

MACo HEALTH CARE TRUST

FREQUENTLY NEEDED NUMBERS



<p>888-883-3233</p> <p>→ FIRST SELECT OPTION 2 (24HOURS AUTOMATED CLAIMS INQUIRY) THEN SELECT ONE OF THE FOLLOWING: → OPTION 4: CUSTOMER SERVICE → OPTION 5: YEAR-TO-DATE DEDUCTIBLE & OUT-OF-POCKET AMOUNTS</p>	<p>MACoHCT MEMBER SERVICES CLAIMS DEPARTMENT</p> <p>MEDICAL, DENTAL AND VISION COVERAGE</p> <ul style="list-style-type: none"> • WHAT SERVICES ARE COVERED BY MY PLAN? • WHAT IS THE STATUS OF MY CLAIM? • WHY WAS MY CLAIM DENIED? • WHY WAS MY CLAIM PAID THE WAY IT WAS? • HOW DO I APPEAL A CLAIM? • HOW DO I UNDERSTAND MY EXPLANATION OF BENEFITS?
<p>888-727-0511</p> <p>TDD: 800-231-4403</p> <p>→ FOLLOW THE VOICE PROMPTS OR SAY "REPRESENTATIVE" TO BE TRANSFERRED DIRECTLY TO A CUSTOMER SERVICE REPRESENTATIVE.</p>	<p>CAREMARK CUSTOMER CARE</p> <p>Rx COVERAGE</p> <ul style="list-style-type: none"> • IS MY PHARMACY IN THE CAREMARK NETWORK? • HOW MUCH CAN I EXPECT TO PAY FOR MY Rx? • HOW DO I SIGN UP FOR Rx MAIL ORDER SERVICES? • WHAT IS THE STATUS OF MY Rx MAIL ORDER?
<p>800-237-2767</p> <p>TDD: 800-231-4403</p> <p>→ FOLLOW THE VOICE PROMPTS OR SAY "REPRESENTATIVE" TO BE TRANSFERRED DIRECTLY TO A CUSTOMER SERVICE REPRESENTATIVE.</p>	<p>CAREMARK SPECIALTY PHARMACY</p> <p>HIGH-COST BIOTECH INJECTABLE OR ORAL MEDICATIONS</p> <ul style="list-style-type: none"> • WHAT IS THE CAREMARK SPECIALTY PHARMACY PROGRAM? • HOW MUCH WILL MY SPECIALTY PRESCRIPTION COST? • HOW & WHEN WILL MY PRESCRIPTION BE MAILED TO ME?
<p>800-342-6510</p>	<p>STARPOINT ADMISSION CERTIFICATION</p> <ul style="list-style-type: none"> • WHO SHOULD I CALL FOR CERTIFICATION OF SURGICAL, INPATIENT AND OUTPATIENT ADMISSIONS? • WHO SHOULD I CALL FOR EMERGENCY HOSPITAL ADMISSIONS?
<p>877-792-7827</p>	<p>STARPOINT CASE MANAGEMENT & STARBABY (MATERNITY MANAGEMENT)</p> <ul style="list-style-type: none"> • WHO SHOULD I CALL FOR MENTAL HEALTH, ALCOHOL OR CHEMICAL DEPENDENCY TREATMENT? • WHO SHOULD I CALL FOR WEIGHT MANAGEMENT TREATMENT? • WHO SHOULD I CALL IF I HAVE PREGNANCY, POSTPARTUM OR LACTATION RELATED QUESTIONS?
<p>800-883-9573</p>	<p>STARPOINT DISEASE MANAGEMENT</p> <ul style="list-style-type: none"> • WHO SHOULD I CALL IF I NEED EDUCATION OR ASSISTANCE WITH MANAGING MY: <ul style="list-style-type: none"> • ASTHMA • DIABETES • HIGH CHOLESTEROL • HIGH BLOOD PRESSURE • CORONARY ARTERY DISEASE • COPD • CHRONIC PAIN (LOW BACK & ARTHRITIS) • CONGESTIVE HEART FAILURE
<p>866-669-6428</p>	<p>MACoHCT ADMINISTRATION</p> <ul style="list-style-type: none"> • WHO SHOULD I CALL IF I NEED MORE HELP WITH A CLAIM AFTER CALLING THE CLAIMS DEPARTMENT? • WHO SHOULD I CALL IF I HAVE QUESTIONS ABOUT ELIGIBILITY, ENROLLMENT, BILLING OR MARKETING?
<p>www.mtcounties.org/hct</p>	<p>MACoHCT WEBSITE</p> <ul style="list-style-type: none"> • WHAT KIND OF INFORMATION IS AVAILABLE ON-LINE? <ul style="list-style-type: none"> ○ SUMMARY PLAN DESCRIPTION AND BENEFIT SUMMARY ○ MACoHCT FORMS ○ LINKS TO MACoHCT CLAIMS WEBSITE, CAREMARK Rx WEBSITE AND OTHER RESOURCES ○ COMMON QUESTIONS AND ANSWERS