

Carrier Contact Information – Broker and Member Services

Carrier Name	Contact Information	Telephone, Fax, Email Address
Aetna Mailing address for new hire applications – P.O. Box 24005 Fresno, CA. 93779-4005 Applications can be emailed to EnrollmentSGW@aetna.com	Broker Sales Support Unit <ul style="list-style-type: none"> • Billing & Enrollment • Claims Inquiries • Commission Questions • Licensing & Appointments • Renewal Assistance • Broker Liaisons for Quote Status, Fulfillment Request & All Other Questions 	1-877-249-2472 phone 1-888-258-4530 fax ASGBLCA@aetna.com 1-866-474-4040 fax (Claims)
	Plan Sponsor Services <ul style="list-style-type: none"> • Renewals • Claims Inquiries • Billing & Enrollment 	1-877-249-7235 phone
	Member Services <ul style="list-style-type: none"> • Benefit Questions • Claims Inquiries • Dental Inquiries • Life Insurance Inquiries • Pharmacy Inquiries 	1-888-702-3862 HMO members 1-888-802-3862 EPO,PPO,MC, Indemnity members 1-877-238-6200 Dental members 1-800-523-5065 Life Insurance members 1-800-238-6279 Pharmacy Inquiries 1-866-612-3862 Mail Order Inquiries
Billing Addresses	<p style="text-align: center;"><u>Small Group</u></p> Regular Mail and Overnight mailing addresses depend on where the group is located, and if they are on the new or old Aetna billing system. Binder checks are given the same address of where new case submissions go. Once the first bill generates, then the specific mailing address can be advised.	<p style="text-align: center;"><u>Large Group</u></p> (Regular Mail) Lockbox: 911408 PO Box 31001-1408 Pasadena, CA 91110-1408 (Overnight) PNC Bank c/o Aetna Life Insurance Company Attn: Lockbox #31001-1408 465 North Halstead, Suite 160 Pasadena, CA 91007

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Carrier Name	Contact Information	Telephone, Fax, Email Address
American General Life Companies Mailing address for new hire applications – American General Attn: Client Services 2261 S.E. 27 th Amarillo, TX. 79103 Posneptune@aglife.com	Broker Support <ul style="list-style-type: none"> Billing & Enrollment Claims Inquiries Commissions Questions Licensing & Appointments Broker liason for quote status, fulfillment requests and any other questions 	1-800-346-7692 phone(Neptune)Client Svcs. 1-877-672-1648 phone (Tampa) Client Svcs. 1-713-521-6041 fax (applications) 1-713-521-6047 (terms or updates) 1-800-221-3480 Dental(Neptune) 1-877-672-1648 Dental(Tampa) 1-866-798-9189 Vision(Neptune & Tampa) 1-800-236-4537 Life(Neptune) 1-877-672-1648 Life(Tampa) 1-888-762-2250 Disability(Neptune & Tampa) 1-732-922-5587(Neptune) 1-877-672-1648(Tampa) 1-800-346-7692 phone (Neptune) 1-732-922-5587 fax (Neptune) 1-877-672-1648 phone (Tampa) 1-877-360-2501 fax (Tampa) Tampa Solutions Center 1-877-672-1648 or
	Plan Sponsor Service <ul style="list-style-type: none"> Claims Inquiries Billing & Enrollment Renewal assistance 	Same as those listed above in the Broker Support section
	Member Services <ul style="list-style-type: none"> Benefit Questions Claims Inquiries 	1-800-346-7692 phone (Neptune) 1-877-672-1648 phone (Tampa) Same as those listed above in the Broker Support section
	Billing Addresses	<u>Small Group and Large Group AIG policies</u> (Regular Mail) PO Box 62046 Baltimore, MD. 21264 (No overnight option) <u>Small Group and Large Group US Life policies</u> (Regular Mail) PO Box 62104 Baltimore, MD. 21264 (No overnight option)

