

Member ID #####

Network Provided by:

Subscriber (01) First Last
Member (01) First Last
Enrollment Tier EF-E
Group # BL###



In-Network		Out-of-Network	
Deductible	\$1,250/\$2,500	Deductible	\$2,500/\$5,000
Max Out-of-Pocket	\$9,200/\$18,400	Max Out-of-Pocket	\$9,200/\$18,400

Have a prescription question?

Call PBM: +1(800) 838-0007
Rx Costs \$0



Cost Sharing (Price You Pay)

Primary Care \$50 / \$50
Specialist \$75 / \$75
Emergency \$1,000 / \$1,000
Urgent Care \$90 / \$50

Providers:

For prescription inquiries: call +1(800) 838-0007
For medical pre-certification: call (866) 494-4872
For eligibility, coverage, and claim status:
Payer Name (Availability): Olive Branch Health Plans
Or, go to portal.obatpa.com or call (203) 208-9898



Members:

For member portal: portal.obatpa.com/signin
For medical care, billing, or claims questions: call (203) 208-9898
For prescription questions: call +1(800) 838-0007
For \$0 telehealth: call Our Live Doc at 940-548-3367
To locate an in-network medical provider: hcpsdirectory.cigna.com

Submit claims to:

Payer ID 62308
Cigna Health
PO Box 188061
Chattanooga, TN 37422

Pharmacy: VerusRx
Rx BIN: 023286
Rx PCN: VRX
Rx Group #: BL001



This card is not a guarantee of coverage. Coverage may be subject to limitations and conditions. Pre-certification is required for some services. Failure to obtain pre-certification may result in a reduction of benefits. Member may be eligible for financial assistance.

Member ID #####

Network Provided by:

Subscriber (01) First Last
Member (02) First Last
Enrollment Tier EF-SP
Group # BL###



In-Network		Out-of-Network	
Deductible	\$1,250/\$2,500	Deductible	\$2,500/\$5,000
Max Out-of-Pocket	\$9,200/\$18,400	Max Out-of-Pocket	\$9,200/\$18,400

Have a prescription question?

Call PBM: +1(800) 838-0007
Rx Costs \$0



Cost Sharing (Price You Pay)

Primary Care \$50 / \$50
Specialist \$75 / \$75
Emergency \$1,000 / \$1,000
Urgent Care \$90 / \$50

Providers:

For prescription inquiries: call +1(800) 838-0007
For medical pre-certification: call (866) 494-4872
For eligibility, coverage, and claim status:
Payer Name (Availability): Olive Branch Health Plans
Or, go to portal.obatpa.com or call (203) 208-9898



Members:

For member portal: portal.obatpa.com/signin
For medical care, billing, or claims questions: call (203) 208-9898
For prescription questions: call +1(800) 838-0007
For \$0 telehealth: call Our Live Doc at 940-548-3367
To locate an in-network medical provider: hcpsdirectory.cigna.com

Submit claims to:

Payer ID 62308
Cigna Health
PO Box 188061
Chattanooga, TN 37422

Pharmacy: VerusRx
Rx BIN: 023286
Rx PCN: VRX
Rx Group #: BL001



This card is not a guarantee of coverage. Coverage may be subject to limitations and conditions. Pre-certification is required for some services. Failure to obtain pre-certification may result in a reduction of benefits. Member may be eligible for financial assistance.

Member ID #####

Network Provided by:

Subscriber (01) First Last
Member (03) First Last
Enrollment Tier EF-CH
Group # BL###



In-Network		Out-of-Network	
Deductible	\$1,250/\$2,500	Deductible	\$2,500/\$5,000
Max Out-of-Pocket	\$9,200/\$18,400	Max Out-of-Pocket	\$9,200/\$18,400

Have a prescription question?

Call PBM: +1(800) 838-0007
Rx Costs \$0



Cost Sharing (Price You Pay)

Primary Care \$50 / \$50
Specialist \$75 / \$75
Emergency \$1,000 / \$1,000
Urgent Care \$90 / \$50

Providers:

For prescription inquiries: call +1(800) 838-0007
For medical pre-certification: call (866) 494-4872
For eligibility, coverage, and claim status:
Payer Name (Availability): Olive Branch Health Plans
Or, go to portal.obatpa.com or call (203) 208-9898



Members:

For member portal: portal.obatpa.com/signin
For medical care, billing, or claims questions: call (203) 208-9898
For prescription questions: call +1(800) 838-0007
For \$0 telehealth: call Our Live Doc at 940-548-3367
To locate an in-network medical provider: hcpsdirectory.cigna.com

Submit claims to:

Payer ID 62308
Cigna Health
PO Box 188061
Chattanooga, TN 37422

Pharmacy: VerusRx
Rx BIN: 023286
Rx PCN: VRX
Rx Group #: BL001



This card is not a guarantee of coverage. Coverage may be subject to limitations and conditions. Pre-certification is required for some services. Failure to obtain pre-certification may result in a reduction of benefits. Member may be eligible for financial assistance.