

Please use this packet as a resource to the plan features that are available to you.
If you have questions please do not hesitate to contact the HR Manger.



WELCOME TO YOUR HEALTHCARE PLAN WEBSITE

MEDICAL

DENTAL

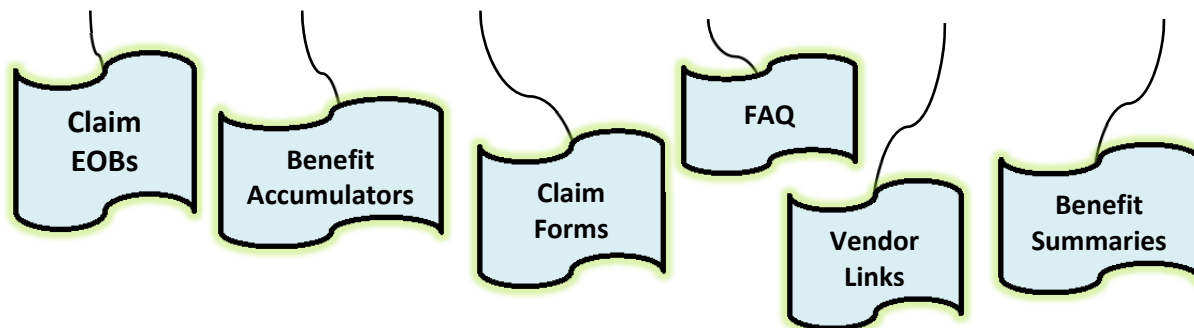
VISION

PHARMACY

As a member of the Community Connections, Inc. Health Care Plan you have access to this secure website where you can track personal and family health insurance claims, sign up for electronic EOBs, view your benefit accumulators, as well as have access to important documentation and links that will assist you in understanding your plan.

REGISTER BY ESTABLISHING A USER NAME AND PASSWORD

www.commconnect.rehnonline.com/createresetaccount.aspx



*Questions? Please feel free to contact
Rehn & Associates at (509) 534-0600 / (800) 872-8979*





Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care now.

WHEN CAN I USE TELADOC?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Talk to a doctor anytime for Free

 **Teladoc.com**

 **Facebook.com/Teladoc**

 **1-800-Teladoc (835-2362)**

 **Teladoc.com/mobile**

▼ Considering Surgery?

Your Health Plan offers services through the BridgeHealth Surgery Program.

BridgeHealth is a program offered as part of your health plan—at no additional charge to you. The program provides you with access to highly rated providers for certain non-emergency surgeries like a knee replacement or back surgery. BridgeHealth also helps your employer save on healthcare costs—and those savings are passed on to you.

How it works:

- 1 Contact a Care Coordinator at (888) 387-3909 or at support@bridgehealth.com **before you schedule surgery.**
- 2 Receive care from a top-rated provider in the BridgeHealth network. For you, this means a better outcome and faster recovery.
- 3 Reduce your out-of-pocket medical costs – you could save thousands!

To learn more about this exciting development in your health insurance coverage, contact a Care Coordinator:

CONTACT BRIDGEHEALTH
(888) 387-3909
support@bridgehealth.com

Who is BridgeHealth Medical?

BridgeHealth Medical is a Surgery Benefit Management company offering plan members access to high quality Centers of Excellence for cardiovascular surgeries, joint replacements, spinal surgeries, shoulder surgeries, Cyberknife, and many other procedures that are approved by their health plan.

BridgeHealth helps improve surgical quality and clinical outcomes, while controlling surgical claims costs. Plan Sponsors contracted with BridgeHealth have access to these resources for their plan members

Why Quality Counts

BridgeHealth selects only top rated hospitals for its provider network. At a minimum, each hospital must rank in the top 25th percentile of US providers for the given procedural area. Inclusion of only top quality partners not only helps the immediate surgery at hand, but it goes further in protecting members against the need for re-admittance or revision in the future.

How We Can Help

BridgeHealth has a team of experienced Care Coordinators to help discuss cases and solutions with plan members.

