



Practitioner &
Ancillary Only

Ancillary Coverage:
Labs and Urgent Care centers only

Member Name:

Patrick Carr

Member ID:

15326C43311

Network:

PPO

Group Name:

Sample One

Effective Date:

03/01/25

Rx Group:

001SOW

PCN:

8001002

Bin:

018364

Phone: (888) 899-5122

www.sbmanefits.com/purerx

All non-network claims paid at the Maximum Allowable
Charge, generally 125% of Medicare

PureRx



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J021 Env [1] CSet: 1 of 1

1406-xx 4821 SWO-ADV3M03----M(D)(V)

MEMBERS

For plan information and customer service contact SBMA at (844) 995-5836 option 2.
For Virtual Health contact Recuro at (855) 673-2876.

To locate a provider in the MultiPlan PHCS network, please call (800) 454-5231 or visit www.multiplan.com/sbmapa. PHCS representatives can not verify benefits or provide plan information.

PROVIDERS

To verify member eligibility and benefits, or for a preauthorization, call (844) 995-5836 option 1.

To verify if a provider or facility is in the PHCS network, call (800) 950-7040. PHCS representatives can not verify benefits or provide plan information.

Deductible: \$1,500 (individual) / \$3,000 (family)
Primary Care / Specialist visits: \$15 copay
Urgent Care / Labs / Radiology: \$50 copay
All other services: contact SBMA at (844) 995-5836 option 1 to confirm
Covered Laboratory Providers: Quest Diagnostics and LabCorp
Tier 1 Generic Drugs: \$10 copay

Submit claims to:

Electronic Claims Payer ID: SBMCO | Clearing House: Trizetto (800) 556-2231
SBMA | PO Box 241178 | Apple Valley, MN 55124 | (888) 505-7724 x 3

Acceptance of this card should indicate acceptance of the Plan's
benefits as payment in full for non-network services provided.

