

Your EVHC ID Card



QUESTIONS?
Call EVHC at
877-877-3496

Employee

Member: John Sample
MemberID: E12345678
Employer: ABC Company, Inc.
Group No.: AB0000
Dependent Coverage: No

Medical Plan

 **Cigna**
PPO
"S"
www.myCigna.com

Copays: Office Visit \$25 / Specialist \$50

Medical Claims Submission

EDI: Payer ID 12345
Mail: Cigna
PO Box 188061
Chattanooga, TN 37422-8061

Benefits are not insured by Cigna or affiliates. To find a Cigna provider, please visit www.myCigna.com

AWAY FROM HOME CARE

Pharmacy Plan

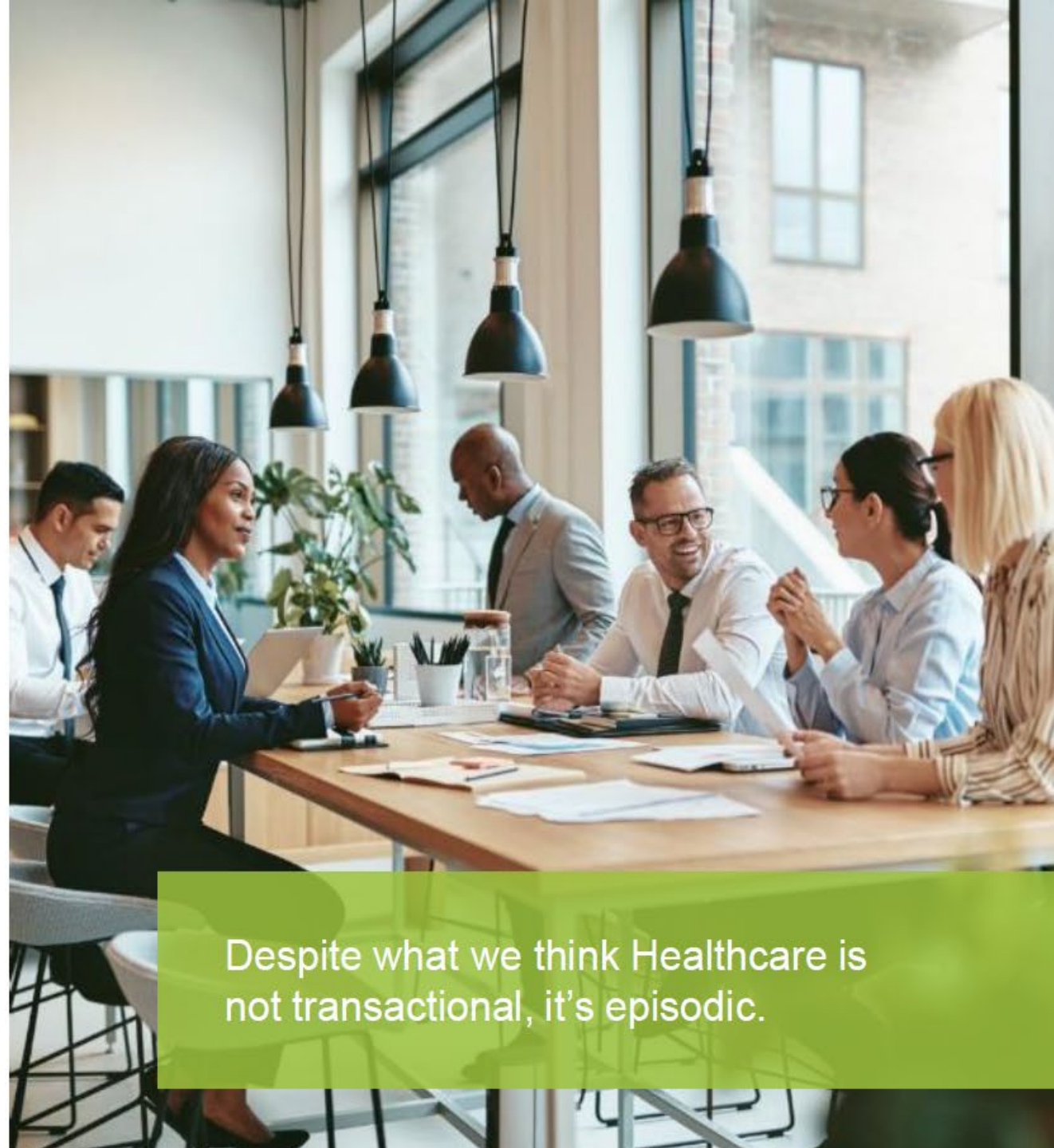
RXBIN: 001234
RXPCN: ADV
RXGRP: RX2200
 **CVS caremark**
www.caremark.com
Employee: 866.644.7527
Pharmacist: 800.364.6331

Retail Copays: Generic \$10 / Preferred \$40 / Brand \$80
Mail Order: Generic \$25 / Preferred \$100 / Brand \$200
\$100 Deductible per Person applies to Preferred and Brand Drugs

Confirm receipt of your new ID card

844-274-5819

From your mobile phone



Despite what we think Healthcare is not transactional, it's episodic.