

- 1 Subscriber (Member) ID Number, which is also known as your HCID Number
 - 2 Group (Employer) Number, Plan Number and Effective Date
 - 3 Dental Network (If applicable)
 - 4 Vision Network (If applicable)
 - 5 Medical Network Name
 - 6 Co-pay, Deductible and Out of Pocket
 - 7 Pharmacy BIN and Process Control Number
 - 8 Pharmacy Network
 - 9 Pharmacy Network Customer Service Number
-
- 10 Payer ID number for Electronic Claims
 - 11 Contact Numbers: Customer Service and Utilization Review
 - 12 Website to access Online Portals for both Members and Providers

Front

WESTERN GROWERS ASSURANCE TRUST		Health Plan Identification Card	
Member JANE MARIE SMITH 1 HCID: W00000123 00 Employer: 06000 ABC FARMS HARVEST 2 Plan: 37999 Effective: 01/01/22		Dental/Vision Plan 3 Dental Network: Contact Info: 4 Vision Network: Contact Info:	
Medical Plan 5 Medical Network: Policy #: 6 Office Copy: \$xx Deductible: \$xxxx Participating / Non-Participating Out-of-Pocket: \$xxxx Participating / Non-Participating		Pharmacy Plan 7 Rx Bin: 017051 PCN: PRS 8 Pinnacle Rx Solutions Copays: FORMULARY: \$xx BRAND / \$xx GENERIC NON - FORMULARY: \$xx COPAY 9 Contact Info: 1-877-782-9658 www.prsolutions.com	

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WESTERN GROWERS ASSURANCE TRUST		www.wgat.com	
Members: When submitting inquiries always include your healthcare ID number from the front of this card. Possession or use of this card does not guarantee payment.		Eligibility, benefits, claims status, and Customer Service 1-800-777-7898 Utilization Review 1-800-274-7787 Pinnacle RX Solutions 1-877-782-9658 24 hr on demand 1-800-997-6196	
Providers: Please submit claims electronically using Envoy Payer #24735 or to the following address for processing.		12 Self Help Portals - www.wgat.com	
Send ALL Claims to: Western Growers Assurance Trust PO Box 7240 Newport Beach, CA 92658		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 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 with any questions. This card does not guarantee eligibility and is void when your eligibility terminates.	

**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

MUESTRA TARJETA DE IDENTIFICATION DE BENEFICIOS

1 Número de identificación de suscriptor (miembro) que también se conoce como su número de HCID

2 Número de grupo (empleador), número de plan y fecha de vigencia

3 Red Dental (si corresponde)

4 Red de Visión (si corresponde)

5 Red Medica

6 Copago, deducible y gastos de bolsillo

7 BIN de farmacia y número de control de proceso

8 Red de Farmacias

9 Número de servicio al cliente de la red de farmacias

10 Número de identificación del pagador para reclamaciones electrónicas

11 Números de contacto: Servicio al cliente y revision de la utilización

12 Sitio web para acceder a portales en línea tanto para miembros como para Proveedores

Front

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*Dependiendo de su empleador y la selección del plan, la apariencia de la tarjeta y la ubicación de la información pueden variar. Si tiene más preguntas, comuníquese con Western Growers Assurance Trust.

PARA AYUDA ADICIONAL

📞 800.777.7898

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| 🌐 WGAT.com

Front



Health Plan Identification Card

Member

JANE MARIE SMITH
HCID: W00000123 00
Employer: 06000
ABC FARMS HARVEST
Plan: 37999
Effective: 01/01/22

Dental/Vision Plan

Dental Network:
Contact Info:

Vision Network:
Contact Info:

Medical Plan

Medical Network:

Policy #:

Office Copay: \$xx
Deductible: \$XXXX Participating /
Non-Participating
Out-of-Pocket: \$XXXX Participating /
Non-Participating

Pharmacy Plan

Rx Bin: 017051
PCN: PRS

**Pinnacle
RX Solutions**

Copays: FORMULARY: \$xx BRAND / \$xx GENERIC
NON - FORMULARY: \$xx COPAY

Contact Info: 1-877-782-9658
www.prxsolutions.com

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Utilization Review 1-800-274-7767
Pinnacle RX Solutions 1-877-782-9658
on demand 1-800-997-6196

Self Help Portals - www.wgat.com

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