



SAMPLE BENEFITS ID CARD

- 1 Contact Numbers: Customer Service and Utilization Review
- 2 Payer ID number for Electronic Claims
- 3 In Network, Doctor Co-pay Amount Due at Time of Service **This does not include specialist and out of network providers*
- 4 Dental Network (If applicable)
- 5 Employer Name
- 6 Pharmacy Co-pay Amount Due at Time of Service
- 7 Group, Policy and Plan Numbers
**Member ID is located on the back of this card.*
- 8 Telehealthcare Services (If applicable)
- 9 Medical Network Name
- 10 Plan Effective Date

Front

WESTERN GROWERS ASSURANCE TRUST
7575 N. Palm Ave., Suite 101, Fresno, CA 93711
Customer Service 800-777-7898 www.wgat.com
Utilization Review 800-274-7767
For Electronic Claims: Submit Using Payer # **24735**

Doctor Visit Co-pay: **\$xx.xx**
(Su pago por visitar médico)

Prudent Buyer Dental

Employer: **XYZ COMPANY**
RX Variables: **FORMULARY: \$XX BRAND / \$XX GENERIC
NON-FORM: XX% COPAY W/\$XX MIN.**

Utilization Review Mandatory: **YES**
(evaluación de Buen Manejo es necesario)

Group # / Policy#: **123AB / 1111**
Plan #: **12345 / 00000**

on demand **1-800-997-6196** **PPO - PRUDENT BUYER**
To Locate a Provider: www.anthem.com/ca

Effective Date: **01/01/2021**
12345678

IDENTIFICATION CARD 01/01/21

- 11 Subscriber (Member) ID #: To access the full Subscriber (Member) ID #, add the Member's ID Suffix to the end of this number. (see item 13)

For Example:

- John Smith's ID # would be: W00123456-00
- Jane Smith's ID # would be: W00123456-30

- 12 Members LAST NAME

- 13 ID Suffix for Plan Members and/or Dependents:
The suffix is used at the end of the Subscriber (Member) ID # to identify plan individuals.

For Example:

- Sue Smith's ID # would be: W00123456-62

- 14 Pharmacy Bin Number

- 15 Pharmacy Network Customer Service Number

- 16 Pharmacy Network

- 17 Pharmacy Process Control Number

Back

TERMS AND CONDITIONS

This card is for identification only, is non-transferable and is the property of the Benefit Administrator. Please carry it with you at all times. Benefits obtained through the use of this card are governed by the conditions in your benefit Plan. The PPO network listed on the other side of this card does not provide administrative or claims processing services and has no liability for claims payments. Please contact the Benefit Administrator listed at the top of this card on the reverse side with any questions. This card does not guarantee eligibility and is void when your eligibility terminates.

Subscriber: **W00123456**
Name: **SMITH**

<table border="0"> <tr> <td style="width: 30%;">15 Member Name</td> <td style="width: 30%;">D.O.B.</td> <td style="width: 20%;">16</td> <td style="width: 20%;">Member Name</td> <td style="width: 10%;">D.O.B.</td> </tr> <tr> <td>00 JOHN</td> <td>01/01/73</td> <td>62</td> <td>SUE</td> <td>06/06/12</td> </tr> <tr> <td>30 JANE</td> <td>02/02/72</td> <td>63</td> <td>SALLY</td> <td>07/07/14</td> </tr> <tr> <td>50 MARY</td> <td>03/03/06</td> <td></td> <td></td> <td></td> </tr> <tr> <td>60 ROBERT</td> <td>04/04/08</td> <td></td> <td></td> <td></td> </tr> <tr> <td>61 JAMES</td> <td>05/05/10</td> <td></td> <td></td> <td></td> </tr> </table>	15 Member Name	D.O.B.	16	Member Name	D.O.B.	00 JOHN	01/01/73	62	SUE	06/06/12	30 JANE	02/02/72	63	SALLY	07/07/14	50 MARY	03/03/06				60 ROBERT	04/04/08				61 JAMES	05/05/10				<p>14 Rx bin: 017051</p> <p>15 Rx Customer Care Ctr (877) 782-9658 / www.prxsolutions.com</p> <p>16 PRINCIPLE Rx Solutions</p> <p>17 Rx PCN: PRS</p>
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**Depending on your employer and plan selection, card appearance and placement of information may vary. If you have any further questions, please contact Western Growers Assurance Trust.*

FOR ADDITIONAL HELP

📞 800.777.7898

@ CustomerService@wga.com

🔗 WGAT.com