The following types of cases are ideal for this program:

- **Heart Bypass and Valve Surgery**
- **Knee and Hip Joint Replacement**
- **Shoulder Reconstruction**
- **Spinal Decompression**
- **Spinal Fusion**
- **Prostate Surgery**
- **CyberKnife® for discreet tumors**

Additionally, BridgeHealth can help with **other high expense cases where you may have identified an expensive implant, hospital, or other surgical cost.**

Benefits to the Plan Members

As a plan member with Community Connections you also have access to BridgeHealth Medical's Centers of Excellence located throughout the US.

This benefit offers you access to the best surgical care available. As a Community Connections plan member, your out-of-pocket expenses including deductibles and co-insurance may be waived by utilizing this benefit.

For more information please call 888-387-3909 and someone will be happy to answer your questions.

Standard BridgeHealth Guidelines

Eligibility	
Available to plan participants as long as:	<ul style="list-style-type: none"> ➤ Coverage is primary for the plan participant. ➤ Procedure is a covered service through the plan. ➤ Service is approved by the plan and BridgeHealth. ➤ Financially beneficial to both the plan participant and the plan.
Travel	
Airfare	<ul style="list-style-type: none"> ➤ Round trip coach tickets are provided for both plan participant and one companion unless otherwise indicated by the plan. ➤ Mileage will be provided instead of airfare in situations where the plan participant's scheduled procedure is more than 100 miles from their home and the plan member elects to drive.
Lodging	<ul style="list-style-type: none"> ➤ One room will be provided for the plan participant and companion during their stay. ➤ If an additional room is requested this must be booked for and paid by the plan participant or the companion and is not the responsibility of BridgeHealth or the plan. ➤ If plan participant and companion decide to arrive earlier or stay longer than is deemed medically necessary by the provider this will be at the participant's and companion's expense.
Meals and Incidentals	
Plan participant and companion are given an allowance for the time required for their stay.	<ul style="list-style-type: none"> ➤ The standard amount calculated for the first 14 days is \$50 per day per person unless otherwise instructed by the plan. ➤ For stays of 15 days or more the allowance will be limited to \$125 per week per person which will be prorated based on the number of days of the stay. ➤ Days the patient is required to stay in-patient are deducted from the final calculation for the allowance.
Meals and incidentals are to be used for such items as	<ul style="list-style-type: none"> ➤ Meals, taxis, tips, rental car, checked baggage fees, etc.
Episode of Care	
What is "Episode of Care"	<ul style="list-style-type: none"> ➤ The "Episode of Care" is the period of time from when the plan participant first meets with their BridgeHealth destination provider to the time the participant is released to return home by the surgeon.
What is included	<ul style="list-style-type: none"> ➤ Everything during, and related to, the "Episode of Care" which would include all physician fees, hospital fees, implants, lab work.
What is not included under the BridgeHealth benefit but could be covered under your standard plan provisions	<ul style="list-style-type: none"> ➤ Any lab work, tests, x-rays or other images needed prior to traveling for the "Episode of Care". ➤ Any rehab that will be done once the plan participant returns home. ➤ Any prescription that is written by the BridgeHealth provider to be taken on the flight home or afterwards (Example: blood thinners). ➤ Any durable medical equipment that the patient takes home. ➤ Any tests/care not related to the approved scheduled procedure.

▼ BRIDGEHEALTH PROCEDURE LIST

CARDIAC PROCEDURES

GENERAL

- Balloon Angioplasty of the Coronary Arteries (Percutaneous Coronary Angioplasty/PTCA)
 - With placement of stent(s) [Wire mesh tube(s)]
 - Without placement of stent(s)
- Coronary Artery Bypass Graft Surgery (CABG) - One or more vessels
- Permanent Pacemaker Placement
- Aortic Valve Replacement/Repair
- Mitral Valve Replacement/Repair

VASCULAR PROCEDURES

GENERAL

- Carotid Artery Stent Placement
- Abdominal Aortic Aneurysm ("Triple A")
- Varicose Vein Surgery - Repair/Removal

