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Subscriber Employer: Blue Bell Creameries Group #: A12109 Subscriber: ANGELA REED Subscriber ID: ZZ0109113	Medical Plan Coverage: Subscriber + Children Copay OY \$20 ER \$250, UC/AH \$100 Deductible/Out-of-Pocket IND DED \$0 Per Person IND COP \$2,000 Per Person OON DED \$250 Per Person OON COP \$4,000 Per Person
Dental Plan Dental Coverage Subscriber + Children	Additional Information PHCS and Blue Bell Direct Contracts Dialysis and some other providers excluded www.multiplan.com 888.733.9582
Pharmacy Plan RxBIN: 009893 RxPCN: ROIRX www.distribution.com Member and Pharmacy 800.361.4542	

Medical Claims Submission EDE: Payer ID 37308 Mail: Allied Benefit Systems, LLC P.O. Box 211651 Eagan, MN 55121 Medical Provider calls: 713.668.6955 Employee calls: 979.830.7388 or 888.244.2228 Dialysis services and certain other PHCS contracted providers are excluded. See benefit summary at alliedbenefit.com for the list of providers excluded from the PPO.	Eligibility Refer to www.alliedbenefit.com or 713.668.6955 M-F 8:00-5:00 C.S.T. See plan description for coverage details, limitations and exclusions. This card does not guarantee coverage or eligibility. Eligible expenses for providers (PPO and NON PPO) are limited to 200% of Medicare (110% ASP for drugs).
Dental Claims Submission EDE: Payer ID 37308 Mail: Allied Benefit Systems, LLC P.O. Box 211651 Eagan, MN 55121 Dental Provider Calls: 979.830.7388	Pre-Certification Call 713.668.6955 to pre-certify all services. Hospitalization also must be certified with AHH by calling 800.641.5566. Penalty may apply or entire claim may be denied if the services are not pre-certified. Many elective surgeries, DME, all radiation treatments, and outpatient or at-home IV therapy must be pre-approved. Mental Health - Optum Health: 800.622.7276