

Understanding Your Butler Health Plan Medical, Prescription & Dental ID Card!

Front side

Group # is the BHP plan number, A08103.

Plan is the Medical Plan option you selected—PPO or HDHP.

Subscriber is the name of employee enrolled in Plan. Dependent names are not listed.

Subscriber ID is a unique randomly assigned ID number to process your claims.

Subscriber
Group: Butler Health Plan
Group #: A08103
Plan: PPO
Subscriber:
Subscriber ID:

Medical Plan
Coverage:
PRIMARY NETWORK: HEALTHSPAN PREFERRED
OUTSIDE PRIMARY NETWORK: MultiPlan
800.672.2140
513-551-1400 or 888-914-7726
PROVIDER SEARCH: www.butlerhealthplan.org

Dental Plan
Dental Coverage:

Pharmacy Plan
RxBIN: 003858
RxPCN: A4
RxGRP: JCEA
EXPRESS SCRIPTS®
express-scripts.com
Member: 866-275-0044
Pharmacist: 800-824-0898

Medical Plan Coverage lists the tier you selected: Individual, Employee+1, or Family Plan.

Primary Network: Call HealthSpan Preferred to verify in-network providers or visit the website at www.healthspannetwork.com.

Outside Primary Network: When traveling or attending college out of the primary network area, call MultiPlan for in-network providers.

Dental Coverage lists the tier you selected: Individual, Employee+1, or Family Plan.

Pharmacy Plan lists information to process your prescription claims.

Back side

Medical Claims Submission lists information to process medical claims.

Dental Claims Submission lists information to process dental claims.

Medical Claims Submission
EDI: Emdeon Payer ID 37308
Mail: Allied Benefit Systems, Inc.
PO Box 909786-60690
Chicago, IL 60690
312-906-8080 or
800-288-2078 (outside IL)
www.alliedbenefit.com
Network Copays: \$25 Primary Care,
\$40 Specialist, \$40 Urgent Care,
\$150 Emergency Room

Eligibility
Member Services: www.alliedbenefit.com or
call Allied at 800-288-2078 Mon.-Thu.
8:30-8:00, Fri. 9:00-6:00, Sat. 10:00-1:00
E.S.T.
See plan description for coverage details,
limitations and exclusions. This card does
not guarantee coverage or eligibility.
GENERAL INFO: www.butlerhealthplan.org

Dental Claims Submission
EDI: Emdeon Payer ID 37308
Mail: Allied Benefit Systems, Inc.
PO Box 909786-60690
Chicago, IL 60690
312-906-8080 or
800-288-2078 (outside IL)
www.alliedbenefit.com

Pre-Certification
Call HealthSpan at 513-551-1420 or
800-972-7726. See plan description for
details. Penalty may apply for failure to pre-
certify according to requirements.
Save money using HealthReports to
compare pricing on common healthcare
procedures. www.butlerhealthplan.org

Eligibility: Allied Benefit Systems, Inc. is the Claims Payor that processes all medical and dental claims. Contact Allied for eligibility, benefits or claim information.

Pre-Certification: To pre-certify an elective hospital admission, provider must call HealthSpan. Your plan has a non-compliance penalty, so be certain a call is made. Notify within two working days of emergency admissions.

HealthReports: Log on and research cost, quality and experience prior to procedures.

► Need Extra Cards: Call Allied Benefit Systems, Inc. at 1-800-288-2078.