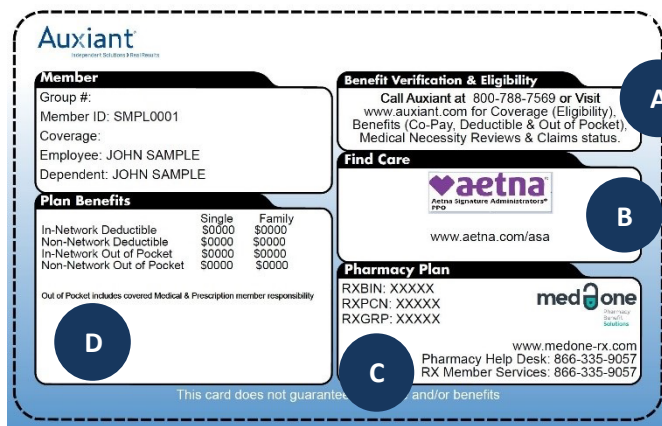


# Auxiant Sample ID Card

## Auxiant is your Third-Party Administrator

A TPA is the entity (such as Auxiant) contracted to set up and provide administration to the health plan you are enrolled in. A TPA is not an insurance company. Auxiant's primary role is to process and pay claims as instructed by your employer's Plan Document, which outlines all medical benefits. It is important that a copy of your ID card is presented to each of your providers to ensure claims are processed timely and correctly.

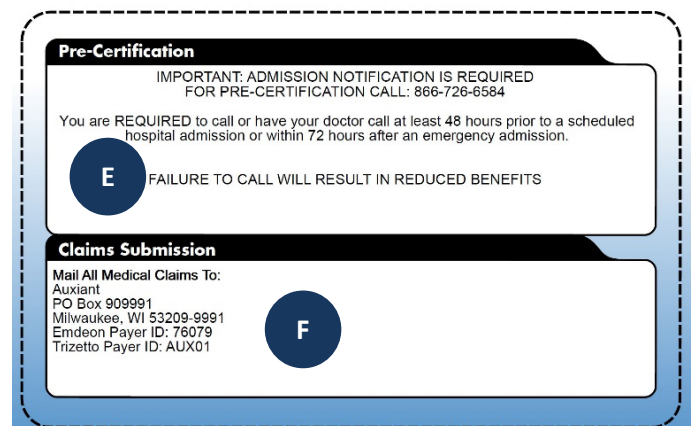
*Below is a sample ID Card and clarification on each section:*



The sample ID card is divided into several sections. Callout A points to the 'Benefit Verification & Eligibility' section. Callout B points to the 'Find Care' section, which features the Aetna logo and website. Callout C points to the 'Pharmacy Plan' section, which features the MedOne logo and contact information. Callout D points to the 'Plan Benefits' section, which contains a table of deductibles and out-of-pocket limits. Callout E points to the 'Pre-Certification' section on the right side of the card. Callout F points to the 'Claims Submission' section on the right side of the card.

Plan Benefits		
In-Network Deductible	Single \$0000	Family \$0000
Non-Network Deductible	\$0000	\$0000
In-Network Out of Pocket	\$0000	\$0000
Non-Network Out of Pocket	\$0000	\$0000

Out of Pocket includes covered Medical & Prescription member responsibility



This section of the ID card contains two main areas. Callout E points to the 'Pre-Certification' section, which includes a warning about admission notification and a requirement to call 48 hours prior to a scheduled hospital admission. Callout F points to the 'Claims Submission' section, which provides the mailing address for medical claims.

**Pre-Certification**

IMPORTANT: ADMISSION NOTIFICATION IS REQUIRED FOR PRE-CERTIFICATION CALL: 866-726-6584

You are REQUIRED to call or have your doctor call at least 48 hours prior to a scheduled hospital admission or within 72 hours after an emergency admission.

**Claims Submission**

Mail All Medical Claims To:  
Auxiant  
PO Box 909991  
Milwaukee, WI 53209-9991  
Emdeon Payer ID: 78079  
Trizetto Payer ID: AUX01

**A. Benefit Verification** – This section provides information on how to verify if a service is covered, confirm what your specific benefits are, questions on claims, and other general customer service inquiries.

**B. Medical Plan** – This section identifies **Aetna** as the Plan's PPO network (Preferred Provider Organization).

The PPO Network is NOT able to answer benefit or claims related questions- please call Auxiant for assistance with this.

**C. Pharmacy Plan** – This section identifies **MedOne** as the PBM (Pharmacy Benefit Manager) being used to administer prescription coverage for the Plan.

**D. Plan Benefits** – This section displays the applicable deductible and out of pocket limits for the Plan option the member is enrolled in.

**E. Pre-Certification** – This section includes contact information for initiating precertification when you have a scheduled inpatient or outpatient procedure. You or your provider should call the phone number listed to verify if a precertification is needed for a specific procedure, or to check the status of a precertification.

**F. Claims Submissions** – All medical claims should be submitted as directed in this section. Claims will be reviewed for provider network participation and procedure discounts, then processed and paid by Auxiant according to the **Vibrant Health** Plan Document.