



**SOMA COLLEGE HEALTH INSURANCE PLAN  
IMPORTANT INFORMATION FOR FILING CLAIMS**

**RX Benefits**



**MEDCO®  
Group #USTR6107 # 610014  
877-417-7345**

When you fill your prescription at a MEDCO® participating pharmacy, present your ID card to get up to a 30 day supply of drugs prescribed for a Covered Injury or Sickness.

**Plan 1** - You will only pay a \$15 Copayment for each generic drug and a \$25 Copayment for each brand name drug (maximum allowed benefit is \$500). If you do not use a MEDCO® participating pharmacy, you will be responsible for paying the full cost of the prescription. Insureds may get up to a 60 day supply of prescription medication by paying a copay of \$30 for generic or \$50 for brand name drugs. Mail order prescriptions will not be filled less than 45 days from the termination date of the policy.

**Plan 2** – Present your MEDCO® discount prescription card to obtain a discount on your prescription. If you do not use a MEDCO® participating pharmacy, you will be responsible for paying the full cost of the prescription. Once you have reached the \$2,000 deductible under the program, submit a claim form along with the paid receipt to **StudentResources**, P.O. Box 809025, Dallas, TX 75380-9025 for reimbursement.

For information about participating pharmacies or to obtain reimbursement forms, please call the Pharmacy Information Call Center at 877-417-7345.

**Health Benefits**

**UnitedHealthcare Options PPO**

**United HealthCare Insurance Company  
800-505-5450**

Present your I.D. card to the UnitedHealthcare Options PPO participating provider at the time of services.

**Plan 1** - For doctor office visits, the provider will file all claim forms and accept reimbursement from United HealthCare Insurance Company as payment in full, less student \$25 copay. For all other services, you will be responsible for the \$250 deductible payment.

**Plan 2** – You will be responsible for the \$2,000 deductible. Once your deductible is satisfied, covered charges will be paid at 80% for Preferred Providers and 60% Out-of-Network.

To locate a UnitedHealthcare Options PPO provider, call 800-505-5450 or logon onto [www.myuhc.com](http://www.myuhc.com). If you do not use a Preferred Provider, you must complete a claim form and send it along with your medical bills to **StudentResources**, P.O. Box 809025, Dallas, TX 75380-9025. It is your responsibility to file a claim and provide written notice of your claim within 90 days from the date of any treatment. For claim inquiries, call 800-505-5450 or e-mail to: [claims@uhcsr.com](mailto:claims@uhcsr.com).

**Dental Benefits**

**UNITED CONCORDIA**

**United Concordia  
Companies, Inc.  
800-332-0366**

If your dentist is a United Concordia participating dentist, you need not worry about completing and filing claim forms. Participating dentists file all claim forms and accept reimbursement from United Concordia as payment in full, less student copay. If your dentist does not participate with United Concordia, either you or the dental office (if the office accepts assignment of benefits) must file the claim. The claim should be sent to: United Concordia Companies, Inc., P.O. Box 69421, Harrisburg, PA 17106-9421.

For information on locating a participating dentist, call 1-800-332-0366 or logon to [www.ucci.com](http://www.ucci.com), searching the AdvantagePlus network.

**Vision Benefits**



**VSP  
800-877-7195**

Participating providers file all claim forms and accept reimbursement from VSP as payment in full. To locate a participating VSP doctor, call 1-800-877-7195 or visit the web-site at [www.vsp.com](http://www.vsp.com). If an out-of-network provider is selected, an out-of-network reimbursement form must be completed and submitted to VSP, P.O. Box 997105, Sacramento, CA 95899-7105 for payment.

**The SOMA College Health Insurance Plan is administered by Mass Marketing Insurance Consultants (MMIC). Any questions regarding the plan, except for claims, should be directed to MMIC at 1-800-349-1039. All Claim inquiries should be directed to the providers listed above.**

