## **Covered Members Communication Guide**



**Important—Please read:** The following is a contact list for **covered members**. We request members use this reference to contact the appropriate vendor or provider of service. Failure to contact the appropriate vendor or carrier will result in a delay of services to the member.

Program	Subject Matter	Contact/ Partner Name	Phone	Website
	<ul> <li>Member questions concerning:</li> <li>Any Health plan questions including:</li> </ul>	For Services on or after March 1, 2019		
Health Plans	<ul> <li>Benefits</li> <li>Pre-certifying services</li> <li>Request Health Plan ID cards</li> <li>Find a network provider</li> </ul>	BCBS of IL	855-686-8517	www.bcbsil.com
	Member questions concerning: • Any Pharmacy questions	For Services on or after March 1, 2019		
Pharmacy	including: • Benefits • Eligibility • Prescription Drug Plan • Claim questions • Find a network provider	Prime Therapeutics	800-423-1973	www.myprime.com
	Member questions concerning: • Any Dental plan questions			
Voluntary Dental	<ul> <li>Any Dental plan questions including:</li> <li>Benefits</li> <li>Eligibility</li> <li>Claim questions</li> <li>Find a network provider</li> </ul>	For Servic	es on or after Sep 800-367-6401	tember 1, 2019 www.bcbsil.com
Voluntary Vision	<ul> <li>Member questions concerning:</li> <li>Any Vision plan questions including:</li> <li>Benefits</li> <li>Eligibility</li> <li>Claim questions</li> <li>Find a network provider</li> </ul>	EyeMed	866-804-0982	www.eyemed.com
Basic or Voluntary Life Insurance	<ul> <li>Member questions concerning:</li> <li>Portability or Conversion</li> <li>Claim issues</li> <li>Travel or Beneficiary Resources</li> </ul>	BCBS	800-348-4512	www.egtrust.org
Health Plans	For Services prior to March 1, 2019	HealthSCOPE Benefits	800-397-9598	www.healthscopebenefits.com
Voluntary Dental	For Services prior to September 1, 2019	Ameritas	800-487-5553	www.ameritas.com/group/ olbc/egyptianschooltrust