

Identifying Members

Member Cards

Member cards can help you determine:

- If your patient has Asuris Northwest Health insurance and if so, what type
- Who to contact for help
- Where to send claims for your Asuris patients

Please make a photocopy of the front and back of the member card at each visit, and place it in the patient's file.

Coverage Limitations

Although member cards can help you determine if your patient has coverage, there may be limits to the coverage that are *not* shown on the card, such as:


- *Annual Deductibles*, which must be met before payment for covered services begins on some plans.
- *Limitation Periods*, generally six to twelve months from the date of enrollment, which must pass before your patient's benefits for certain covered services begin. Examples of services which may not be covered during a limitation period include pregnancy, allergies, removal of tonsils or adenoids, inner or middle ear infections, alcoholism, sterilization and elective surgical procedures that are otherwise covered. Pre-existing conditions (diagnosed, treated or for which medication was prescribed or taken before patient's enrollment) may not be covered during a limitation period.
- *Excluded Services*, which are not covered by your patient's benefit contract.

Coverage Information Online or by Telephone

Access the Provider Center or telephone Provider Customer Service to confirm whether or not your patient has Asuris coverage and to obtain specific information about coverage limitations. These services are not designed to guarantee payment. We provide you with the best information available at the time; however, we cannot be certain it will apply when your claim is processed. For example:

- We can tell you that your patient appears to have current coverage, but we are unable to prevent an employer from retroactively removing your patient from the group.
- We can tell you that your patient has certain benefits, but we are unable to tell you if those benefits will have been partially used or exhausted before your claim is received.

Sample Asuris Member Cards



www.myasuris.com

ID No. 11U123456789 Group ANY COMPANY

Group No. 000333 Plan/Branch 932 21

Subscriber/Dependents	M	D	V	RX
00 JOHN Q CUSTOMER	Y	Y	Y	Y
01 JANE T CUSTOMER	Y	Y	Y	Y
02 SUSIE Q CUSTOMER	Y	Y	Y	Y
03 BILLY B CUSTOMER	Y	Y	Y	Y
04 TIMMY A CUSTOMER	Y	Y	Y	Y

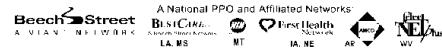
Medical Copay OC 10 ER 50
Rx Copay 15/10

Send written inquiries and RX claims to Asuris Northwest Health, P.O. Box 21267, Seattle, WA 98111-3267.


Provider: Please submit claims to Asuris Northwest Health, P.O. Box 30271, Salt Lake City, UT 84130-0271. Call 1-888-344-5587 for member verification and benefits.

Member: For questions on benefits, eligibility, or preauthorization, or to verify provider participation, please call Member Services at 1-888-344-5587.

This card is not an authorization for services nor a guarantee of payment.



Medical TRADITIONAL **Dental** TRADITIONAL
RX ARGUS BIN 610624 PC#02080000 123456789



www.myasuris.com

ID No. 000000000 Group Name INDIVIDUAL PLANS

Group No. 099980 Plan/Branch 932 21

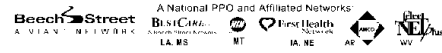
Subscriber/Dependents				
00 JOHN CUSTOMER	05	JENNIFER	CUSTOMER	
01 JANE T CUSTOMER	06	MICHAEL	CUSTOMER	
02 SUSIE J CUSTOMER	07	JEFFREY	CUSTOMER	
03 BILLY B CUSTOMER	08	MARY E	CUSTOMER	
04 TIMMY A CUSTOMER	09	WILLIAM	CUSTOMER	

Send written inquiries and RX claims to Asuris Northwest Health, P.O. Box 21267, Seattle, WA 98111-3267.


Provider: Please submit claims to Asuris Northwest Health, P.O. Box 30271, Salt Lake City, UT 84130-0271. Call 1-888-344-5587 for member verification and benefits.

Member: For questions on benefits, eligibility, or preauthorization, or to verify provider participation, please call Member Services at 1-888-344-5587.

