

<u>INSURANCE</u>	<u>Prefix</u>	<u>Company/Plan/ Group #</u>	<u>Referral</u> <u>Y/N</u>	<u>HRA</u> <u>Y/N</u>	<u>BENEFIT</u> <u>Specialist OV</u>	<u>BENEFIT</u> <u>ST</u>	<u>BENEFIT</u> <u>SERUM</u>	<u>Allergy</u> <u>Injections</u>	<u>POLICY LIMITS</u>	<u>Comments</u> <u>Notes</u>	<u>PHONE #</u>
ACI	LBH CHP	Accounts 413550/340840 no group number Admisistrative Concepts Inc LIMITED ACCESS PLAN	N	N	Plan pays \$75 /y x2 max/y total on OV	25/day x2 days of ST/y	Not Covered		PT WILL END UP WITH MOSTLY OUT OF POCKET EXPENSES		<u>Email carrier</u>
Aetna	W	American Forest Management G#000000	N	N	\$3000 10%	\$3000 10%	\$3000 10%	\$3000 10%	Based on Medical Necessity YES 95165 30/day and 120 first 365 days then 90 each addtl	\$5000 OOP	<u>8886323862</u>
Aetna	W	Astrazeneca Pharmaceuticals LP G#G#000000	N	N	\$300 10%	\$300 10%	\$300 10%	\$300 10%	Based on Medical Necessity YES 95165 30/day and 120 first 365 days then 90 each addtl	\$2,000	<u>8886323862</u>
Aetna	W	Bank of America G#3G#000000	N	N	\$25 CP	Carrier 100%	\$25 CP	\$25 CP	Medical Necessity YES 95165	\$2,000 OOP	<u>8886323862</u>
Aetna	W	Boehringer Ingelheim Corp G#0G#000000	N	N	\$2500 10%	\$2500 10%	\$2500 10%	\$2500 10%	Medical Necessity YES 95165 30/day and	\$3500 OOP	<u>8886323862</u>
Aetna	W	Buckingham South LLC G# 69583801000701	N	N	\$75 CP	Carrier 100% (cp applies if no ov)	\$75 CP	\$3000 0%	Based on Medical Necessity YES 95165	\$6,000	<u>8886323862</u>