
NICHOLLS STATE UNIVERSITY

Student Medical Insurance Plan

Underwritten by: Monumental Life Insurance Company

Insured Name:

ID #:

Effective Date:

Policy Number: **CLA510F**

Preferred Provider Network



RXGROUP: 1926/5050 RXBIN: 004336 RXPCN: CAREMARK

Medical and Prescription Benefits ID Card

CLAIM PROCEDURE

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

Plan Administrator

Bollinger
Insurance Solutions

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.