 | 500.00 | Pending Claimant Information | | OTHER ILL-DEFINED AND UNKNOWN CAUSE | |
| 02/01/2015 | Health Claim | Claim:201502280001 | TEST CAREFRST PROVIDER | 02/01/2015-02/01/2015 | 50.00 | Pending Claimant Information | | OTHER ILL-DEFINED AND UNKNOWN CAUSE | |
| 03/01/2015 | Health Claim | Claim:201503130127 | TEST PROVIDER | 03/01/2015-03/01/2015 | 500.00 | Pending Claimant Information | | OTHER ILL-DEFINED AND UNKNOWN CAUSE | |
| 07/10/2015 | Notes | Printed letter:PART: REQ ACCIDENT INFO IPG 201507100011 | | | | | | | |

6. Your claims history will be shown based on the time frame that was entered. You can now click on a specific claim entry for the detail.
   After you select a claim to review, you can review the explanation of benefits (EOB) by clicking on the pop up box:




7. The VOB is a brief summary of benefits provided by your plan. Follow the on-screen instructions to print the VOB. It is important to note that the VOB information is not a guarantee of benefits, as eligibility for services will be determined upon receipt and processing of the claim
8. Select the **Resources** tab to access the Document Library for important forms and or plan information.
9. If you would like additional assistance, click the **Help?** Button on the right side of the page or contact the Fund office at **800-242-8923**.