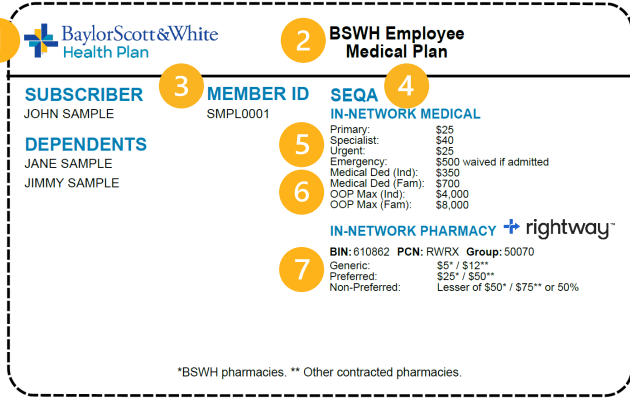



# Information on your SEQA ID Card:



**1**  **2** **BSWH Employee Medical Plan**

**3** **SUBSCRIBER**  
JOHN SAMPLE

**4** **MEMBER ID**  
SMPL0001

**5** **SEQA**

**6** **IN-NETWORK MEDICAL**

**7** **IN-NETWORK PHARMACY + rightway™**

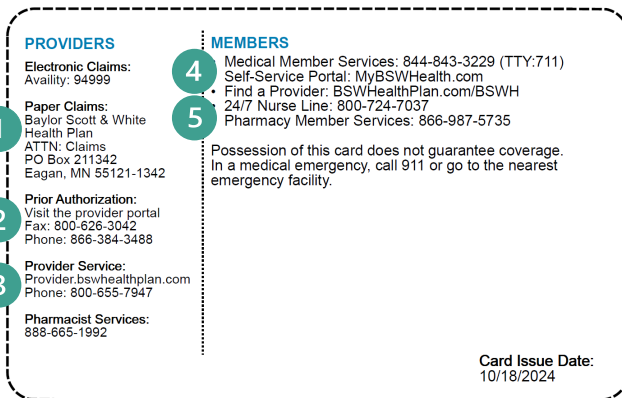
**DEPENDENTS**  
JANE SAMPLE  
JIMMY SAMPLE

Primary: \$25  
Specialist: \$40  
Urgent: \$25  
Emergency: \$500 waived if admitted  
Medical Ded (Ind): \$350  
Medical Ded (Fam): \$700  
OOP Max (Ind): \$4,000  
OOP Max (Fam): \$8,000

**PCN: RWRX Group: 50070**  
Generic: \$5\* / \$12\*\*  
Preferred: \$25\* / \$50\*\*  
Non-Preferred: Lesser of \$50\* / \$75\*\* or 50%

\*BSWH pharmacies. \*\* Other contracted pharmacies.

- 1 Your benefits administrator/ health insurance carrier
- 2 Your group name
- 3 Your member ID number
- 4 Your plan type
- 5 Copays/coinsurance
- 6 Deductible & out-of-pocket max
- 7 Rx copays/coinsurance



**1** **PROVIDERS**

**Electronic Claims:**  
Availability: 94999

**Paper Claims:**  
Baylor Scott & White Health Plan  
ATTN: Claims  
PO Box 211342  
Eagan, MN 55121-1342

**Prior Authorization:**  
Visit the provider portal  
Fax: 800-626-3042  
Phone: 866-384-3488

**Provider Service:**  
Provider.bswhealthplan.com  
Phone: 800-655-7947

**Pharmacist Services:**  
888-665-1992

**2** **MEMBERS**

**4** Medical Member Services: 844-843-3229 (TTY:711)  
Self-Service Portal: MyBSWHealth.com  
Find a Provider: BSWHealthPlan.com/BSWH  
24/7 Nurse Line: 800-724-7037

