



**UNITED WORKERS
HEALTH FUND**

John Smith
Member ID
000000000

Group Number: JNY118M076
Group Name: UNITED WORKERS HEALTH FUND
Plan Code: 254
Plan Name: PLAN B
RxBIN: 600471
RxPCN: 7777
RxGRP: 26UW
Products: Medical, RX

Office Visit \$10
Specialist \$15
Lab / Diagnostic / Xray \$15
Cat Scan / MRI \$75
Urgent Care Visit \$50
In Net Ded IND/FAM NONE
Out Net Ded IND/FAM \$500
In Net OOP IND/FAM \$6050/\$12400
Out Net OOP IND/FAM NONE

United Workers Health Fund will utilize Dickinson Group to handle member contact for health plan administration. See back for contact information.



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anthem.com

Pre-Certification is required for:

Hospital Admission/Inpatient Surgical/
Outpatient Surgical
Outpatient Diagnostic- MRI/CAT/SPECT/PET
Physical/Speech, Occupational Therapies Radiation,
Dialysis, Hospice, Home Health Care, Chemotherapy, and
Private Duty Nursing

Specialty Drugs- refer to Payer Matrix for assistance
with qualifying for cost savings on specialty drugs

Providers: Please file all claims with the Blue Cross
and Blue Shield Plan in the state where services are
rendered. If Medicare is primary, file claims to
Medicare. Include the 3-digit prefix in addition to the
ID number.

Possession of this card does not guarantee eligibility
for benefits.



Member Services **1-877-347-7225**
Dickinson Group LLC* unitedworkers.us/benefits
Coverage While Traveling **1-800-810-BLUE**
Provider Eligibility/Benefits **1-800-676-2583**
Pre-Certification American Health Holding* **1-866-317-5386**
Pharmacy Benefits **1-866-718-2375**
Broadreach Medical Services* www.bmr-inc.com

*Contracts directly with group

Services provided by Anthem HealthChoice Assurance Inc.,
Anthem HealthChoice HMO, Inc. and/or Anthem HP, LLC.
Independent licensees of the Blue Cross Blue Shield
Association. Anthem provides administrative services only
and does not assume financial risk or obligation with respect
to claims.

Self-Funded Coverage

*Pharmacy Benefits Administrator,
Contracts directly with group