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Carrier Name	Contact Information	Telephone, Fax, Email Address
<p>Anthem Blue Cross</p> <p>Mailing address for new hire applications –</p> <p>P.O. Box 9062 Oxnard, CA. 93031-9062</p> <p>Applications can be emailed to Small.group@wellpoint.com (for all policies written prior to 1/1/14) employerbrokersupport@wellpoint.com (for all new & renewing business 1/1/14 and beyond)</p> <p><u>Prime & Complete</u></p> <p>Anthem, Attn: Dental Enrollment P.O. Box 1193 Minneapolis, MN. 55440-1193</p> <p>enroll@anthemdentaladmin.com</p> <p>Billing Address is listed on next page</p>	<p>Broker Sales Support Unit</p> <ul style="list-style-type: none"> • Billing & Enrollment • Claims Inquiries • Commissions Questions • Licensing & Appointments • All Other Questions <ul style="list-style-type: none"> • Lumenos customer service • Lumenos Pharmacy Inquiries <p>Prime & Complete Broker Connect Unit</p> <ul style="list-style-type: none"> • Billing & Enrollment • Customer Service • Claims Inquiries • Commissions • Licensing & Appointments 	<p>1-800-678-4466 phone 1-877-363-9126 Benefit Modifications</p> <p>1-866-837-4595 CA SG members 1-800-281-4880</p> <p>1-877-606-3409 1-877-567-1804 Refer to ID card 1-877-606-3409 1-800-678-4466</p>
	<p>Plan Sponsor Service</p> <ul style="list-style-type: none"> • Claims Inquiries • Billing & Enrollment <p>Prime & Complete Dental</p> <ul style="list-style-type: none"> • Billing & Enrollment • Claims Inquiries 	<p>1-800-627-8797 phone 1-805-499-0842 fax</p> <p>1-800-928-6459 phone 1-800-821-5946 fax Refer to ID card</p>
	<p>Member Services</p> <ul style="list-style-type: none"> • Benefit Questions • Claims Inquiries • Legacy dental Inquiries • Prime & Complete dental inquiries • Pharmacy Inquiries • Lumenos customer service • Lumenos Pharmacy Inquiries • Case Management 	<p>1-800-627-8797 phone (medical & life insurance inquiries) 1-800-627-8797 1-877-287-1262 PPO members fax</p> <p>1-800-627-0004 Refer to ID card</p> <p>1-800-700-2533 1-866-837-4595 CA SG members 1-800-281-4880 1-800-274-7767</p>

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Carrier Contact Information – Broker and Member Services

Carrier Name	Contact Information	Telephone, Fax, Email Address
<p>Anthem Blue Cross continued</p> <p>Billing Addresses</p>	<p style="text-align: center;"><u>Small Group</u></p> <p>(Regular Mail) PO Box 51011 Los Angeles, CA. 90051-5311</p> <p>(Overnight) c/o Small Group Membership 2000 Corporate Center Drive Newbury Park, CA. 91320</p> <p>The following addresses are to be used only for Dental Prime & Complete payments</p> <p>(Regular Mail) Anthem Dental PO Box 202837 Dept. 83711 Dallas, TX. 75320-2837</p> <p>(Overnight) Anthem Dental 2975 Regent Blvd. PO Box 202837-83711 Irving, TX. 75063</p>	<p style="text-align: center;"><u>Large Group</u></p> <p>Regular Mail mailing addresses depend on where the group is located, and the assigned Anthem Sales Representative.</p> <p>Binder checks are given the same address of where new case submissions go. Once the first bill generates, then the specific mailing address can be advised.</p> <p>(No overnight option)</p> <p>The following addresses are to be used only for Dental Prime & Complete payments</p> <p>(Regular Mail) Anthem Dental PO Box 202837 Dept. 83711 Dallas, TX. 75320-2837</p> <p>(Overnight) Anthem Dental 2975 Regent Blvd. PO Box 202837-83711 Irving, TX. 75063</p>

