


## 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:

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

### Sample A: Back of Card:

**Scripps Health Plan: 1-844-337-3700**  
[www.ScrippsHealthPlan.com](http://www.ScrippsHealthPlan.com)

**Behavioral Health Services:** Cigna Behavioral Health [www.CignaBehavioral.com](http://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](http://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:*

 <b>Health Net<sup>®</sup></b> <b>HMO WHOLECARE</b>		 <b>CaliforniaChoice<sup>®</sup></b> <i>Your Health. Your Choice.<sup>™</sup></i>	
Group Name	SAMPLE GROUP	Issue Date	
Subscriber Name	SAMPLE CLIENT	Effective Date	
Member Name	SAMPLE CLIENT	Member #	
Subscriber #	XXXXXXX	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.