afspa

aetna

Choice POS II AHF

FOREIGN SERVICE BENEFIT PLAN
MEMBER FEHB PROGRAM

ID W2392 31151
01 STANLEY P ACOSTA

PAYER NUMBER 60054 0728
GRP: 285630-010-00001

FOREIGN SERVICE BENEFIT PLAN
Submit Claims To: 1620 L ST NW STE 800
WASHINGTON DC 20036 5629

First Health Network Complementary

NAP

TALK TO A DOCTOR 24/7: 1-855-TELADOC OR TELADOC.COM/AETNA.

MEDICAL INDIVIDUAL	Tier 1	FAMILY	Tier 1
INN DED	$ 300		N/A
INN OOP MAX	$ 6000		N/A
OON DED	$ 400		N/A
OON OOP MAX	$ 8000		N/A

MEMBER SERVICES	1-202-833-4910
PROVIDER SERVICES	1-202-833-5751
PRECERTIFICATION	1-800-593-2354
PHARMACY MEMBER SERVICES	1-800-818-6717
24 HOUR NURSE LINE	1-800-556-1555
EMERGENCY TRANSLATION LINE	1-855-411-9916

See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.

WWW.AFSPA.ORG/FSBP

EVERNORTH HEALTH SERVICES

RxBIN: 610014
RxGRP: FSBP000