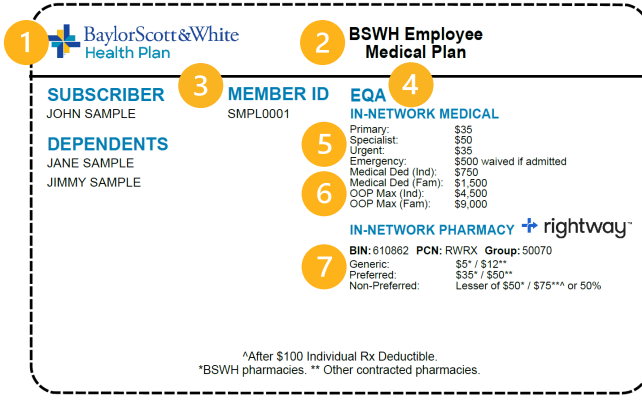
**5** Pharmacy Member Services: 866-987-5735


Possession of this card does not guarantee coverage. In a medical emergency, call 911 or go to the nearest emergency facility.

**Card Issue Date:**  
10/18/2024

- 1 Claims mailing address
- 2 Information for providers to request pre-authorization or notify the plan of a hospital admission
- 3 Provider portal and phone number
- 4 Member Services phone number and member portal web address
- 5 24/7 Nurse Line and Pharmacy member services numbers

## Information on your EQA ID Card:




**1**  **2** **BSWH Employee Medical Plan**

**3** **SUBSCRIBER**  
JOHN SAMPLE

**4** **MEMBER ID**  
SMPL0001

**5** **EQA**  
**IN-NETWORK MEDICAL**

**6** **DEPENDENTS**  
JANE SAMPLE  
JIMMY SAMPLE

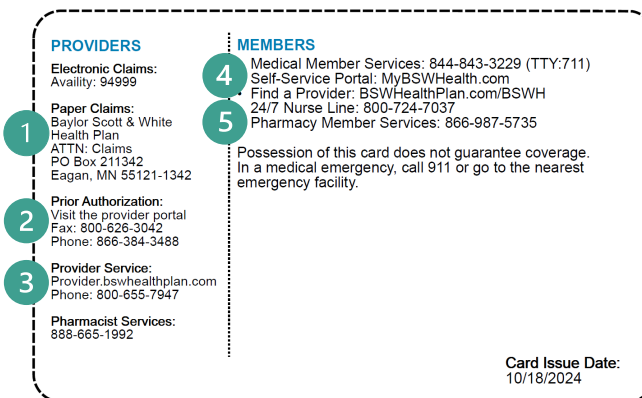
**7** **IN-NETWORK PHARMACY** 

Primary: \$35  
Specialist: \$50  
Urgent: \$35  
Emergency: \$500 waived if admitted  
Medical Ded (Ind): \$750  
Medical Ded (Fam): \$1,500  
OOP Max (Ind): \$4,500  
OOP Max (Fam): \$9,000

**BIN:** 610982 **PCN:** RWRX **Group:** 50070  
Generic: \$5\* / \$12\*\*  
Preferred: \$35\* / \$50\*\*  
Non-Preferred: Lesser of \$50\* / \$75\*\*\* or 50%

\*After \$100 Individual Rx Deductible.  
\*\*BSWH pharmacies. \*\* Other contracted pharmacies.

- 1 Your benefits administrator/health insurance carrier
- 2 Your group name
- 3 Your member ID number
- 4 Your plan type
- 5 Copays/coinsurance
- 6 Deductible & out-of-pocket max
- 7 Rx copays/coinsurance



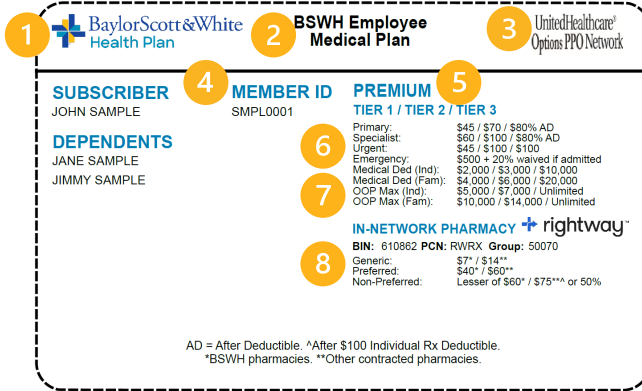
**1** **PROVIDERS**  
Electronic Claims:  
Availability: 94999  
Paper Claims:  
Baylor Scott & White Health Plan  
ATTN: Claims  
PO Box 211342  
Eagan, MN 55121-1342  
Prior Authorization:  
Visit the provider portal  
Fax: 800-626-3042  
Phone: 866-384-3488  
Provider Service:  
Provider.bswhealthplan.com  
Phone: 800-655-7947  
Pharmacist Services:  
888-665-1992