ORTHOPEDIC PROCEDURES

ANKLE/FOOT

- Ankle Repair/Replacement
- Bunionectomy

HAND

- Carpal Tunnel Release
- Trigger Finger Release
- Ganglion Cyst Removal

HIP

- Total Hip Replacement
- Partial Hip Replacement
- Revision of Hip Replacement
- Bilateral Total Hip Replacement
- Arthroscopy ("hip scope")

KNEE

- Arthroscopy ("knee scope")
- Anterior Cruciate Ligament (ACL) Repair/Reconstruction
- Total Knee Replacement (TKR)
- Revision of Total Knee Replacement
- Bilateral Total Knee Replacement

SHOULDER

- Shoulder Reconstruction - Rotator Cuff Repair
- Total Shoulder Joint Replacement (Arthroplasty)
- Partial Shoulder Joint Replacement
- Arthroscopy ("shoulder scope")

▼ BRIDGEHEALTH PROCEDURE LIST

SPINE & NEUROLOGICAL PROCEDURES

GENERAL

- Decompression/Laminectomy
- Discectomy/Microdiscectomy
- Artificial Disc Replacement
- Spinal Cord Stimulator
- Deep Brain Stimulation
- Craniotomy

CERVICAL FUSION

- Anterior Cervical Fusion
- Posterior Cervical Fusion

LUMBAR FUSION

- Anterior Lumbar Interbody Fusion (ALIF)
- Posterior Lumbar Interbody Fusion (PLIF)
- Combined Anterior/Posterior Interbody Fusion ("360")
- Extreme Lumbar Interbody Fusion (XLIF)

GENERAL SURGERY

GENERAL

- Cholecystectomy
- Nissen Fundoplication
- Pancreatectomy w/Duodenectomy (Whipple Procedure)
- Lithotripsy
- Hernia Repair

THYROIDECTOMY

- Partial Thyroidectomy
- Remove Thyroid Lesion
- Explore Parathyroid

CANCER PROCEDURES

CYBERKNIFE (STEREOTACTIC RADIOSURGERY)

- Brain tumors
- Spine tumors
- Lung tumors
- Breast tumors

OTHER

- Prostate Brachytherapy
- Colon Resection

PROSTATECTOMY

- Radical (Open)
- Laparoscopic
- Transurethral (TURP)

WOMEN'S HEALTH PROCEDURES

GENERAL

- Laparoscopic Hysterectomy
- Bladder Prolapse Repair
- Lysis of Adhesions

BREAST

- Radical Mastectomy with partial thyroidectomy
- Mastectomy with partial thyroidectomy
- Breast Reduction
- Breast Augmentation

What are preventive care services?

It's important to visit your doctor regularly to get preventive care. Preventive care lets your doctor find potential health problems before you feel sick. By finding medical problems early, your doctor can help you get the care you need to stay healthy.

No cost preventive care includes:


-  Immunizations
-  Physical exams
-  Lab tests
-  Prescriptions

When are services free?

The same service could be **preventive** (free) or **diagnostic** (copayments, coinsurance or deductibles apply).

Preventive care is free when it's:

- Listed in this guide or at healthcare.gov/coverage/preventive-care-benefits/.
- Completed by an in-network doctor.
- Done for preventive purposes

	REASON FOR SERVICE	WHAT YOU'LL PAY
 Preventive care	To prevent health problems. You don't have symptoms.	You won't pay anything.
Diagnostic care	You have a symptom, or you're being checked because of a known health issue.	Your deductible, copayments and coinsurance may apply.

Note: Guidelines may change throughout the year based on new research and recommendations. Get the most up-to-date list of the care that's recommended and free at healthcare.gov/coverage/preventive-care-benefits/.

How do I know if a service is **preventive** or **diagnostic**?

