

Auxiant

Independent Solutions > Real Results



Explore the Possibilities of a Simpler Life...

Member

Group #: B1065

Member ID: SMPL0001

Coverage:

Employee: JOHN SAMPLE

Dependent: JOHN SAMPLE

Plan Benefits

	Single	Family
In-Network Deductible	\$3,500	\$7,000
Non-Network Deductible	\$7,000	\$14,000
In-Network Out of Pocket	\$4,550	\$9,000
Non-Network Out of Pocket	\$9,100	\$18,000

Out of Pocket includes covered Medical & Prescription member responsibility

Benefit Verification & Eligibility

Call Auxiant at 800-279-6772 or Visit www.auxiant.com for Coverage (Eligibility), Benefits (Co-Pay, Deductible & Out of Pocket), Medical Necessity Reviews & Claims status.

Medical Plan



Practitioner Only

<https://www.sehealth.org/provider-directory> 844-734-7526

www.multiplan.com 866-930-7427

www.mercyoptions.net

Pharmacy Plan

RXBIN: 020958

RXGROUP: TRUE2004

RXPCN: 07960000



www.truerx.com

Member Services: 866-921-4047

Pharmacy Help Desk: 833-202-8783

This card does not guarantee coverage and/or benefits

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Pre-Certification

**IMPORTANT: ADMISSION NOTIFICATION IS REQUIRED
FOR PRE-CERTIFICATION CALL: 866-726-6584**

You are **REQUIRED** to call or have your doctor call at least 48 hours prior to a scheduled hospital admission or within 48 hours for an emergency admission.

For Chemotherapy, Radiation Therapy and other services needing Medical Necessity Reviews call Auxiant at 800-279-6772.

FAILURE TO CALL WILL RESULT IN REDUCED BENEFITS

For MRI, CT & PET Scans call OneCall Care Management: 888-458-8746

Claims Submission

Submit All Medical Claims To:

Auxiant
P.O. Box 909991
Milwaukee, WI 53209
Trizetto Payer ID: AUX01

Out of Area

Assignment of Benefits permitted on
(i) subject to the terms and conditions of the Plan, and
(ii) as full consideration for services/treatment rendered except for any applicable deductible and coinsurance.