**2** **MEMBERS**  
Medical Member Services: 844-843-3229 (TTY:711)  
Self-Service Portal: MyBSWHealth.com  
Find a Provider: BSWHealthPlan.com/BSWH  
24/7 Nurse Line: 800-724-7037  
Pharmacy Member Services: 866-987-5735  
Possession of this card does not guarantee coverage. In a medical emergency, call 911 or go to the nearest emergency facility.

**3** **Card Issue Date:**  
10/18/2024

- 1 Claims mailing address
- 2 Information for providers to request pre-authorization or notify the plan of a hospital admission
- 3 Provider portal and phone number
- 4 Member Services phone number and member portal web address
- 5 24/7 Nurse Line and Pharmacy member services numbers

# Information on your Premium ID Card:



**1** Baylor Scott & White Health Plan

**2** BSWH Employee Medical Plan

**3** UnitedHealthcare® Options PPO Network

**4** SUBSCRIBER: JOHN SAMPLE

**5** MEMBER ID: SMPL0001

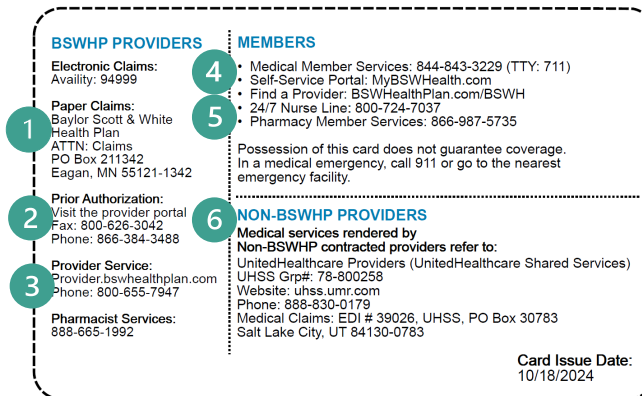
**6** PREMIUM: TIER 1 / TIER 2 / TIER 3

**7** DEPENDENTS: JANE SAMPLE, JIMMY SAMPLE

**8** IN-NETWORK PHARMACY + rightway™

AD = After Deductible. ^After \$100 Individual Rx Deductible.  
\*BSWH pharmacies. \*\*Other contracted pharmacies.

- 1 Your benefits administrator/health insurance carrier
- 2 Your group name
- 3 Your Tier 2 network
- 4 Your member ID number
- 5 Your plan type
- 6 Copays/coinsurance
- 7 Deductible & out-of-pocket max
- 8 Rx copays/coinsurance



**1** BSWHP PROVIDERS

**2** Electronic Claims: Availability: 94999

**3** Paper Claims: Baylor Scott & White Health Plan

**4** MEMBERS

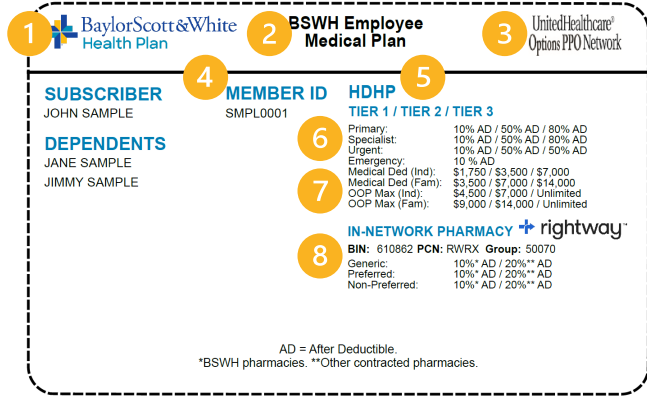
**5** Medical Member Services: 844-843-3229 (TTY: 711)

