

UNIVERSITY OF LOUISIANA AT MONROE
Student Medical Insurance Plan

Underwritten by: Monumental Life Insurance Company

Name:

CWID #:

Effective Date:

Policy Number: **CLA809F**

Preferred Provider Network



RXGROUP: 1926/5052 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

Claim/Coverage Questions 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.