

Insurance Cards for New West Managed Care Plan Members:

Medical Insurance Card from New West:

You will receive an ID card from New West Health Services that will be used for your Medical Insurance appointments.

The front side of your card lists the plan, Office/ER co-pay (\$15/\$75) and the Subscriber ID in the top right portion of the card. In the middle of the card the employee name will be listed as subscriber as well as their date of birth and any dependents covered under the medical plan along with their dates of birth.

On the back side of this card you will find the pre-certification telephone number, the health line (open 24 hours a day, 7 days a week) for health card advice and information, a telephone number that a hospital you are admitted to or your physician's office can call to verify eligibility and the telephone number for benefit information. Also on this side you will find the address to submit claims to.

Pharmacy Insurance card from Pharmacare:

This card is to be used for all pharmacy claims. The front side of the card lists your group number (211147895). Next your ID number and name or listed. On the back of the card it lists the Pharmacare telephone number for drug claim information and for finding a participating pharmacy. Their claims address is listed as well as a telephone number pharmacists should use for claims or eligibility questions.

Dental Insurance card from Allegiance:

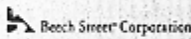
This card is to be used for all dental claims. It lists your name and group number (9500025) as well as the type of coverage (Dental) and who is covered under the dental plan. It will also list the effective date of dental coverage. On the back side of this card you will find the address to mail dental claims to Allegiance as well as a 24 hour verification of coverage telephone number and customer service telephone number.

New West Health Managed Care

**NEW WEST
HEALTH SERVICES**

PLAN: HMO 75/25, \$300 Deductible
OFFICE/ER COPAY: \$15/\$75
Rx: Available through **PharmaCare**
SUBSCRIBER ID :

SUBSCRIBER: _____ **DOB:** _____
DEPENDENTS: _____


* M: Medical, D: Dental, V: Vision
Rx Benefit Manager: PharmaCare
Rx Questions: Participants Call: 888-645-9303 

PRE-CERTIFICATION REQUIRED: Refer to your EOC or Benefits Booklet for pre-certification requirements. Failure to pre-certify certain services may result in denial of benefits. 1-800-290-5453.
HEALTH CARE ADVICE AND INFORMATION: 24 Hours a day, seven days a week, call Health Line at 1-888-561-7137.
TO HOSPITAL OR PHYSICIAN: At the time this card was issued, the enrollee named and the eligible dependents were covered under New West Health Services/Plan. Call 1-800-290-3657 to verify eligibility.
BENEFIT INFORMATION: For more information on the benefits for the Member or Dependents (if applicable), please call 1-800-290-3657 or Fax questions to: 1-406-257-2600.

BILLING INFORMATION: Please send claims to:
New West Health Services
P.O. Box 548
Kalispell, MT 59903-0548

MONTANA UNIVERSITY SYSTEM

Rx Group #: 211147895
Member I.D. #: _____
Name: _____

 **PHARMA CARE**
www.pharmacare.com Rx BIN#: 610474
Rx PCN#: TDI

Plan Participants:

- Present this card each time you have a prescription filled.
- For drug claim information, call PharmaCare at 1-888-645-9303.
- To locate the nearest PharmaCare Participating Pharmacy in your area call 1-888-645-9303 or **visit our website: www.pharmacare.com.**
- Member claims submission: PharmaCare, P.O. Box 2860, Pittsburgh, PA 15230-2860

Pharmacists:

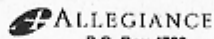
- For claims or eligibility questions call PharmaCare at 1-800-785-5301.



COVERED PERSON _____ **GROUP #** 9500025

EMPLOYEE ID. NO.
ID=Employees's Social Security Number
TYPE OF COVERAGE _____ **EFFECTIVE DATE** _____
DENTAL- _____

This card is for ID purposes only and in no way guarantees benefits. For fast claim service, identify the group and employee ID number on all claims.

Mail claims to : 
P.O. Box 4786
Missoula, MT 59806

24 HOUR VERIFICATION OF COVERAGE: (406) 523-3199
Customer Service: 1-877-778-8600
Visit our Website at: www.abpmtpa.com/mus