**6** NON-BSWHP PROVIDERS

Card Issue Date: 10/18/2024

- 1 Claims mailing address
- 2 Information for providers to request pre-authorization or notify the plan of a hospital admission
- 3 Provider portal and phone number
- 4 Member Services and 24/7 Nurse Line numbers
- 5 Member portal web address
- 6 Information for UnitedHealthcare and out-of-network providers rendering care

# Information on your HDHP ID Card:



**1** Baylor Scott & White Health Plan

**2** BSWH Employee Medical Plan

**3** UnitedHealthcare Options PPO Network

**4** SUBSCRIBER: JOHN SAMPLE

**5** MEMBER ID: SMPL0001

**6** HDHP TIER 1 / TIER 2 / TIER 3

**7** Primary: 10% AD / 50% AD / 80% AD  
Specialist: 10% AD / 50% AD / 80% AD  
Urgent: 10% AD / 50% AD / 50% AD  
Emergency: 10% AD  
Medical Ded (Ind): \$1,750 / \$3,500 / \$7,000  
Medical Ded (Fam): \$3,500 / \$7,000 / \$14,000  
OOP Max (Ind): \$4,500 / \$7,000 / Unlimited  
OOP Max (Fam): \$9,000 / \$14,000 / Unlimited

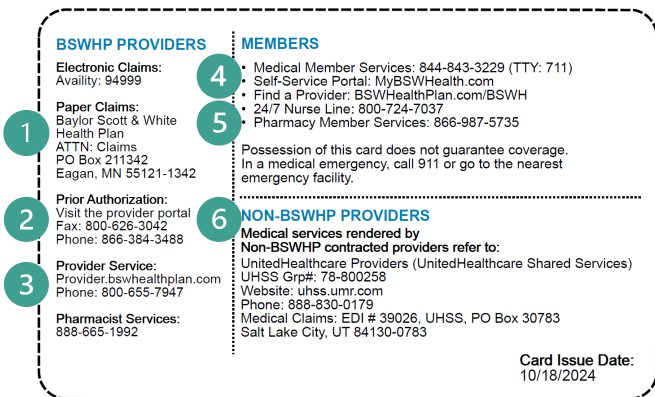
**8** IN-NETWORK PHARMACY + rightway<sup>®</sup>

**BIN:** 610862 **PCN:** RWRX **Group:** 50070

**Generic:** 10%\* AD / 20%\*\* AD  
**Preferred:** 10%\* AD / 20%\*\* AD  
**Non-Preferred:** 10%\* AD / 20%\*\* AD

AD = After Deductible.  
\*BSWH pharmacies. \*\*Other contracted pharmacies.

- 1 Your benefits administrator/ health insurance carrier
- 2 Your group name
- 3 Your Tier 2 network
- 4 Your member ID number
- 5 Your plan type
- 6 Coinsurance
- 7 Deductible & out-of-pocket max
- 8 Rx coinsurance



**1** **BSWHP PROVIDERS**

**2** **Electronic Claims:**  
Availability: 94999

**3** **Paper Claims:**  
Baylor Scott & White Health Plan  
ATTN: Claims  
PO Box 211342  
Eagan, MN 55121-1342

**4** **Prior Authorization:**  
Visit the provider portal  
Fax: 800-626-3042  
Phone: 866-384-3488

**5** **Provider Service:**  
Provider.bswhealthplan.com  
Phone: 800-655-7947

**6** **Pharmacist Services:**  
888-665-1992

**MEMBERS**

- Medical Member Services: 844-843-3229 (TTY: 711)
- Self-Service Portal: MyBSWHealth.com
- Find a Provider: BSWHealthPlan.com/BSWH
- 24/7 Nurse Line: 800-724-7037
- Pharmacy Member Services: 866-987-5735

Possession of this card does not guarantee coverage. In a medical emergency, call 911 or go to the nearest emergency facility.