If you receive the services in this guide for diagnostic reasons, you may have a cost. A service is diagnostic when it's done to monitor, diagnose or treat health problems. That means:

- If you have a chronic disease like diabetes, your doctor may monitor your condition with tests. Because the tests manage your condition, they're diagnostic.
- If you have a preventive screening and a health problem shows up, your doctor may order follow-up tests. In this case, the tests are diagnostic.
- If your doctor orders tests based on follow-up symptoms you're having, like a stomachache, these tests are diagnostic.

Examples of preventive and diagnostic services

SERVICE	IT'S PREVENTIVE (FREE) WHEN ...	IT'S DIAGNOSTIC WHEN ...
Colon cancer screening	Your doctor wants to screen for signs of colon cancer based on your age or family history. If a polyp is found and removed during your preventive colonoscopy, the colonoscopy and polyp removal are preventive. If the polyp is sent for lab testing, the testing is considered preventive.	You're having a health problem, like bleeding or irregularity.
Diabetes screening	A blood glucose test is used to detect problems with your blood sugar, even though you don't have symptoms.	You're diagnosed with diabetes, and your doctor checks your A1c.
Osteoporosis screening	Your doctor recommends a bone density test based on your age or family history.	You've had a health problem, or your doctor wants to determine the success of a treatment.
Metabolic panels	Never preventive.	Always diagnostic. Studies show that a metabolic panel isn't the best test for detecting or preventing illnesses.
Complete blood count (CBC)	Never preventive.	Always diagnostic. Studies show there's no need for this test unless you have symptoms.
Prostate exam (PSA)	Never preventive.	Always diagnostic. National guidelines have changed recently because this test gives many false results.
Urinalysis	Never preventive.	Always diagnostic. National guidelines say there's no need for this test unless you have symptoms.



Adult health

Care for all adults

Physical exams

AGE	RECOMMENDATION
19 – 21 years	Once every 2 – 3 years; annually if desired
22 – 64 years	Once every 1 – 3 years
65 and older	Once every year

Immunizations

Doses, ages and recommendations vary.

VACCINE	RECOMMENDATION
Chickenpox (varicella)	2 doses 4 weeks apart for those with no history of the vaccination or disease
Flu (influenza)	1 dose every year
Hepatitis A	2 doses for those at high risk
Hepatitis B	3 doses for those at high risk
HPV (human papillomavirus)	3 doses over a 24-week period up to age 26
Measles, mumps, rubella (MMR)	1 – 2 doses if no history of the vaccination or disease. Can be given after age 40 if at high risk.
Meningitis (meningococcal)	1 dose for ages 19 – 24 if no history of vaccination. Can be given after age 40 if at high risk.
Pneumonia (Pneumococcal)	1 dose for those 65 and older. Those at high risk or with a history of asthma or smoking should have 1 dose between ages 19 and 64 with a booster 5 years later.
Shingles (herpes zoster)	1 dose for those 60 and older
Tetanus, diphtheria and whooping cough (pertussis)	1 dose if no history of pertussis vaccine regardless of interval since last tetanus vaccine, followed by tetanus every 10 years. This vaccine is recommended especially if you have contact with children under age 1.

Doctors visits and tests

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION
Abdominal aortic aneurysm screening	Once for men ages 65 – 75 with a history of smoking
Advance care planning	At physical exam. We recommend you choose someone to speak on your behalf. Tell them your health wishes and then document your wishes in an advance directive.
Alcohol misuse screening and counseling	At physical exam
Preventive guidance for family and intimate partner violence, breast self-exam, menopause counseling, safety, falls and injury prevention	At doctor's discretion
Blood pressure screening	At physical exam
Cardiovascular disease counseling (CVD)	Healthy diet and physical activity counseling to prevent cardiovascular disease among adults with risk factors for CVD
Cholesterol test	A fasting test (total cholesterol, LDL, HDL and triglyceride) once every 5 years
Colon cancer screening	For those ages 50 – 75, one of the following screenings: <ul style="list-style-type: none"> • Colonoscopy every 10 years, including colonoscopy prep medication • CT colonography every 10 years • Flexible sigmoidoscopy every 5 years • Fecal occult blood test annually • Cologuard® (at-home testing option) every 3 years
Depression screening	During physical exam
Diabetes screening	For those with a sustained blood pressure greater than 135/80 or with hypertension or hyperlipidemia
Diet counseling	At your doctor's discretion if you're at high risk for heart and diet-related chronic diseases
Height, weight and body mass index (BMI)	During physical exam
Hepatitis B screening	Adults at high risk
Hepatitis C screening	Adults at high risk and a one-time screening for adults born between 1945 and 1965
HIV screening	All adults up to age 65. Screen older adults if at high risk.
Lung cancer screening	Annual screening (including CT) for adults ages 55 to 80 who have a 30-pack a year smoking history and currently smoke or quit smoking within the past 15 years

