
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

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.