



■ ■ ■ The Right Turn For Your Benefits

Member

Group #: T031158
Plan: B
Member: John Fleming
Member ID: 800177410

Health Plan

PHCS Prescription & Ancillary Only multiplan.com/phcspracanc.com
877.952.7427

Coverage: Family

For Customer Assistance information, please call 844-632-7878 or visit www.90DegreeBenefits.com.

Pharmacy Plan

Rx Bin: 015433
PCN: SSN
Rx Group: T031158



PBM Website: www.liviniti.com
PBM Phone: 800.710.9341

Copays: Generic: \$10
Brand: Preferred \$25 / Non-Preferred \$50

Copays / Deductible / Out-of-Pocket

OV \$25, UC \$25, ER PHYS \$500
Family Monthly Deductible \$500
Out-of-Pocket Maximum \$6,000

Pre-Certification



Pre-Certification is required prior to any hospital admission. Please have admitting physician or member call 877-463-3435. Emergency admission must be certified on the next business day. Failure to obtain pre-admission certification may result in a reduction of benefits.

Members

For your personal Medical Helpline Advocate call **844-341-7878**



For 24/7 web access login to www.90DegreeBenefits.com

Claim Submission

Medical, Dental and Vision Claims Submission

EDI: Payer ID 36878

Mail: 90 Degree Benefits - Houston
PO Box 211348
Eagan, MN 55121

Providers

To confirm eligibility, verify benefits or check the status of a claim, please call 90 Degree Benefits at 844-632-7878 or visit our website at www.90DegreeBenefits.com. This Plan utilizes the PHCS Network ONLY for professional providers. Professional means physicians, ancillary providers, and other non-hospital contracted PHCS Network providers. For all hospital facility providers, the Plan pays 70% above the Medicare allowable schedule. This card does not guarantee benefits or payment. Plan allowable amount, limitations, and exclusions apply for all providers.

Ancillary Plan(s)

Dental Plan

Coverage: Family

Vision Plan

Coverage: Family