



Rockhurst University Student Injury and Sickness Insurance Plan 2010-2011 Group Number: 10430023

Welcome to your student insurance plan administered by Summit America Insurance Services. Your medical insurance identification cards are below for your use. Please carry this card with you because it is important to show it to the pharmacy and healthcare providers at the time of service. The information on the identification card gives the providers the information needed to properly file your claims.

Summit America is available to answer your questions about the plan benefits or to provide information on the status of your claims Monday through Friday, 8:30am to 5:00pm Central Standard Time. You can contact our customer service department toll free at (888) 580-2670 or claim status can also be viewed on our website at www.summitamerica-ins.com.

Information About your Preferred Provider Organization

Finding a Preferred Provider

When seeking medical care, it is important to locate a provider that is in network. Your benefit plan has entered into an agreement with a preferred provider network organization. The network is a group of physicians & hospitals contracted with your benefit plan to accept discounted rates in order to reduce the effect of rising healthcare costs while providing you with quality care.

PPO Network – Your network of healthcare providers (such as physicians, labs, and hospitals) is **First Health**. You should check with First Health at (888) 685-7774 to make sure your provider is part of the First Health Network. You can also check online at www.myfirsthealth.com.

In the event of Injury or Sickness, the student should:

1. Find a Provider that is in the First Health Network
2. Report to the Physician or Hospital and provide them with the ID Card below.
3. Obtain a claim form from Summit America's website at www.summitamerica-ins.com. Mail the completed claim form, all medical bills, and copies of any other insurance carrier's Explanation of Benefits Statements to the address shown on the back of the ID card.
4. Please file the claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Rockhurst University
2010-2011 Medical/RX Card



Group Number: 10430023

Questions regarding benefits or eligibility please call (888) 580-2670 or visit our website at www.summitamerica-ins.com

To find a provider call
(888) 685-7774 or visit
www.myfirsthealth.com

BIN# 004410 Group #: RU0023
Pharmacy Help Desk: (800) 880-9988
www.scriptcare.com



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IMPORTANT: Claims must be submitted within 90 days after the date of treatment. If the patient has other medical insurance please send information on that coverage along with all medical bills including the member's name, ID number, address and name of the member's organization to:
Summit America Insurance Services,
7400 College Blvd., Ste. 100, Overland Park, KS 66210
Electronic Payor # 37301

NOTICE TO HEALTH CARE PROVIDERS: Claim status can be checked online at www.summitamerica-ins.com. For information regarding plan benefits, eligibility or claim instructions please call Summit America Insurance Services at 888-580-2670. **This card is not a guarantee of coverage.**

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