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Carrier Name	Contact Information	Telephone, Fax, Email Address
<p>Blue Shield of California</p> <p>Mailing address for new hire applications –</p> <p>P.O. Box 3008 Lodi, CA. 95241-1912</p> <p>Applications can be emailed to Lgppro01@blueshieldca.com (for all policies written prior to 1/1/14) Small.group@blueshieldca.com (for all new & renewing business 1/1/14 and beyond)</p> <p>Fax number for new hire applications – (209)367-6475</p> <p>Billing Addresses</p>	<p>Broker Sales Support Unit</p> <ul style="list-style-type: none"> Billing & Enrollment Claims Inquiries Commissions Questions Licensing & Appointments All Other Questions MES Vision - Claims & eligibility (for billing questions please contact the number listed at the bottom of the clients bill) 	<p>1-800-559-5905 phone</p> <p>Email: producerservices@blueshieldca.com</p> <p>1-800-877-6372 phone</p>
	<p>Plan Sponsor Services</p> <ul style="list-style-type: none"> Eligibility Billing Issues Cal-COBRA eligibility, coverage, extensions, and cancellations 	<p>1-800-325-5166 phone smallgroupservices@blueshieldca.com</p> <p>1-800-325-5166 phone 1-800-228-9476 phone 1-916-350-7480 fax</p>
	<p>Member Services</p> <ul style="list-style-type: none"> HMO benefits and service PPO benefits and service Chiro/Acupuncture benefits and service Claims process and benefit information Pharmacy-related issues Mail-service prescriptions Dental Life Vision 	<p>1-800-424-6521 phone</p> <p>1-800-200-3242 phone 1-800-678-9133 phone</p> <p>1-800-443-5005 phone</p> <p>1-800-443-5005 phone 1-866-346-7200 phone 1-888-679-8928 phone 1-888-800-2742 phone 1-800-877-6372 phone</p>
	<p>Small Group (Regular Mail) Blue Shield of California File 55331 Los Angeles, CA 90074-5331</p> <p>(Overnight) Blue Shield of California Attention: Cash Operations 3021 Reynolds Ranch Parkway Lodi, CA 95240</p>	<p>Large Group</p> <p>N/A</p>

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Carrier Name	Contact Information	Telephone, Fax, Email Address
<p>CaliforniaChoice</p> <p>Mailing address for new hire applications –</p> <p>721 S. Parker, Suite 200 Orange, CA. 92868</p> <p>Email to: memberprocessing@calchoice.com</p>	<p>Broker Services/Plan Sponsor Services & Member Services</p> <ul style="list-style-type: none"> • Billing & Enrollment • Provider Inquiries • Benefit Questions • Claims Inquiries • Pharmacy Inquiries 	<p>1-800-558-8003 phone 1-714-558-8000 fax</p>
Billing Addresses	<p>Small & Large Group (Regular Mail/Overnight) 721 South Parker Street, Suite 200 Orange, CA 92868</p>	
Cigna	<p>Billing information is provided on a case by case basis. The processes and addresses are different for the different lines of coverage and funding types.</p>	
Covered California SHOP	<p>(Regular Mail/Overnight) Attn: Covered California/SHOP P.O. Box 740167 Los Angeles, CA 90074-0167</p> <p>If sending overnight use Express Mail (no signature required) through the USPS, not FedEx or UPS.</p>	
<p>Delta Dental</p> <p>Mailing address for new hire applications –</p> <p>P.O. Box 26908 San Francisco, CA. 94126</p>	<p>Broker Services/Plan Sponsor Service</p> <ul style="list-style-type: none"> • Billing & Enrollment • Supplies (ID cards, EOC booklets) 	<p>1-877-472-2669 phone 1-415-439-5861 fax 1-877-472-2669 phone – DPO/FFS 1-800-422-4234 phone – DHMO</p>
Billing Addresses	<p>Member Services</p> <ul style="list-style-type: none"> • Billing & Enrollment • Eligibility • Benefit Questions • Claims Inquiries 	<p>1-877-472-2669 phone 1-415-439-5861 fax 1-888-335-8227 phone – DPO/FFS 1-800-422-4234 phone – DHMO</p>
Billing Addresses	<p>Small & Large Group (Regular Mail) P.O. Box 45739 San Francisco, CA 94145-0739</p> <p>(Overnight) 825 Battery Street San Francisco, CA. 94111</p>	

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<p>Guardian</p> <p>Mailing address for new hire applications –</p> <p>Guardian Midwest Regional Office P.O. Box 8012 Appleton, WI. 54912</p> <p>Fax to: (920)749-6058 Email to: appletonbilling@glic.com</p>	<p>Member Services</p> <ul style="list-style-type: none"> • Eligibility • Benefit Questions • Claim Inquiries <p>Broker/Planholder Services</p> <ul style="list-style-type: none"> • Billing & Enrollment • Benefit questions • Supplies 	<p>1-800-541-7846 phone www.guardiananytime.com</p> <p>1-800-627-4200 phone www.guardiananytime.com</p>
<p>Billing Addresses</p>	<p><u>Small & Large Group</u> (Regular Mail) P.O. Box 677458 Dallas, TX. 75267-7458</p> <p>(Overnight) PNC Bank C/O Guardian – Appleton Lockbox #677458 1200 East Campbell Road, Suite 108 Richardson, TX. 75081</p>	

