

# 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	\$5,000	\$10,000
Non-Network Deductible	\$10,000	\$20,000
In-Network Out of Pocket	\$4,850	\$9,700
Non-Network Out of Pocket	\$9,700	\$19,400

Out of Pocket includes covered Medical & Prescription member responsibility

## Benefit Verification & Eligibility

Call Auxiant at 800-279-6772 or Visit [www.auxiant.com](http://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](http://www.multiplan.com) 866-930-7427

[www.mercyoptions.net](http://www.mercyoptions.net)

## Pharmacy Plan

RXBIN: 020958

RXGROUP: TRUE2004

RXPCN: 07960000



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

Member Services: 866-921-4047

Pharmacy Help Desk: 833-202-8783

This card does not guarantee coverage and/or benefits

1271-P33363 B 1065-B1065-04--B1065-- M(")D(V)

20220513T3D Sh: 0 Bin 1  
J050 Env [1] C Sets 2 of 2



## 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.

