

Understanding your health plan

Working together to streamline healthcare and manage costs so you receive the most effective and appropriate care and medications.



Important things to remember:

- Ensure your provider has your ID card.
- Match bills received from providers with the Explanation of Benefits (EOB) from AmeriBen. If missing an EOB, contact your provider.
- Review EOBs carefully and pay providers directly. For claim questions, call Member Services at 877-379-4835.

The key elements to your health plan:

1. Third party administrator — AmeriBen

AmeriBen handles and processes your health insurance claims. After receiving services, claims are sent to AmeriBen for processing and payment, based on the plan language.

2. Utilization management (precertification review) — AmeriBen

Some health services require precertification. Utilization management reviews if services will be covered but doesn't guarantee benefits or eligibility. Failure to pre-certify may lead to covering the full cost of care.

3. Preferred network (EPO providers) — Blue Cross Blue Shield Network

Choose in-network providers to minimize costs. Out-of-network care costs more. Using network providers reduces expenses for both you and your employer.

Need help? Contact AmeriBen

- Customer Care: 877-379-4835
- Medical Management: 888-921-0361



IMA Financial Group