


Exclusive Provider Organization (EPO) Card



The front of the Promise Health Plan Medical ID Card is divided into several sections. At the top left is the Promise Health Plan logo with a circled '1' next to the contact information: 855-366-6660 and www.myPromiseHealthPlan.com. To the right is the PRISMA HEALTH logo. Below this are two main columns. The left column is titled 'Member' and contains a table with fields: Employer (Prisma Health), Group ID (P50000), Employee (EPO SAMPLE), Employee ID (D20001003), and Plan Name (EPO). A circled '2' is next to the Group ID. Below this is the 'Pharmacy Plan' section, which includes RXBIN (004336), RXPCN (ADV), and RXGRP (RX24FC), along with the CVS Caremark logo and contact information for pharmacy services. A circled '5' is next to the RXBIN. The right column is titled 'Medical Plan' and features logos for inVio and Cigna. Below the logos is a table with a circled '3' next to the inVio logo and a circled '4' next to the Cigna logo. The table lists coverage details for Tier 1 (inVio) and Tier 2 (Cigna), including Primary / Specialty Copay, Urgent Care / ER, INN Deductible, and INN Out-of-Pocket amounts.

Promise Health Plan 1 855-366-6660 www.myPromiseHealthPlan.com

PRISMA HEALTH

Member

Employer	Prisma Health
Group ID	P50000
Employee	EPO SAMPLE
Employee ID	D20001003
Plan Name	EPO

Pharmacy Plan

RXBIN 004336
RXPCN ADV
RXGRP RX24FC

CVS caremark
www.caremark.com
Member Services 833-267-0413
Pharmacy Help Desk 800-364-6331

Medical Plan

	Tier 1: inVio	Tier 2: Cigna
Primary / Specialty Copay	\$20/\$50	\$40/\$80
Urgent Care / ER	\$50/\$275	\$50/\$275
INN Deductible (Indv/Fam)	\$750/\$2,250	\$1,500/\$4,500
INN Out-of-Pocket (Indv/Fam)	\$4,000/\$8,000	\$6,250/\$12,500

Navigating the front of your Promise Health Plan Medical ID Card

1. Insurance Company Name

This is the name of your insurance company and contact information.

2. Member Information

This is the subscriber information your provider will need to verify coverage. **Employee ID** is your subscriber or member number. **Plan Name** is the plan type (HDHP, EPO) you are currently enrolled in through Prisma Health.

Please note: Only the Prisma Health team member's name will be shown on your ID cards. Enrolled dependents will not be listed.

3. Medical Plan

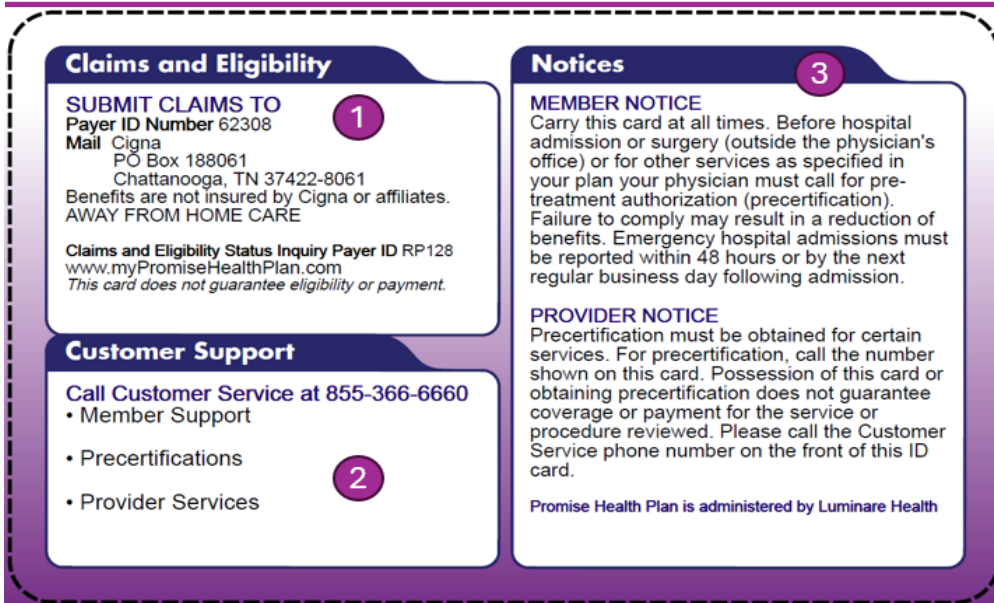
Shows your network coverage details for Tier 1 and Tier 2.

4. Copays and Deductibles

Co-payment amounts for your PCP, specialist, urgent care, or ER visits based on tier level. Deductible amounts for In-Network and Out-of-Network, if applicable, providers and based on tier level.

5. Pharmacy Plan

This section helps pharmacies find your prescription drug plan. This also includes contact information for your Pharmacy Benefits Manager.



The back of the Promise Health Plan Medical ID Card is divided into two main columns. The left column is titled 'Claims and Eligibility' and contains a circled '1' next to the 'SUBMIT CLAIMS TO' section, which lists the Payer ID Number (62308) and mailing address (Cigna, PO Box 188061, Chattanooga, TN 37422-8061). It also includes a note that benefits are not insured by Cigna or affiliates and provides contact information for Claims and Eligibility Status Inquiry. Below this is the 'Customer Support' section, which includes a circled '2' next to the 'Call Customer Service at 855-366-6660' and lists Member Support, Precertifications, and Provider Services. The right column is titled 'Notices' and contains a circled '3' next to the 'MEMBER NOTICE' section, which instructs members to carry the card at all times and provides information on pre-treatment authorization and emergency hospital admissions. Below this is the 'PROVIDER NOTICE' section, which explains the precertification process and provides the Customer Service phone number. At the bottom, it states that the Promise Health Plan is administered by Luminare Health.

