

# HOW TO ACCESS YOUR COVERAGE



**Always present  
your identification  
card when seeking  
medical care**

## Examples of your Health ID Card

AG HEALTH BENEFITS ALLIANCE Benefit Plan 5 Financial Plaza, Suite 116, Napa, CA 94558		Health Plan Identification Card	
<b>Member</b> JANE MARIE SMITH HCID: W00000123 00 Employer: 06000 ABC FARMS HARVEST Plan: 37999 Effective: 01/01/22	<b>Dental/Vision Plan</b> <b>Dental Network:</b> Contact Info: <b>Vision Network:</b> Contact Info:	<b>Medical Plan</b> <b>Medical Network:</b> <b>Policy #:</b> <b>Office Copay:</b> \$xx <b>Deductible:</b> \$xxxx Participating / Non-Participating <b>Out-of-Pocket:</b> \$xxxx Participating / Non-Participating	<b>Pharmacy Plan</b> <b>Rx Bin:</b> 017051 <b>PCN:</b> PRS <b>Copays:</b> FORMULARY: \$xx BRAND / \$xx GENERIC NON - FORMULARY: \$xx COPAY <b>Contact Info:</b> 1-877-782-9658 www.prxsolutions.com

**Members:** When submitting inquiries always include your healthcare ID number from the front of this card. Possession or use of this card does not guarantee payment.  
**Providers:** Please submit claims electronically using Envoy Payer #24735 or to the following address for processing.  
Send ALL Claims to:  
Western Growers Assurance Trust  
PO Box 7240  
Newport Beach, CA 92658

**www.wgat.com**  
Eligibility, benefits, claims status, and Customer Service 1-800-282-2603  
Utilization Review 1-800-274-7767  
Pinnacle RX Solutions 1-877-782-9658  
Self Help Portals - www.wgat.com  
This card is for identification only, is non-transferable and is the property of the Benefit Administrator. Please carry it with you at all times. Benefits obtained through the use of this card are governed by the conditions in your benefit plan. The network listed on the other side of this card does not provide administrative or claims processing services and has no liability for claims payments. Please contact the Benefit Administrator listed at the top of this card with any questions. This card does not guarantee eligibility and is void when your eligibility terminates.

Whenever possible choose a provider from within the following networks:

## Anthem Blue Cross Prudent Buyer PPO Network

### California Provider Network

To locate an Anthem Blue Cross Prudent Buyer PPO health care provider:

visit [www.anthem.com/ca](http://www.anthem.com/ca)

You will need to choose “**Find Care**” then “**Select a plan for basic search**”

### Search by selecting:

- |                    |                                |
|--------------------|--------------------------------|
| Type of Care:      | = Medical Plan or Network      |
| State:             | = California                   |
| Plan Type/Network: | = Medical (Employer-Sponsored) |
| Plan Name:         | = Prudent Buyer PPO/EPO        |

### Fill out the search option:

Enter your Zip Code (outside CA is ok)

Select the Type of Provider you are looking for

## Arizona PPO Network

### AZ Blue Cross Provider Network

Visit [www.azblue.com](http://www.azblue.com)

You will need to choose “**Find a Doctor**,” search “**I am a BCBSAZ Member - Who has a health plan through my employer**.” Search a Network: Select Medical “**Statewide/National PPO**” option.

## First Health Network

### Out of State Network

Visit [www.firsthealth.com](http://www.firsthealth.com)

Search under “**Locate a Provider or Create Directory**” and then select “**First Health Network**” option and “**Start Now**.”

### Mexico Program

For more information, please call **800.282.2603**