

Member

SIM USA EBPT

Group #: 300048

Plan: B

Member: Fleming, John D

Member ID: 800177410

Pharmacy Plan

Rx Bin: 015433

PCN: SSN

Rx Group: 300048



PBM Website: www.southernscripts.net

PBM Phone: 800.710.9341

Copays: Generic: \$10

Brand: Preferred \$25 / Non-Preferred \$50

Health Plan

PHCS

Practitioner &
Auxiliary Only

multiplan.com/phcspracanc.com

877.952.7427

Coverage: Family

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

Copays

OV \$25, UC \$25, ER PHYS \$500

Deductible / Out-of-Pocket

Family Monthly Deductible \$500

Out-of-Pocket Maximum \$6,000