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION
Medical history	During physical exam
Obesity screening and counseling	All adults during physical exam
Sexually transmitted infection (STI) counseling and screening	Annual screening and counseling for chlamydia, gonorrhea and syphilis for adults who are at high risk
Tobacco–use screening and counseling	At each visit. Includes cessation counseling and interventions (see tobacco cessation products in the “Drugs” section). Expanded counseling for pregnant women.
Tuberculosis (TB) testing	At your doctor’s discretion if you’re at high risk

Drugs

Prescription required.

PRESCRIPTION	RECOMMENDATION
Low–dose aspirin therapy to prevent heart disease	For men ages 45 – 79 and women ages 55 – 79 and others with risk factors. Consult your doctor before starting.
Tobacco cessation products	Nicotine replacement or tobacco cessation products are covered for up to 3 months. Coverage is continued for an additional 3 months if you have successfully quit smoking (a maximum of 6 months per calendar year).
Vitamin D supplement	Vitamin D2 or Vitamin D3 (with or without calcium) containing 1,000 IU or less for adults age 65 and older who are at increased risk for falls



Women's health

Care that's recommended for women

See the “Adult health” section on page 8 for more care that's recommended for all adults.

Doctor's visits and tests

ASSESSMENTS, SCREENINGS AND COUNSELING	RECOMMENDATION
BRCA risk assessment and genetic counseling/testing	Risk assessments for women with a family history of breast, ovarian, tubal or peritoneal cancer. Women who test positive should receive genetic counseling and, if indicated after counseling, BRCA testing. BRCA testing is covered once per lifetime.
Breast cancer counseling	At your doctor's discretion for women at high risk of breast cancer who may benefit from chemoprevention
Breast cancer screening	Mammogram or digital breast tomosynthesis (DBT) covered once every 2 years for women ages 50 – 74. Begin at age 30 for those at high risk or at your doctor's discretion.
Contraceptive counseling and contraception methods ³	FDA-approved contraceptive methods, sterilization procedures, education and counseling. (See page 12 for a list of contraceptives.)
Domestic violence and intimate partner violence screening and counseling	Annually
HIV counseling and screening	Adults up to age 65. Screen older adults if at high risk.
Osteoporosis screening	Women 65 and older. Younger women who are at high risk.
Pap and HPV test (cervical cancer screening)	Pap test once every 3 years for women 21 – 61 years old or a Pap test with an HPV test every 5 years for women ages 30 – 65.
Sexually transmitted infection (STI) prevention counseling and screening	Annual screening and counseling for chlamydia, gonorrhea and syphilis for women who are at high risk.
Well-woman visits (physical exams)	1 visit every 1 – 3 years

Drugs

Prescription required.

PRESCRIPTION	RECOMMENDATION
Breast cancer prevention medication	Risk-reducing medications for women 35 and older with an increased risk of breast cancer who have never been diagnosed with breast cancer
Folic acid supplements	Women of childbearing age: 0.4 to 0.8 mg at your doctor's discretion

Contraceptives³

Prescription required.

