



Member Name: NAME NAME
Member ID: 00000000001
Network: PPO
Group Name: OPTIONS PLUS
Effective Date: 03/01/20

Rx Group: 001ABC
PCN: 8000000
Bin: 000000
Phone: (844) 454-5201
www.mysmithrx.com



THIS IS A LIMITED MEDICAL PLAN

MEMBERS

For plan information and customer service contact SBMA at (888) 505-7724 option 2
For Virtual Health contact freshbenies at (855) 373-7450

To locate a provider in the PHCS network, please call (888) 263-7543 and provide the information located below the PHCS logo on the front of your card.

PHCS representatives can not verify benefits or provide plan information.

PROVIDERS

To verify member eligibility and benefits, call (888) 505-7724 option 1

To verify if a provider or facility is in the PHCS network, call (800) 950-7040.

PHCS representatives can not verify benefits or provide plan information.

Primary Care / Specialist visits: \$X copay

Urgent Care / X-Rays: \$X copay

Labs: \$X copay (covered providers: Quest Diagnostics and LabCorp)

Prescription Drugs (generic only): \$X copay

SUBMIT CLAIMS TO:

Electronic Claims Payer ID: SBMCO | Clearing House: Trizetto (800) 556-2231

SBMA | PO Box 2369 | Montclair, CA. 91763 | (888) 505-7724 option 3 | claims@sbmamec.com