



**FARMERS
BANK**

Member

Member Name: JOHN SAMPLE

Member ID: SMPL00-01

Group Name: Farmers Bank

Group #: 6400

Pharmacy Plan

Rx BIN: 015433

Rx PCN: SSN

Rx GROUP: 6400 Active



Member and Pharmacy Helpdesk: 800-710-9341

<https://liviniti.com/>

Medical Plan

Plan Name: PPO Plan

Medical Deductibles:

Individual / Family

Tier 1:	\$0 / \$0
Tier 2:	\$500 / \$1,000
Tier 3:	\$1,000 / \$2,000

Medical / Pharmacy Out-of-Pocket:

Individual / Family

Tier 1:	\$500 / \$1,000
Tier 2:	\$2,000 / \$4,000
Tier 3:	\$4,000 / \$8,000

1137-FC1 (069) FRB-FRBPP0-6400- M&P(DIVI)

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J167 Env [1] CSets 1 of 1



**FARMERS
BANK**

Member

Member Name: JOHN SAMPLE

Member ID: SMPL00-01

Group Name: Farmers Bank - COBRA

Group #: 6400C

Pharmacy Plan

Rx BIN: 015433

Rx PCN: SSN

Rx GROUP: 6400C COBRA



Member and Pharmacy Helpdesk: 800-710-9341

<https://liviniti.com/>

Medical Plan

Plan Name: PPO Plan

Medical Deductibles:

Individual / Family

Tier 1:	\$0 / \$0
Tier 2:	\$500 / \$1,000
Tier 3:	\$1,000 / \$2,000

Medical / Pharmacy Out-of-Pocket:

Individual / Family

Tier 1:	\$500 / \$1,000
Tier 2:	\$2,000 / \$4,000
Tier 3:	\$4,000 / \$8,000

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Member Rewards

First Choice Health Customer Service:
800-214-1904
[email: customercare@fchn.com](mailto:customercare@fchn.com)

Pre-Authorizations: (800) 808-0450
Behavioral Health: (800) 640-7682
Maternity Management: (800) 808-0450
Out-of-Network Providers: (833) 375-0121

Mayo Clinic Complex Care:

Contact Columbia Benefits at
833-444-8417

Mayo Clinic Laboratories:

Visit us online or call
Mayo Clinic Laboratories
800-533-1710
www.mayocliniclabs.com

Pre-authorization: Inpatient admissions and certain outpatient services require pre-authorization. Please refer to your Summary Plan Document for details.

Medical Claims Submission

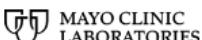
EDI Payor ID: 91131

First Choice Health
PO Box 12659
Seattle, WA 98111-4659

To locate a Multiplan provider, call
888-636-7427 or visit Multiplan.com

This card does not guarantee coverage. If you have any questions regarding benefit coverage, claims, or eligibility please call First Choice Health or visit www.fchn.com.

Networks



With Mayo Clinic Complex Care

First Choice Health.

www.fchn.com

Member Rewards

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[email: customercare@fchn.com](mailto:customercare@fchn.com)

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Medical Claims Submission

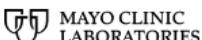
EDI Payor ID: 91131

First Choice Health
PO Box 12659
Seattle, WA 98111-4659

To locate a Multiplan provider, call
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Networks



With Mayo Clinic Complex Care

First Choice Health.

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