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Medical TRADITIONAL **Dental** TRADITIONAL
RX ARGUS BIN 610624 PC#02080000 123456789




www.myasuris.com

ID No. 123456789 Group ANY COMPANY

Group No. 000333 Plan/Branch 932 21

Subscriber/Dependents	M	D	V	RX
00 JOHN Q CUSTOMER	Y	Y	Y	Y
01 JANE T CUSTOMER	Y	Y	Y	Y
02 SUSIE Q CUSTOMER	Y	Y	Y	Y
03 BILLY B CUSTOMER	Y	Y	Y	Y
04 TIMMY A CUSTOMER	Y	Y	Y	Y

Copay OC 10 ER 50
Rx Copay 15/10



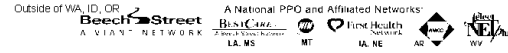
Send all written inquiries and RX claims to Asuris Northwest Health, PO Box 21267, Seattle, WA 98111-3267.

Provider: Please submit claims to Asuris Northwest Health, PO Box 30271, Salt Lake City, UT 84130-0271. Call 1-866-240-9560 for member verification and benefits.

Member: Please present this identification card with each visit to your doctor. You must consult with your Primary Care Provider for all of your care. For questions on benefits, eligibility, preauthorization, or to verify provider participation, please call Member Services at 1-866-240-9560.

This card is not an authorization of services nor a guarantee of payment.

Primary Care Provider
00 JOCELYN A PEDROSA, MD



Outside of WA, ID, OR
Medical TRADITIONAL **Dental** TRADITIONAL
RX ARGUS BIN 610624 PC#02080000 123456789

Identifying members on EmbarkSM, VantageSM and HSA Healthplan 2.0SM medical products and members on AspireSM and EnhanceSM dental products

Members enrolled on these health-focused products can be identified by their unique member cards. Members can choose one of the following seven different backgrounds for their member cards:

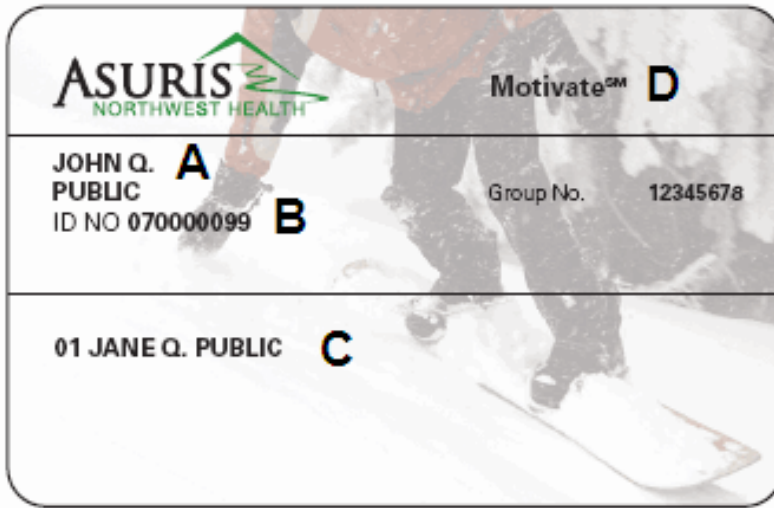
- A snowboarder image
- Four cityscapes (Boise, Portland, Salt Lake City or Seattle)
- Two graphic designs (diamonds or circles)

Members can also select whether they would like separate cards for each family member or have all family members listed on a single card.

Use the Provider Center to access coinsurance, deductible or network information for these members or call Provider Customer Service at the numbers listed on the Contact Us section of the *Provider Web Site*.

Sample member cards are shown on the following pages.

Sample Individual Member Card and Guide (Front)



Note: the background will vary based upon the member's selection.

Item A Member's name.


Item B Member's nine-digit number (ID NO), necessary for claims submission and Customer Service inquiries. Members previously covered by Asuris will receive new member numbers once they are enrolled in one of these products.

Member's group number (Group No.), necessary for claims submission.