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Carrier Name	Contact Information	Telephone, Fax, Email Address
Health Net Mailing address for new hire applications: 11971 Foundation Place Rancho Cordova, CA. 95670-4502 Applications can be emailed to: Enrollmentunit_north@healthnet.com	Broker Services <ul style="list-style-type: none"> Billing & Enrollment Eligibility Provider Inquiries Claims Inquiries Life Insurance 	1-800-224-8808 option 3 1-916-935-4420 fax 1-800-447-8812 phone 1-800-447-8812 option 7 1-800-447-8812 phone 1-800-865-6288 phone 1-818-676-5810 fax HN_Account_Services@healthnet.com
	Plan Sponsor Service <ul style="list-style-type: none"> Billing & Enrollment Eligibility Life Insurance 	1-800-447-8812 phone 1-916-935-4420 fax 1-800-447-8812 phone 1-800-794-3988 fax 1-800-865-6288 phone 1-818-676-5810 fax
	Member Services <ul style="list-style-type: none"> Eligibility Benefits Questions Claims Inquiries Provider Inquiries Life Insurance 	1-800-361-3366 1-800-865-6288 phone 1-818-676-5810 fax
	Small & Large Group (Medical/Dental/Vision/Regular Mail) File #52617 Los Angeles, CA. 90074-2617 (Medical/Dental/Vision/Overnight) 11971 Foundation Place Building C, Second Floor Rancho Cordova, CA. 95670 (Life/Regular Mail) PO Box 515242 Los Angeles, CA. 90051 (Life/Overnight) Mailstop Code 100-04-06 21281 Burbank Blvd. Woodland Hills, CA. 91362	
Health Net Dental & Vision Mailing address for new hire applications – P.O. Box 9103 Van Nuys, Ca 91409	Broker Services/Plan Sponsor Services & Member Services <ul style="list-style-type: none"> Billing & Enrollment Eligibility Claims Inquiries Provider Inquiries Benefit Questions 	1-866-249-2382 phone – Dental (Member Services) 1-866-392-6058 phone – Vision 1-800-547-2967 phone – Account Services 1-916-935-4420 fax hn_account_services@healthnet.com
Billing Addresses		

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Carrier Name	Contact Information	Telephone, Fax, Email Address
HealthSmart (North Ranch Benefit Trust (NRBT) includes: Ameritas, Delta Dental & VSP) Mailing address for new hire applications – 10303 E. Dry Creek Rd. Suite 200 Englewood, CO. 80112 Fax applications to: 303-804-9490 Email applications to: nrbt@healthsmart.com	Broker Services/Plan Sponsor Services & Member Services <ul style="list-style-type: none"> • Billing & Enrollment • Eligibility • Claims Inquiries 	1-800-786-6525 phone 1-303-804-9490 fax 1-800-877-7195
	Billing Addresses <u>Small & Large Group</u> (Regular mail/Overnight) HealthSmart Benefit Solutions, Inc. Lockbox 6054 PO Box 17768 Denver, CO. 80217-0768	
HSA California Mailing address for new hire applications – 721 S. Parker, Suite 200 Orange, CA. 92868	Broker Services <ul style="list-style-type: none"> • Commission Inquiries • Broker of Record Inquiries 	1-714-567-4390 phone 1-714-972-7369 fax
	Plan Sponsor/Member Services <ul style="list-style-type: none"> • Billing & Enrollment • Claims Inquiries • Pharmacy Inquiries 	1-866-251-4718 phone 1-888-211-7796 fax
	<u>Small Group</u> (Regular Mail/Overnight) 721 South Parker Street, Suite 200 Orange, CA. 92868	<u>Large Group</u> N/A