**NON-BSWHP PROVIDERS**

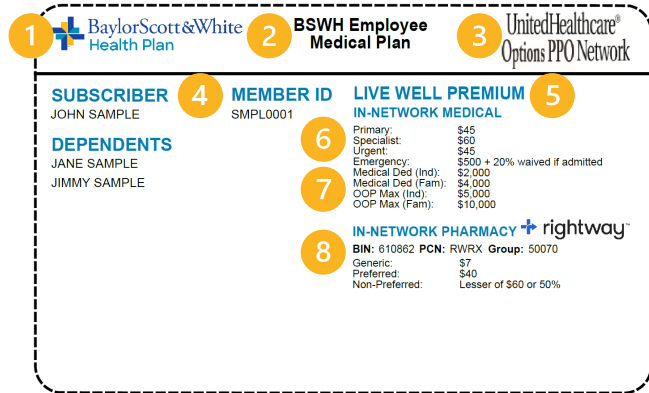
Medical services rendered by Non-BSWHP contracted providers refer to:

UnitedHealthcare Providers (UnitedHealthcare Shared Services)  
UHSS Grp#: 78-800258  
Website: uhss.umr.com  
Phone: 888-830-0179  
Medical Claims: EDI # 39026, UHSS, PO Box 30783  
Salt Lake City, UT 84130-0783

**Card Issue Date:**  
10/18/2024

- 1 Claims mailing address
- 2 Information for providers to request pre-authorization or notify the plan of a hospital admission
- 3 Provider portal and phone number
- 4 Member Services and 24/7 Nurse Line phone numbers
- 5 Member portal web address
- 6 Information for UnitedHealthcare and out-of-network providers rendering care

# Information on your Live well Premium ID Card:



**1** Baylor Scott & White Health Plan    **2** BSWH Employee Medical Plan    **3** UnitedHealthcare® Options PPO Network

**4** **SUBSCRIBER** JOHN SAMPLE    **5** **LIVE WELL PREMIUM IN-NETWORK MEDICAL**

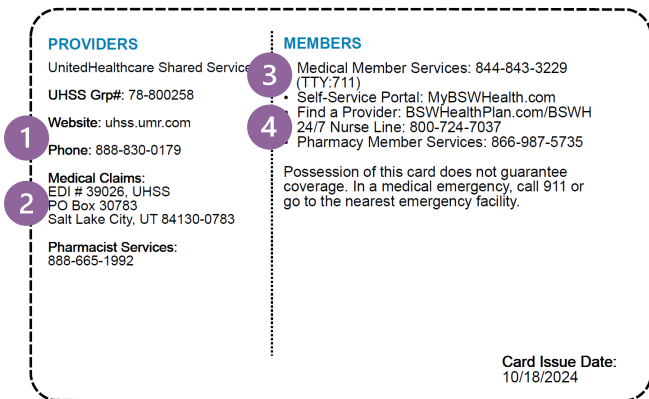
**6** **DEPENDENTS** JANE SAMPLE    **7** **MEMBER ID** SMPL0001

**8** **IN-NETWORK PHARMACY** rightway<sup>®</sup>

Primary:	\$45
Specialist:	\$60
Urgent:	\$45
Emergency:	\$500 + 20% waived if admitted
Medical Ded (Ind):	\$2,000
Medical Ded (Fam):	\$4,000
OOP Max (Ind):	\$5,000
OOP Max (Fam):	\$10,000

**BIN:** 610862 **PCN:** RWRX **Group:** 50070  
**Generic:** \$7  
**Preferred:** \$40  
**Non-Preferred:** Lesser of \$60 or 50%

- 1** Your benefits administrator/ health insurance carrier
- 2** Your group name
- 3** Your network
- 4** Your member ID number
- 5** Your plan type
- 6** Copays/coinsurance
- 7** Deductible & out-of-pocket max
- 8** Rx copays/coinsurance



**1** **PROVIDERS**  
 UnitedHealthcare Shared Services  
 UHSS Grp#: 78-800258  
 Website: uhss.umr.com  
 Phone: 888-830-0179

**2** **MEMBERS**  
 Medical Member Services: 844-843-3229 (TTY: 711)  
 Self-Service Portal: MyBSWHealth.com  
 Find a Provider: BSWHealthPlan.com/BSWH  
 24/7 Nurse Line: 800-724-7037  
 Pharmacy Member Services: 866-987-5735

**3** Possession of this card does not guarantee coverage. In a medical emergency, call 911 or go to the nearest emergency facility.

