



Questions?
800.311.3842
www.myevhc.com

Member

Member: JOHN SMITH
Member ID: E1XXXXXXXX
Employer: ABC Company
Group #: XX0000

Pharmacy Plan

RXBIN: XXXXXX
RXPCN: XXX
RXGRP: XXXX


www.pbm.com
Member: 800.123.4567
Pharmacist: 800.123.4567

Retail Copays: Generic \$10 / Preferred \$20 / Brand \$30
Mail Order: Generic \$40 / Preferred \$50 / Brand \$60

Medical Plan



www.network.com



www.network.com

Copays

Office Visit \$10 / Specialist \$20

In-Network Deductible

\$1,000 Indv / \$2,000 Fam

Out-of-Network Deductible

\$3,000 Indv / \$4,000 Fam

In-Network OOP Max

\$5,000 Indv / \$6,000 Fam

Out-of-Network OOP Max

\$7,000 Indv / \$8,000 Fam

1075-LN 559E P.00000-P.J.P.J.P.J0A07-PJ03- M(C)G(A)D(V)

20230120T68 Sh: 0 Bin 1
J01B Env [1] CSets 1 of 1





Medical Claims

EDI: Payer ID 12345

Mail: Your Claims Submission Address
P.O. Box 1234
Anytown, US 12345-6789

Claim Status Inquiry: Payer ID 12345

Eligibility & Benefits

EDI: Payer ID **CRSMD**

www.myevhc.com

This card does not guarantee eligibility or payment.

Care Management

PRE-CERTIFICATION REQUIRED

Call 800.311.3842 for authorization. You or your physician are responsible to call:

- 15 days prior to all non-urgent care
elective admissions
- Prior to home healthcare services

Failure to call may result in a reduction of benefits.

NOTIFICATION REQUIRED

- Within 48 hours or the next business day of an
urgent care admission