Claims and Eligibility

SUBMIT CLAIMS TO 1
Payer ID Number 62308
Mail Cigna
PO Box 188061
Chattanooga, TN 37422-8061
Benefits are not insured by Cigna or affiliates.
AWAY FROM HOME CARE

Claims and Eligibility Status Inquiry Payer ID RP128
www.myPromiseHealthPlan.com
This card does not guarantee eligibility or payment.

Customer Support

Call Customer Service at 855-366-6660

- Member Support
- Precertifications
- Provider Services

Notices 3

MEMBER NOTICE
Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan your physician must call for pre-treatment authorization (precertification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular business day following admission.

PROVIDER NOTICE
Precertification must be obtained for certain services. For precertification, call the number shown on this card. Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the Customer Service phone number on the front of this ID card.

Promise Health Plan is administered by Luminare Health

Navigating the back of your Promise Health Plan Medical ID Card

1. Claims and Eligibility

Providers will use this section to submit medical claims on your behalf. It includes the payer ID for electronic claim submissions, and mailing address for paper claim submissions.

2. Customer Support

Customer service number for Promise Health Plan for both member and provider support.

3. Notices

Important notices for both members and providers outlined here.

Promise
Health Plan

High-Deductible Health Plan (HDHP) Card

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1 855-366-6660
www.myPromiseHealthPlan.com

PRISMA
HEALTH.

Member

Employer Prisma Health

Group ID P50000

Employee HDHP EE ONLY SAMPLE

Employee ID D20001001

Plan Name HDHP

Medical Plan

3 inVio HEALTH NETWORK. Cigna healthcare Shared Administration PPO

Tier 1: inVio Tier 2: Cigna

Primary / Specialty Copay	15% coins	40% coins
Urgent Care / ER	15% coins	40%/15% coins
INN Deductible	\$2,000	\$3,500
OON Deductible	\$4,000	\$4,000
INN Out-of-Pocket	\$4,000	\$6,250
OON Out-of-Pocket	Unlimited	Unlimited

Pharmacy Plan

RXBIN 004336
RXPCN ADV
RXGRP RX24FC

5 CVS caremark

www.caremark.com
Member Services 833-267-0413
Pharmacy Help Desk 800-364-6331

Navigating the front of your Promise Health Plan Medical ID Card

1. Insurance Company Name

This is the name of your insurance company and contact information.

2. Member Information

This is the subscriber information your provider will need to verify coverage. **Employee ID** is your subscriber or member number. **Plan Name** is the plan type (HDHP, EPO) you are currently enrolled in through Prisma Health.

Please note: Only the Prisma Health team member's name will be shown on your ID cards. Enrolled dependents will not be listed.

3. Medical Plan

Shows your network coverage details for Tier 1 and Tier 2.

4. Copays and Deductibles

Co-payment amounts for your PCP, specialist, urgent care, or ER visits based on tier level.

Deductible amounts for In-Network and Out-of-Network, if applicable, providers and based on tier level.

5. Pharmacy Plan

This section helps pharmacies find your prescription drug plan. This also includes contact information for your Pharmacy Benefits Manager.

The back of the Promise Health Plan Medical ID Card is divided into two main sections. The left section is titled 'Claims and Eligibility' and contains information for submitting claims, including the Payer ID Number (62308), mailing address (Cigna, PO Box 188061, Chattanooga, TN 37422-8061), and contact information for claims and eligibility status inquiries. The right section is titled 'Notices' and contains a 'MEMBER NOTICE' and a 'PROVIDER NOTICE'. The member notice explains that the card should be carried at all times and that failure to comply with pre-treatment authorization requirements may result in reduced benefits. The provider notice explains that precertification is required for certain services and that possession of the card does not guarantee coverage. At the bottom left is the 'Customer Support' section, which provides the customer service number (855-366-6660) and lists services such as Member Support, Precertifications, and Provider Services.

Claims and Eligibility

1 SUBMIT CLAIMS TO
Payer ID Number 62308
Mail Cigna
PO Box 188061
Chattanooga, TN 37422-8061
Benefits are not insured by Cigna or affiliates.
AWAY FROM HOME CARE

Claims and Eligibility Status Inquiry Payer ID RP128
www.myPromiseHealthPlan.com
This card does not guarantee eligibility or payment.

Customer Support

Call Customer Service at 855-366-6660

- Member Support
- Precertifications
- Provider Services

Notices

3 MEMBER NOTICE
Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan your physician must call for pre-treatment authorization (precertification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular business day following admission.

PROVIDER NOTICE
Precertification must be obtained for certain services. For precertification, call the number shown on this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the Customer Service phone number on the front of this ID card.

Promise Health Plan is administered by Luminare Health

Navigating the back of your Promise Health Plan Medical ID Card

1. Claims and Eligibility

Providers will use this section to submit medical claims on your behalf. It includes the payer ID for electronic claim submissions, and mailing address for paper claim submissions.

2. Customer Support

Customer service number for Promise Health Plan for both member and provider support.

3. Notices

Important notices for both members and providers outlined here.

Promise.
Health Plan