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Humana Mailing address for new hire applications – P.O. Box 14209 Lexington, KY. 40512-4209 Fax applications to: (866) 584-9140	Broker Sales Support Unit <ul style="list-style-type: none"> • Billing & Enrollment • Provider Inquiries • Benefit Questions • Claims Inquiries • Pharmacy Inquiries 	1-800-592-3005 phone 1-866-584-9140 fax Licensing – Option 1 Commissions – Option 2 All other inquiries – ext. 8919
	Plan Sponsor Services <ul style="list-style-type: none"> • Group level changes (addresses, waiting periods, contact information) • Billing and Enrollment (change employee eligibility, terminate an employee's coverage, change group coverage, understand your premium bill, receive a copy of your employer group application, receive a sample continuation letter for COBRA notification, request forms) 	1-877-702-5986 phone 1-866-584-9140 fax 1-800-233-4013 phone 1-888-313-4534 phone (Disability) 1-800-957-7121 phone (Disability claims) 1-866-584-9140 fax 1-803-283-5655 fax (Disability) 1-860-392-3672 fax (Disability claims)
	Member Services (enrollments, terms, demographic, etc.) <ul style="list-style-type: none"> • Benefit Questions • Claims Inquiries • Dental Inquiries 	1-800-233-4013 phone 1-866-836-6144 phone (Life claims) 1-866-584-9140 fax sbmarketsupport@humana.com email
	Billing Addresses	<u>Small & Large Group</u> (Regular Mail) PO Box 0884 Carol Stream, IL. 60132

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Kaiser Permanente Mailing address for new hire applications – (HMO) So. California – P.O. Box 23250 San Diego, CA. 92193-3250 Fax: 858-614-3345 (HMO) No. California – P.O. Box 23219 San Diego, CA. 92193-3219 Fax: 858-614-3344 (PPO) P.O. Box 23758 San Diego, CA 92193-3758 Fax: 858-614-3345 S.Ca Fax: 858-614-3344 N.Ca Applications can be emailed to Csc-sd-sba@kp.org	Broker Services <ul style="list-style-type: none"> • Commission Inquiries • Broker of Record Inquiries 	1-800-440-2323 phone BOR letters may be faxed to 855-577-2963 or email amt@kp.org
	Plan Sponsor Service <ul style="list-style-type: none"> • Billing & Enrollment • Eligibility 	1-800-790-4661 phone Option 1 Option 2 Email: csc-sd-sba@kp.org
	Member Services <ul style="list-style-type: none"> • Eligibility • Benefits Questions • Claims Inquiries • Provider Inquiries • Pharmacy Inquiries • Supplies (ID cards, EOC booklets) 	HMO 1-800-464-4000 phone PPO 1-800-788-0710 phone Email: csu.ca@kp.org
Billing Addresses	<u>Small Group</u>	<u>Large Group</u>
	(Regular Mail) File Number 5915 Los Angeles, CA. 90074-5915 (No overnight option)	N/A
Kaiser Permanente Choice Solution Mailing address for new hire applications – 721 S. Parker, Suite 200 Orange, CA. 92868	Broker Services/Plan Sponsor Services & Member Services <ul style="list-style-type: none"> • Billing & Enrollment • Provider Inquiries • Benefit Questions • Claims Inquiries • Pharmacy Inquiries 	1-800-580-9626 phone 1-800-566-8514 fax Employee enrollment applications must be mailed
	Billing Addresses	<u>Small Group</u>
	(Regular Mail/Overnight) 721 South Parker Street, Suite 200 Orange, CA. 92868	N/A

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<p>MetLife (Dental/Vision)</p> <p>Mailing address for new hire applications –</p> <p>P.O. Box 14593 Lexington, KY. 40512-4593</p> <p>Overnight address:</p> <p>2025 Leestown Road, Suite J Lexington, KY 40511-1000</p> <p>Email applications to: La_service@metlifeservice.com</p>	<p>Broker Services/Plan Sponsor Services & Member Services – Dental</p> <ul style="list-style-type: none"> Billing & Enrollment Eligibility Claims Inquiries Provider Inquiries 	<p>1-800-ASK-4-MET (275-4638) phone</p> <p>1-800-275-4638 phone 1-888-505-7446 fax</p> <p>1-800-275-4638 phone Option 2, then option 2 1-859-389-6505 fax</p> <p>1-800-275-4638 phone Option 2, then option 2 or online www.metlife.com/dental</p>
	<p>Broker Services/Plan Sponsor Services & Member Services – Vision</p> <ul style="list-style-type: none"> Billing & Enrollment Eligibility Claims Inquiries (PPO) Claims Inquiries (Vision Savings Eyecare Program) Network questions (PPO) Network questions (Vision Savings Eyecare Program) 	<p>1-800-ASK-4-MET (275-4638) phone</p> <p>1-800-275-4638 phone 1-888-505-7446 fax</p> <p>1-800-275-4638 phone Option 2, then 5, then 1 1-800-275-4638 phone Option 2, then 5, then 2</p> <p>1-800-275-4638 phone Option 2, then 5, then 1 or online Metlife.com/vision</p> <p>1-800-275-4638 phone Option 2, then 5, then 2 or online www.eyemedvisioncare.com/metlife</p>
<p>Billing Addresses</p>	<p><u>Small Group and Large Group</u></p> <p>(Regular Mail) PO Box 804466 Kansas City, MO 64180</p> <p>(Overnight) Commerce Bank 811 Main Street, 7th Floor Kansas City, MO. 64105-2005</p>	