Item C Member by suffix number and name (first name, middle initial, last name). **Subscribers are always listed with suffix number '00'**. The sample card shown above, John is the subscriber and Jane is the spouse.

Item D Product name (Embark, Vantage or HSA Healthplan 2.0). Embark member cards also include office visit (OV) copayment amounts and the total number of upfront office visits. *Note:* the product name will not be displayed if the member's group has purchased a customized version of one of these products.

Sample Family Member Card and Guide (Front)

		EmbarkSM D	
JOHN Q. PUBLIC A ID NO 070000099 B	Group No. 12345678 OV copay \$20 \$35 E Up-front visits xx		
00 JOHN Q. PUBLIC 01 JANE Q. PUBLIC C 02 JIM Q. PUBLIC 03 JOAN Q. PUBLIC 04 JESSE Q. PUBLIC	M D Rx V Y Y Y Y Y Y Y Y F Y Y Y Y Y Y Y Y Y Y Y Y		

Note: the background will vary based upon the member’s selection.

Item A Member’s name.

Item B Member’s nine-digit number (ID NO), necessary for claims submission and Customer Service inquiries. Members previously covered by Asuris will receive new member numbers, including alpha prefixes, once they are enrolled in one of these products.

Member’s group number (Group No.), necessary for claims submission.

Item C Members by suffix number and name (first name, middle initial, last name). **Subscribers are always listed with suffix number ‘00’.** Additional family members are also listed.

Item D Product name (Embark, Vantage or HSA Healthplan 2.0). *Note:* the product name will not be displayed if the member’s group has purchased a customized version of one of these products.

Item E Embark member cards also include office visit (OV) copayment amounts and the total number of upfront office visits. The sample card shown above includes a placeholder “xx” for the upfront office visit number.

Item F Lists medical (M), dental (D), vision (V) and prescription (RX) coverage for each member. A “Y” indicates that the member has this benefit.

Note: individual member cards do not include these coverage indicators.

Sample Member Card and Guide (Back)



- Item A** Icons identifying the various types of benefits available: medical (stethoscope), dental (toothbrush), vision (eyeglasses) and pharmacy (Rx) benefit information.
- Item B** The pharmacy benefit identification number (RX BIN) and Processor Control Number (PCN) numbers.
- Item C** Displays Web sites and phone numbers for members and providers to:
- Contact Customer Service phone number for these products. **Please note the separate Asuris Customer Service phone number for providers.**
 - Call for pharmacy questions.
- Item D** Claims submission address.

Identifying Emerge CoreSM, Emerge PlusSM, Emerge HSA PlanSM, Emerge HSA 100 PlanSM, Asuris SimpleConnectSM and Asuris Pledge Medigap Members

Members enrolled on these Individual and family products and Medicare supplements can be identified by their unique member card. Members can choose one of the following seven different backgrounds for their member cards:

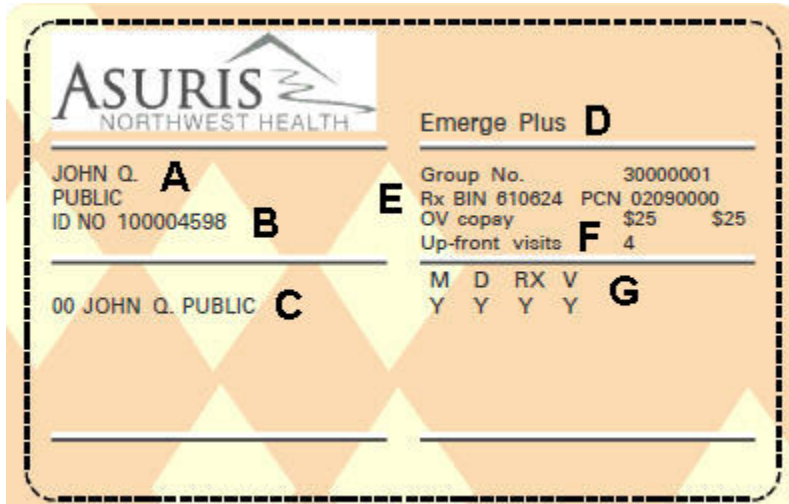
- A snowboarder image
- Four cityscapes (Boise, Portland, Salt Lake City or Seattle)
- Two graphic designs (diamonds or circles)

Members can also select whether they would like separate cards for each family member or have all family members listed on a single card. Each Asuris Pledge Medigap member will have his or her own card.

