

YOUR LOGO HERE



GROUP NUMBER: 12345

MEMBER NAME: JOHN SAMPLE

MEMBER ID: SMPL0001

COVERAGE TIER: MEDICAL

**Deductible:** 1,000 Individual / 3,000 Family  
**Coinsurance:** 20% AD

**Med Copays**

PCP - \$30  
Specialist - \$60  
Urgent Care - \$75  
ER - \$500

**PHARMACY BENEFITS**

RxBin: 123456  
RxPCN: XXXX  
RxGrp: 12345678

**Rx Customer Service**

Member/Pharmacy call: 1-866-900-3711

[www.ApproRx.com](http://www.ApproRx.com)

**Rx Copays**

Generic 30 day - \$0  
Preferred brand-name 30 day - \$40  
Non-Preferred brand-name 30 day - \$70

*Possession of this card is not a guarantee of benefits.*

**Members** - Call 1-833-733-8478 or go to [www.clearchainhealth.com](http://www.clearchainhealth.com)

**Providers** - Call 1-833-484-9985

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### Precertification Requirements

For any service more serious than a routine office visit, call ClearChain at 1-844-339-2122. Precertification is required for all hospital admissions and specified outpatient procedures. 72 hours prior notification is required for non-emergency services. Call within 48 hours after an emergency. Failure to precertify may result in a penalty.

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**SUBMIT CLAIMS TO:**



This is an employer sponsored, open-access plan. Unless contracted otherwise, all claims are paid at a percentage above Medicare or UCR equivalent, up to the Maximum Allowable Claim Limit and in accordance with all applicable laws.