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<p>Premier Access Insurance Company</p> <p>Mailing address for new hire applications –</p> <p>Premier Access Ins. P.O. Box 659020, Sacramento, CA 95865-9010</p> <p>Email applications to: laree@premierlife.com</p> <p>Fax applications to: (877) 648-7748</p>	<p>Broker Support</p> <ul style="list-style-type: none"> • Billing & Enrollment • Claims Inquiries • Commissions Questions • Licensing & Appointments • Renewal Assistance • Broker liason for quote status, fulfillment requests and any other questions 	<p>Phone: 1-888-715-0750 Fax: 1-877-648-7748</p> <p>Phone: 1-888-715-0760 Fax: 1-877-648-7741</p> <p>Phone: 1-888-326-3210 x6054 Fax: 1-866-379-3247 Elizabeth@premierlife.com</p> <p>Phone: 1-888-326-3210 x6054 Fax: 1-866-379-3247 Elizabeth@premierlife.com</p> <p>Phone: 1-888-326-3210 x6054 Fax: 1-866-379-3247 Elizabeth@premierlife.com</p> <p>Phone: 1-888-326-3210 x6043 Fax: 1-866-379-3247 Rodney@premierlife.com</p>
	<p>Plan Sponsor Service</p> <ul style="list-style-type: none"> • Claims Inquiries • Billing & Enrollment • Renewal assistance 	<p>Same as those listed above in the Broker Support section</p>
	<p>Member Services</p> <ul style="list-style-type: none"> • Benefit Questions • Claims Inquiries 	<p>Phone: 1-888-715-0760</p>
	<p>Billing Addresses</p> <p>(Regular Mail) Dept #34114 PO Box 39000 San Francisco, CA 94139</p>	

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Carrier Name	Contact Information	Telephone, Fax, Email Address
Principal Dental Mailing address for new hire applications – 711 High Street DeMoines, IA. 50392 (detailed information is included in the client's Administration Kit) Email: Groupbenefitsadmin@principal.com Billing Addresses	Broker Services <ul style="list-style-type: none"> Billing & Enrollment Eligibility Claims Inquiries (Dental/Vision) Claims Inquiries (Life/Disability) 	1-800-843-1371 phone 1-866-780-9905 fax 1-800-247-4695 phone 1-800-245-1522 phone
	Plan Sponsor Service <ul style="list-style-type: none"> Billing & Enrollment 	1-800-843-1371 phone 1-866-780-9905 fax
	Member Services <ul style="list-style-type: none"> Eligibility Claims Inquiries 	1-800-247-4695 (Dental/Vision) 1-800-245-1522 (Life/Disability)
	Small & Large Group (Regular Mail) PO Box 10372 Des Moines, IA. 50306-0372	
SeeChange Health Mailing address for new hire applications – P.O. Box 14326 Reading, PA. 19612 Enroll@Seechangehealth.com Billing Addresses	Broker Sales Support Unit <ul style="list-style-type: none"> Billing Enrollment Claims Inquiries 	1-866-410-1084 phone 1-866-340-7182 phone 1-610-374-6986 fax Billing@Seechangehealth.com email Claims@Seechangehealth.com email Enroll@Seechangehealth.com email
	<ul style="list-style-type: none"> Agent appointments Commission inquiries Pharmacy Services (Cigna) 	1-888-237-6650 phone 1-888-691-3971 fax Sales@Seechangehealth.com email 1-800-244-6224 phone
	Plan Sponsor Services <ul style="list-style-type: none"> Billing Enrollment Renewals Claims Inquiries 	1-866-410-1084 phone 1-866-340-7182 phone 1-610-374-6986 fax Memberservices@Seechangehealth.com Billing@Seechangehealth.com
	Member Services <ul style="list-style-type: none"> Benefit Questions Claims Inquiries Pharmacy Inquiries (Cigna) 	1-866-340-7182 phone 1-610-374-6986 fax MemberServices@Seechangehealth.com Claims@Seechangehealth.com Appeals@Seechangehealth.com 1-800-244-6224 phone
	Small & Large Group (Regular Mail) Department 8899 Los Angeles, CA. 90084-8899	