Use the Provider Center to access coinsurance, deductible or network information for these members or call Provider Customer Service at the numbers listed on the Contact Us section of the *Provider Web Site*.

Sample member cards are shown on the following pages.

Sample Member Card and Guide (Front)



Note: the background will vary based upon the member's selection.

- Item A** Member's name.
- Item B** Member's number (ID NO), necessary for claims submission and Customer Service inquiries. Members previously covered by Asuris will receive new member numbers once they are enrolled in one of these products.
- Member's group number (Group No), necessary for claims submission.
- Item C** Members by suffix number and name (first name, middle initial, last name). **Subscribers are always listed with suffix number '00'**. Additional family members are also listed.
- Item D** Product name (Emerge Core, Emerge Plus, Emerge HSA Plan, Emerge HSA 100 Plan or Asuris Pledge Plan A, C, F or K).
- Item E** The pharmacy benefit identification number (Rx BIN) and Processor Control Number (PCN) numbers.
- Item F** Emerge Core and Emerge Plus member cards also include office visit (OV) copayment amounts and the total number of upfront office visits. Asuris SimpleConnect member cards also include the deductible amount.
- Item G** Lists medical (M), dental (D), vision (V) and prescription (RX) coverage for each member. A "Y" indicates that the member has this benefit.

Sample Member Card and Guide (Back)



- Item A** Displays Web sites and phone numbers for members and providers to:
- Contact Customer Service phone number for these products. **Please note the separate Asuris Customer Service phone number for providers.**
 - Call for pharmacy questions.

Item B Claims submission address.

Note: Asuris SimpleConnect member cards also include following non-network statement on the back: “No member benefits for non-network providers (except urgent/emergent care)”.

Sample Asuris TruAdvantage™ Card and Guide (Front and Back)



The following information is listed on the member card:

- Item A** Member's name
- Member number (ID NO), necessary for claims submission and Customer Service inquiries.
- Item B** Suffix number and member name (first name, middle initial, last name). **The two-digit suffix should not be included as part of the member number and is not needed to process the claim.**
- Member's group number (Group No), necessary for claims submission.
- Office visit copayment amounts for Primary Care Provider (PCP), specialist (SPEC), and out-of-network (OUT) visits.
- Item C** Product name.
- Item D** The pharmacy benefit identification number (Rx BIN) and Processor Control Number (PCN) numbers.
- Item E** Lists medical (M), dental (D), prescription (RX) and vision (V) coverage for each member. A "Y" indicates that the member has this benefit.

The back of the card includes:



- Vision Service Plan phone number
- Medical Pre-authorization phone number
- Medical and pharmacy claims submission addresses
- Member website and Customer Service phone number

Sample Asuris Voluntary Dental Products card

Cards for members enrolled on these products include the following:

- A dedicated Customer Service phone number: 1 (888) 849-4743
- A unique member number suffix, - **XX** on the member card to differentiate these members from members on other Asuris dental products.
- A specific claims submission address on the back of the member card. Before submitting any claims, please ensure they are sent to the correct location.

A sample member card is shown below:

	Dental Card
Group ID No. Group No. Members	
Submit all claims to P.O. Box 1271 MS E3A, Portland, OR 97207-1271 For Billing or claims questions, please call 1-888-849-4743	
\$50 DEDUCTIBLE: WAIVED FOR PREVENTIVE COINSURANCE: 100% PREVENTIVE, 80% RESTORATIVE, 50% MAJOR \$1000 ANNUAL MAXIMUM	
	In case of an emergency call 911