Group Number: 00000000 Covered Members:

Plan Name:

Bronze Value Plan JANEDOF

Member Name: JAN E DO E Member ID:

000000000

Member Tier: E E

Plan Benefit Information

Deductible - Ind / Fam: 55 000 / \$10 000 Out-of-Pocket Maximum: \$7 350 / \$14 700

Office / Spec Visit Copay: S25 / S45

Urgent Care Copay / ER Visit: 560 / Deduct/Co-Ins.







Rx Customer Service: 855-633-2579 Rx Website: www.medalistrx.com

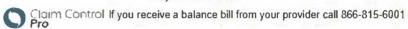
Providers: For billing, verification and pre-certification call 866-815-6001

Plan Members: For help making an appointment, finding a provider, billing, and

questions about your benefits call 866-815-6001

Submit Claims To: Detego Health

P.O. Box 211609 Eagan, MN 55121 Payer EDI #: 62599



Telemedicine: For telemedicine services please call \$55-226-6567

Notice: This card is not a guarantee of coverage. Coverage may be subject to limitations and conditions. This is a Value-Based Pricing Health Plan and does not utilize PPO Networks for Institutional/Facility claims. Pre-certification is required for some services. Failure to obtain pre-certification or pre-authorization may result in denial or reduction of benefits. Pre-certification is not a quarantee of payment.



Got Any Questions? Call our Care Guides at 866-815-6001 or Visit us online at www.detegohealth.com