

2014 Wood County Employee Health Benefits Plan Administrator Information



Health Insurance

Group Number: EWOOD-XXX (XXX = sub-group no.)

Third Party Administrator/Claims Processor

Meritain Health
1-800-239-9088
Mon. - Fri. 8 a.m. to 5 p.m.
www.mymeritain.com

Provider Panels

FrontPath - Primary Provider Panel (Inside Service Area)
1-888-232-5800 or 419-891-5206
www.frontpathcoalition.com

HealthSmart Wrap Around Panel (Outside Service Area)
1-800-266-5896 or 330-686-7030
www.healthsmart.com (Network Plan: HealthSmart Preferred)

Pre-Certification & Medical Management

UM Department - Meritain
1-888-525-3404

Claims Submission

FrontPath Paper Claims: PO Box 5810; Troy, MI 48007-5810
HealthSmart Paper Claims: PO Box 6743, Lubbock, TX 79493
Electronic Claims: FrontPath Coalition: EDI: Emdeon 34171

Appeals

Check the Explanation of Benefits for appeal time lines
Submit to: Meritain Health, Appeals Department
PO Box 1380 Amherst, NY 14226-7380

Prescription Insurance

Group Number: 99990368-XXX

Administrator/Claims Processor

Pharmacy BenefitDirect
1-800-806-7859
Mon. - Fri. 8:30 a.m. to 10 p.m. & Sat. 9 a.m. to 5 p.m.
www.pdmi.com
Pricing information available at www.rxeob.com
Claims Submission: RX Bin 610020 (PDM), PO Box 5300,
Poland OH 44514

Mail Order Program

MedVantx
1.866.744.0621
Mon. - Fri. 8 a.m. to 11 p.m.
Sat. 9 a.m. to 6 p.m.
www.medvantxrx.com
Claims Submission: PO Box 5736, Sioux Falls, SD 57117-5736

Appeals

Check the Explanation of Benefits for appeal time lines
Submit to: PDMI Appeals
PO Box 5300, Poland OH 44514

Vision Services Plan

Group Number: XXX

Administrator/Claims Processor
Commissioners' Office
419-354-9100

Mon. - Fri. 8:30 a.m. to 4:30 p.m.
See your Insurance Group
Representative for claims
submission and questions.

Dental Insurance

Group Number: 1395-1XXX

Administrator/Claims Processor
Delta Dental of Ohio
1-800-524-0149

Mon. - Fri. 8:30 a.m. to 7:55 p.m.
www.deltadentaloh.com

Automated Line: 1.800.282.0749
Available 24 hours - Offers benefit,
eligibility, time limitation,
participating dentists and claim
information

Claims Submission:
Delta Dental of Ohio, PO Box 9085
Farmington Hills, MI 48333-9085

Life Insurance

Group Number: AL00003506-XXX

Administrator/Claims Processor
Anthem Life
1-800-801-6142 (toll free for
conversion information)

Refer to the Subscriber Certificate
for continuation and conversion
information.

General Information

The Plan Document, amendments,
and forms are available for download
from the Employee Website.

www.co.wood.oh.us/employee