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**NICHOLLS STATE UNIVERSITY**

Student Medical Insurance Plan

Underwritten by: Monumental Life Insurance Company

Insured Name:

ID #:

Effective Date:

Policy Number: **CLA510H**

**Preferred Provider Network**



**First Health**  
Network

**CAREMARK<sup>®</sup>**  
*It all starts with care<sup>®</sup>*

RXGROUP: 1926/5050 RXBIN: 004336 RXPCN: CAREMARK

Medical and Prescription Benefits ID Card

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## **CLAIM PROCEDURE**

Mail completed claim form  
to the Plan Administrator within 90 days after treatment.

### **Plan Administrator**



PO Box 727, Short Hills, NJ 07078  
Claims/Coverage Questions 1-866-267-0092

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## **PRESCRIPTION DRUG PROCEDURE**

**Member:** Please present this card to your pharmacist each time you order a prescription. For prescription questions, please contact Caremark at 800-391-6443.

**Pharmacist:** For assistance, please call our pharmacy help desk at 800-345-5413.