

Thank you for your membership in our health plan!

Attached are your health plan identification card(s) for you and your dependents (if applicable). Please take a moment to make sure the information is correct on the new card(s). You should discard any old cards you may have.

Complete information about your coverage is available at www.fahcpreferred.org

We look forward to serving you !

Carry this card with you and present it whenever you obtain services.

«MailTo_Name»

«MailTo_Addr_1»

«MailTo_Addr_2»

«MailTo_City», «MailTo_State» «MailTo_Zip»

If you have any questions about your medical plan call VMC Customer Service at 1-866-582-6836 or 1-802-847-4862.

FOLD CARDS ALONG PERFS AND PRESS HERE TO REMOVE



Fletcher Alien



Preferred PLUS Medical Plan

ID Number*: «Contract_ID»

Group Number: «Group_Div_Num» Effective Date: «Effective_Date

Member Name ID Suffix # PCP Name

«Mem_1_Name» «Mem_1_S «Mem_1_PCP_Name»

«Mem_2_Name» «Mem_2_PCP_Name»

«Mem_3_Name» «Mem_3_PCP_Name»

«Mem_4_Name» «Mem_4_PCP_Name»

«Mem_5_Name» «Mem_5_PCP_Name»

In-Network Copayments / Coinsurance:

Primary Care \$ «PCP_CO Specialty Care \$ «Spec_C Emergency Care \$ «ER_Copa

Inpatient Hospital** «IP_Ho Outpatient Surgery** «OP_Su Diagnostic Lab/X-ray** «Lab_Xr

**Services at Fletcher Alien or by Fletcher Alien Providers 5%

In-Network Deductibles: \$250 per person up to \$750 for family

*Full member ID # includes the suffix # following the member's name.



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Preferred PLUS Medical Benefits: 1-866-582-6836 or 1-802-847-4862

Call VERMONT MANAGED CARE (VMC) for information about Eligibility, Benefits, Claims and Pre-approval. Before receiving certain services VMC must be notified by you or your physician and VMC must pre-approve those services. **SEND MEDICAL CLAIMS TO: Vermont Managed Care, c/o Apex Benefits Services, P.O. Box 3620, Akron, OH 44309-3620. Electronic Claims Payer ID# 34196.**

Mental Health / Substance Abuse Benefits call CIGNA BEHAVIORAL HEALTH at 1-800-554-6931 Employee social security number must be used for identification. Pre-approval is required for certain services. **SEND MENTAL HEALTH / SUBSTANCE ABUSE CLAIMS TO: CIGNA Behavioral Health, PO Box 46270, Eden Prairie, MN 53344-6270.**

Prescription Drug Benefits: Refer to CIGNA Prescription Drug Program ID card. Participant questions: 1-800-622-5579. Pharmacies: eligibility/verification and transmission questions: 1-800-622-5579.

Possession of this card DOES NOT CERTIFY ELIGIBILITY FOR BENEFITS.



Benefit Plans administered by Apex Benefits Services, LLC.

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