



Call Member Services at 413.787.4004 or 800.310.2835

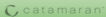
I.D.# **111635000**

GROUP# **S000222345**



GROUP NAME **ABC COMPANY**

#	MEMBER NAME	BENEFIT PLAN COPAYS PPO
01	JANE DOE	Office Visit \$15
02	JOHN AARON DOE	Emergency Room \$50
03	KAREN CECILIA DOE	Inpatient \$100
04	SARA ELIZABETH DOE	Pharmacy \$10/\$20/\$35
05	KEVIN MICHAEL DOE	Chiropractic \$10
06	ELIZABETH ANN DOE	Mental Health/SA \$10
07	JAMES DAVID DOE	
08	CATHERINE ANN DOE	PHCS OV \$20 BH \$20 INPT \$250



RxBIN: 003858 RxPCN: A4 RxGrp: NE4A Issuer:

8/06/13



One Monarch Place, Suite 1500, Springfield, MA 01144-1500

For information about provider participation in your plan visit hne.com or call:

1.800.310.2835

For member inpatient Admission, RX services or prior authorizations call:

1.800.310.2835

For Pharmacist Help Desk visit hne.com or call:

1.800.918.7545

Submit Pharmacy claims to: Catamaran PO Box 5206 Lisle, IL 60532-5206