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Carrier Contact Information – Broker and Member Services

Carrier Name	Contact Information	Telephone, Fax, Email Address
<p>Sharp Health Plan</p> <p>Mailing address for new hire applications –</p> <p>8520 Tech Way Suite 200 San Diego, CA. 92123-1450</p> <p>Fax: 858-499-8399</p> <p>Billing Addresses</p>	<p>Broker Services/Plan Sponsor Services & Member Services</p> <ul style="list-style-type: none"> Billing Inquiries Enrollment Claims Inquiries Benefit Questions 	<p>1-858-499-8209 Gina Koesterer – Commerical groups A-L 1-858-499-8392 Maria Maravilla – Commerical Groups M-Z</p> <p>1-858-499-8251 phone 1-619-740-8571 fax</p>
	<p>Small & Large Group</p> <p>(Regular Mail) File 57248 Los Angeles, CA. 90074-7248</p> <p>(Overnight – weekend deliveries not available) 8520 Tech Way, Suite 200 San Diego, CA 92123-1450</p>	
<p>United HealthCare</p> <p>Email address for new hire applications: clientserviceoperations@uhc.com</p> <p>Mailing address for new hire applications –</p> <p>Medical: PacifiCare applicants – Broker and Employer Financial Management P.O. Box 6006, Mail Stop CA120-0515 Cypress, CA 90630-5028</p> <p>UHC applicants – UnitedHealthcare P.O. Box 30964 Salt Lake City, UT 84130-0964</p> <p>Dental applicants – UnitedHealthcare P.O. Box 30964 Salt Lake City, UT. 84130-0964</p> <p>Billing addresses are listed on the next page</p>	<p>Broker Services/Plan Sponsor Services</p> <ul style="list-style-type: none"> Billing & Enrollment Claims Inquiries Dental Inquiries eServices Help Desk 	<p>1-800-591-9911 phone – brokers 1-888-842-4571 phone – plan administrators 1-866-372-1316 fax – brokers 1-248-733-6062 fax – plan administrators</p> <p>1-800-445-9090 PPO phone - brokers 1-800-622-6388 HMO phone – brokers 1-888-842-4571 phone – plan administrators 1-866-372-1316 PPO/HMO fax – brokers 1-248-733-6062 fax – plan administrators</p> <p>1-800-651-5465</p>
	<p>Member Services</p> <ul style="list-style-type: none"> Eligibility/claims inquiries Pharmacy Inquiries Dental Inquiries Doctors Prior Authorization Behavioral Health 	<p>Members must call the phone numbers on the back of their ID cards.</p> <p>1-800-842-2065 PPO 1-800-999-9585 HMO www.liveandworkwell.com</p>

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Carrier Contact Information – Broker and Member Services

Carrier Name	Contact Information	Telephone, Fax, Email Address
<p>United HealthCare Continued</p> <p>Billing Addresses</p>	<p>2-99 Employer Groups</p> <p>(Regular Mail) <u>For PPO only or standalone ancillary:</u> UnitedHealthcare Department CH 10151 Palatine, IL 60055-0151 <u>For HMO or HMO/PPO groups:</u> UnitedHealthcare DEPT 3118 Los Angeles, CA 90084-3118</p> <p>(Overnight) <u>For PPO only or standalone ancillary:</u> UnitedHealthcare Insurance Company PRIME Lockbox 10151 5505 N Cumberland Ave. Suite 307 Chicago, IL 60656 <u>For HMO or HMO/PPO groups:</u> UnitedHealthcare of California Wells Fargo Bank Lockbox- E2001-049 3440 Flair Drive El Monte, CA 91731 Dept 1346</p> <p>Pay by Phone: (888) 842-4571 – PPO only or standalone ancillary (800)-591-9911 – HMO or HMO/PPO groups</p>	

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