TYPE	METHOD	BENEFIT LEVEL
Hormonal	<ul style="list-style-type: none">• Oral contraceptives• Injectable contraceptives• Patch• Ring	Generic contraceptive methods and the ring methods for women are covered at 100% (free). Your deductible and/or prescription copayment applies for brand-name contraceptives when there is a generic available.
Barrier	<ul style="list-style-type: none">• Diaphragms• Condoms• Contraceptive sponge• Cervical cap• Spermicide	
Implantable	<ul style="list-style-type: none">• IUDs• Implantable rod	
Emergency	<ul style="list-style-type: none">• Ella®• Next Choice®• Next Choice® One Dose• My Way™	Covered at 100%
Permanent	Tubal ligation	Covered at 100% for outpatient facilities. If received during an inpatient stay, only the services related to the tubal ligation are covered in full.



Traditional Mail Order service PATIENT PROFILE FORM

Thank you for choosing to use the Traditional Mail Order service offered by Costco Mail Order Pharmacy. Please complete, sign, and return this form only if this is your first time using our Mail Order Pharmacy. If you need additional copies of this form, please feel free to make a photocopy or contact Costco Mail Order Pharmacy at 1-800-607-6861. Our goal is to have your prescription order returned to you within 14 days.

To avoid a delay in your order, please ensure you complete the entire form, front and back, provide payment information, and include a prescription(s) from your physician for the maximum days supply allowed (90-day supply for most maintenance medications)..

SHIPPING INFORMATION Please tell us where we should ship your order(s).

LAST NAME	FIRST NAME	MI			
SHIPPING ADDRESS (INCLUDE APT. NO. IF APPLICABLE)			CITY	STATE	ZIP
PHONE NUMBER (INCLUDING AREA CODE)			COSTCO MEMBERSHIP NO. (OPTIONAL)		

YES ☐ NO ☐

DO YOU WISH TO RECEIVE EMAIL REFILL AND RENEWAL REMINDERS?

INSURANCE INFORMATION

MEMBER ID NO.	RX BIN NO. (SEE YOUR PRESCRIPTION ID CARD)	GROUP NO.
POLICYHOLDER NAME		POLICY HOLDER DATE OF BIRTH (MM/DD/YYYY)

HEALTH PROFILE Please fill in the appropriate box(es) below for each member of the family that is covered. If additional space is needed, please attach a separate sheet with additional information.

	CARDHOLDER	SPOUSE	DEPENDENT	DEPENDENT	DEPENDENT
LAST NAME					
FIRST NAME					
MIDDLE INITIAL					
DATE OF BIRTH (MM/DD/YYYY)					
EMAIL ADDRESS (OPTIONAL)*					
SEX	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>

Drug Allergies Please check the appropriate box(es) where a drug allergy is known.

	CARDHOLDER	SPOUSE	DEPENDENT	DEPENDENT	DEPENDENT
No known allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erythromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Medical Conditions Please check the appropriate box(es) for known medical conditions.

No known diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

FORM CONTINUED ON REVERSE

*Each family member will need to provide a unique email address.

Your prescription will be filled with a generic equivalent if one is available.

Check this box if you do not want a generic equivalent. ☐ NO GENERICS EASY-OPEN CAPS: ☐ YES ☐ NO

Note: By checking this box I understand that, depending on my plan benefits, I may be responsible for the brand co-payment, which may be higher, and any plan penalties that may apply.

PAYMENT OPTIONS – Please select a payment choice below and provide the requested information:

Billing information: ☐ Check here if same as shipping address

BILLING ADDRESS (INCLUDE APT. NO. IF APPLICABLE)

CITY

STATE

ZIP

☐ **Credit Card** – You authorize Costco Mail Order Pharmacy to charge your credit card to pay for each pharmacy order.
Charge dates and amounts will vary with each order.

☐ American Express®

☐ Costco Credit Card

☐ Visa

☐ MasterCard

☐ Discover

NAME AS IT APPEARS ON CARD

CARD NO.

EXP. DATE (MM/YY)

SHIPPING OPTIONS – Please select a shipping method below. Allow 1 – 4 days to process order.