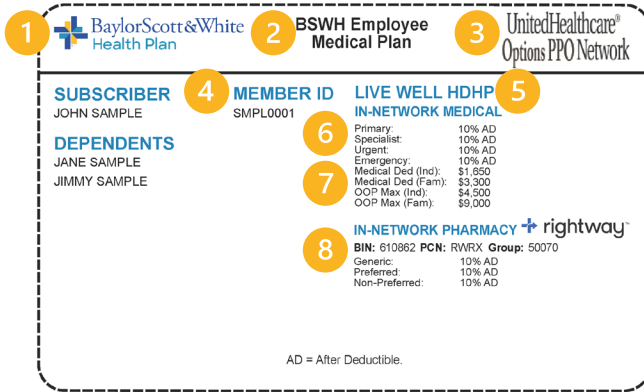
**4** **Card Issue Date:**  
10/18/2024

**5** **Medical Claims:**  
EDI # 39026, UHSS  
PO Box 30783  
Salt Lake City, UT 84130-0783

**6** **Pharmacist Services:**  
888-665-1992

- 1** Provider portal and phone number
- 2** Claims mailing address
- 3** Member Services phone number and member portal web address
- 4** 24/7 Nurse Line and Pharmacy Member Services numbers

# Information on your Live well HDHP ID Card



**1** Baylor Scott & White Health Plan

**2** BSWH Employee Medical Plan

**3** UnitedHealthcare® Options PPO Network

**4** MEMBER ID: SMPL0001

**5** LIVE WELL HDHP IN-NETWORK MEDICAL

**6** Primary: 10% AD  
Specialist: 10% AD  
Urgent: 10% AD  
Emergency: 10% AD  
Medical Ded (Ind): \$1,500  
Medical Ded (Fam): \$3,500  
OOP Max (Ind): \$4,500  
OOP Max (Fam): \$9,000

**7** IN-NETWORK PHARMACY + rightway

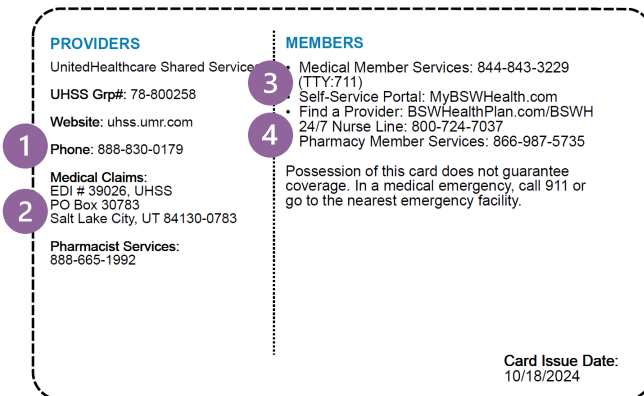
**8** BIN: 610862 PCN: RWRX Group: 50070  
Generic: 10% AD  
Preferred: 10% AD  
Non-Preferred: 10% AD

AD = After Deductible.

**SUBSCRIBER**  
JOHN SAMPLE

**DEPENDENTS**  
JANE SAMPLE  
JIMMY SAMPLE

- 1 Your benefits administrator/health insurance carrier
- 2 Your group name
- 3 Your network
- 4 Your member ID number
- 5 Your plan type
- 6 Coinsurance
- 7 Deductible & out-of-pocket max
- 8 Rx coinsurance



**1** PROVIDERS  
UnitedHealthcare Shared Service  
UHSS Grp#: 78-800258  
Website: uhss.umar.com  
Phone: 888-830-0179

**2** Medical Claims:  
EDI # 39026 UHSS  
PO Box 30783  
Salt Lake City, UT 84130-0783

**3** Medical Member Services: 844-843-3229 (TTY:711)  
Self-Service Portal: MyBSWHealth.com  
Find a Provider: BSWHealthPlan.com/BSWH  
24/7 Nurse Line: 800-724-7037  
Pharmacy Member Services: 866-987-5735

**4** Possession of this card does not guarantee coverage. In a medical emergency, call 911 or go to the nearest emergency facility.

Pharmacist Services:  
888-665-1992

Card Issue Date:  
10/18/2024

- 1 Provider portal and phone number
- 2 Claims mailing address
- 3 Member Services phone number and member portal web address
- 4 24/7 Nurse Line and Pharmacy Member Services numbers