

Monumental Life Insurance Company Student Health Insurance Plan

Name:

Student ID#

Effective Date: **8/8/09**

Policy Number: **CKY511F**

Group Name: **The University of the Cumberland**

Preferred Provider Network:



Plan Website: **www.BollingerColleges.com/cumberland**

RXGROUP: 1926/5055

RXBIN: **004336**

RXPCN: **ADV**

Medical and Prescription Benefits ID Card

CLAIM PROCEDURE

Submit all claims, including the patient's name and school name,
to the Plan Administrator within 90 days of treatment

Plan Administrator

Bollinger
Insurance Solutions

PO Box 727
Short Hills, NJ 07078
1-866-267-0092

PRESCRIPTION DRUG PROCEDURE

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

Pharmacist: For assistance, please call our pharmacy help desk at 800-364-6331.