☐ **Standard shipping** – (Average process and delivery time: 6 – 14 days) **FREE (USPS)**

☐ **3-Day shipping** – (Average process and delivery time: 3 – 6 days) **\$10.95 (UPS)***

☐ **2-Day shipping** – (Average process and delivery time: 2 – 5 days) **\$13.95 (UPS)***

*UPS will not deliver on weekends and cannot ship to P.O. Boxes.

Calculated total process and delivery time starts once the order is first received at the pharmacy. Shipping prices may be subject to change by carrier without notification and may vary depending upon weight and zone.

Before you mail this form please check for the following:

- ☐ You have included your maintenance medication prescription(s) for a 90-day supply.
- ☐ You have provided valid payment and shipping information.
- ☐ Your name, address, phone number and date of birth are included on all documents including your prescription(s).
- ☐ You have attached a separate sheet for additional dependent information or additional instructions.

ADDITIONAL INFORMATION:

Please send only prescriptions to be ordered immediately. We will not hold your prescriptions. Your order should arrive 14 days after we receive this form and your prescription(s) at our facility.

Mail required forms and prescription(s) to: Costco Mail Order Pharmacy, 215 Deininger Circle, Corona, CA 92880-9911.

If you have any questions or need assistance, call Costco Mail Order Pharmacy at 1-800-607-6861.

AUTHORIZATION

By signing below you agree that the information on this form is correct, and authorize release of all information regarding your medical and prescription drug history and treatment to Costco Mail Order Pharmacy. I understand that my prescription order(s) will be fulfilled and shipped upon receipt of my complete order form, the original prescription(s) and applicable payment.

CARDHOLDER SIGNATURE

DATE



Claim Form



Please complete the form below and submit with provider bill to:

Community Connections Inc

Note: Make sure the provider bill includes their tax id.

PO Box 5433

Spokane, WA 99205

EMPLOYEE INFORMATION:

Name: _____ Birthdate: _____ Subscriber ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____ ☐ Check here if this is a new address

Employer: _____ Phone: _____

PATIENT INFORMATION (IF OTHER THAN EMPLOYEE):

Name: _____ Birthdate: _____ Relationship: ☐ Spouse ☐ Child

Mailing Address (If difference than above): _____

City: _____ State: _____ Zip: _____

HIPAA CREDITABLE COVERAGE (APPLIES IF YOU HAVE LESS THAN 12 CONTINUOUS MONTHS OF COVERAGE ON THE CURRENT PLAN):

Your plan has preexisting condition clause that may be affected by the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires that an individual entering a health plan that contains a preexisting clause be given the opportunity to submit documentation of prior creditable coverage to reduce or eliminate the preexisting clause. **This no longer applies to children under the age of 18.**

If you had health care coverage prior to your date of hire on this plan, and there was not a significant break on coverage, you may be entitled to creditable coverage to reduce or eliminate the preexisting clause. Please contact your previous employer or your previous insurance company and request a certificate of creditable coverage. A copy of the certificate can be filed with this claim.

If you cannot obtain a certificate of creditable coverage or you did not have prior health care coverage, you will be sent a separate HIPAA questionnaire for completion. This may delay the processing of this claim and future claims until we receive the completed questionnaire.

ACCIDENTAL INJURY / THIRD PARTY LIABILITY:

Is this claim the result of an accidental injury for which another party may be responsible: ☐ Yes ☐ No

If NO, please provide an explanation for the injury(s) sustained.

If YES, you will need to complete and return the full accident questionnaire. This questionnaire will be mailed to you and is also available online at www.kpb.rehnonline.com or www.kpbsd.rehnonline.com depending on your employer. If this is a work related injury, please file your claim with your employer's workman's compensation carrier.

Explanation of Injury:

PAYMENT INFORMATION:

Have the charges been paid in full? ☐ Yes ☐ No If YES, please attach proof of payment

If this plan is the secondary payer, please attach a copy of the Primary Insurance Explanation of Benefits.

FAILURE TO COMPLETE THIS FORM AND PROVIDE THE NECESSARY DOCUMENTATION COULD DELAY THE PROCESSING AND PAYMENT OF YOUR CLAIM.

Signature

Date