


Step 2: Identify your *Mental Health Insurance Carrier*

Your insurance card will display the name of your medical insurance company. However, your *Mental Health* coverage may be contracted through a different company. This is called a “carve-out.”

- In the Sample A below, mental health benefits are contracted through **Cigna**:

Sample A: Front of Card:

		Customer Service: 1-844-337-3700 Card Issue Date: 01/01/16				
Member Name:		Scripps Health Plan HMO Plan Code: Group #:				
Member ID:		Plan Medical Group: SCRIPPS CLINIC MED GRP				
Dependent Name:		Primary Care Physician:				
Group Name:		Telephone Days/After Hours: 1-858-605-7966				
SCRIPPS EMPLOYEE HEALTH						
Copayments:	PCP	SPC	UC	ER	HSP	RX
	\$20	\$25	\$40	\$200	\$250	\$10/\$35/\$55
PPO Dental Customer Service: HealthComp 1-877-552-7247 Dental Network: Anthem Blue Cross PPO www.myscrippshealthplan.com Individual Dental Deductible: \$50 (Waived for Diagnostic & Preventive Services) Vision: MESVision 1-800-877-6372 www.MESVision.com						

Sample A: Back of Card:

Scripps Health Plan: 1-844-337-3700
www.ScrippsHealthPlan.com

Behavioral Health Services: Cigna Behavioral Health www.CignaBehavioral.com
 Contact Cigna Behavioral Health directly at 1-800-866-6534 for assistance with mental health services, coverage, and available in-network providers. 

Pharmacy Services: MedImpact: 1-844-282-5343 www.myscrippshealthplan.com
 RXGRP: SMP01 RXPCN: ASPROD1 RXBIN#: 003585



Covered Services: Scripps Health Plan requires all care be provided by in-network providers except Authorized and Emergency Services.

Emergency Services / Urgent Care Services: In the event of an emergency, call 911 or go to the nearest hospital. **Emergency Services are covered without prior authorization.** For urgent care services, contact your primary care physician for assistance or call Scripps Health Plan.

Medical Claims Address: P.O. Box 2529, La Jolla, CA 92038
Dental Claims Address: HealthComp, P.O. Box 45018, Fresno, CA 93718
 Dental EDI Payor #: 85729

- In Sample B below, mental health benefits are covered through **MHN**:

Sample B: Front of Card:

 Health Net[®] HMO WHOLECARE		 CaliforniaChoice[®] <i>Your Health. Your Choice.[™]</i>	
Group Name	SAMPLE GROUP	Issue Date	
Subscriber Name	SAMPLE CLIENT	Effective Date	
Member Name	SAMPLE CLIENT	Member #	
Subscriber #	XXXXXXXX	Group #	
		Rerate Month	FEB
Plan	CB6 WITH PHARMACY		
Health Net Customer Contact Center:		1-800-522-0088	
Health Net Providers call:		1-800-641-7761	
To report Inpatient Admissions call:		1-800-995-7890	
Health Net of California, Inc. provides the health benefits under this plan			

Sample B: Back of Card:

For mental health benefits call: MHN at 1-888-426-0030

IF AN EMERGENCY ARISES

If your situation is an emergency: Call 911 or go to the nearest Hospital or emergency care facility. If you are ill but unsure of the seriousness of your condition you may call your Medical Group. In all cases, contact your Primary Care Physician/Medical Group as soon as possible to inform them about your condition.

TO DOCTOR OR OTHER PROVIDER OF CARE

Telephone the Participating Physician Group named on the reverse side of this card. Hospitals bill Health Net directly.