

YOUR
WELCOME KIT
FOR ZENITH'S
NEW MEDICAL
PLAN



WELLBEING
Plan your path



TheZenith
A FAIRFAX Company



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Welcome to the Zenith Medical and Wellness Program

The Zenith Medical and Wellness Program, a key component of our comprehensive wellbeing initiative, integrates both medical benefits and wellness into one program. This seamless program promotes health through prevention, education, coaching, consumer tools and resources.

All enrolled employees will be covered under the same group medical PPO plan and have the opportunity to engage in activities that support their own personal wellbeing.

Details regarding the wellness plan will be provided in a separate Wellness Guide in June.



Transitioning to Our New Service Providers

Our new service partners are outlined below.

	MEDICAL AND VISION BENEFITS	PRESCRIPTION DRUGS	WELLNESS
Who they are and what they will do	 <p>Allegiance Benefits Plan Management, is a wholly-owned subsidiary of Cigna. Allegiance will process our medical claims (using a national provider and hospital network offered through Cigna). Vision plan claims will also be processed by Allegiance.</p>	 <p>Catamaran will manage our prescription drug benefits, including mail order and specialty medications.</p>	 <p>Viverae, a leading health and wellness company, will manage our wellness and preventive care program.</p>
What you need to do to transition	<p>Now Check the Allegiance website to see if your provider is in the network. If not, consider nominating your provider. Request transition of care benefits if applicable.</p> <p>Beginning July 1, visit the Allegiance website to become familiar with the new Zenith medical plan benefits.</p>	<p>Now If you are currently receiving mail order prescription medication OR specialty medication, refer to the Rx section for instructions about how to transition your refills.</p> <p>Beginning July 1, check the Catamaran website to locate network pharmacies for your retail prescriptions and the formulary drug list.</p>	<p>In June Review the Wellness Guide you will receive.</p> <p>Beginning July 1, log onto the Viverae web portal to begin using the wellness resources and planning your path to July 1, 2016.</p> <p>Start using your smart pedometer and sync it to Viverae's website to get credit for the steps you take.</p>
Contact	<p>Beginning July 1, use your new combined Medical/Rx ID card.</p> <p>Customer Service: 1-855-333-1007</p> <p>Website: www.askallegiance.com/zenith</p>	<p>Customer Service: Prior to July 1, 2015 1-866-391-0257</p> <p>After July 1, 2015 1-844-265-1771</p>	<p>Additional information will be provided in June.</p> <p>Website available on July 1, 2015.</p>





Medical/Vision Plan Administration – Allegiance

PPO Network Providers

Important: The Zenith Medical Plan uses the Cigna Open Access Plus Network through Allegiance. To find a provider, you must visit the Allegiance website at www.askallegiance.com/zenith.

What is a network provider?

Network providers include physicians, healthcare professionals and hospitals in your area who agree to file claims on your behalf and accept the network provider's contracted fees as payment in full with no balance billing.

You will be responsible for any copays, deductible or coinsurance outside of the eligible charges paid by the plan.

Advantages of using network providers

You are free to go to any provider you choose for services covered by the plan. If you utilize a network provider, you will enjoy the following advantages:

- Network providers will take the billing information from your ID card and file claims on your behalf.
- You can save on out-of-pocket expenses.
- You will not be responsible for amounts that are in excess of the maximum eligible expense charges allowed under the plan.

Note: The Zenith Vision Plan allows you to obtain vision services from any licensed vision care provider. There is no provider network for the vision plan.

Claims for vision reimbursement are submitted to Allegiance using the same address as medical claims (shown on your ID card).

Transition of Care

A transition of care benefit will be offered for covered persons who have certain medical conditions, such as third trimester pregnancies or who are being treated for newly diagnosed or relapsed cancer by providers who are not in the network.

The transition of care benefits allow these covered persons to continue to be treated by their current providers for a defined period of time. During the transition period, benefits will be paid at in-network benefit levels.

Transition of care must be approved by Allegiance. Call Customer Service at 1-855-333-1007 to make this request.

Nominate Your Provider

If you find that your physician is not in the network, you can work with Allegiance to "nominate" your provider to be included in the Cigna network.

Call Customer Service at 1-855-333-1007 for assistance.

Finding a Provider

You can access information regarding network providers in your area in two ways: via the Allegiance website by using the instructions below or by contacting Allegiance's Customer Service at 1-855-333-1007.

- 1 Log on to www.askallegiance.com/zenith.
- 2 Click "Find a Provider" tab.
- 3 Review the screen shot (steps 1 through 4).
- 4 Click "Continue to Cigna Provider Search page."
- 5 Start with "Select a Plan" by clicking "Pick."
- 6 Select the "Open Access Plus, OA plus, Choice Fund OA Plus" and then click "Choose."

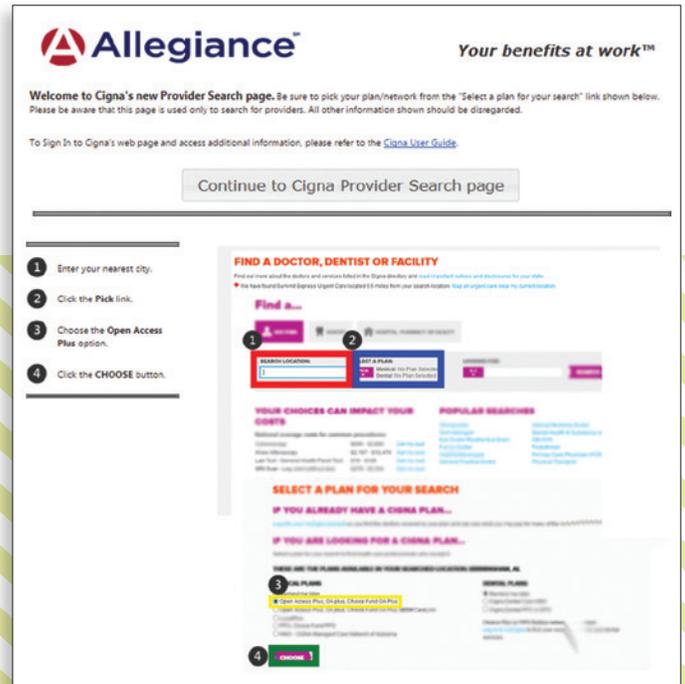
A. To Find a New Provider

- 7 In "Search Location" enter the ZIP code for the area you are searching.
- 8 In "Looking For" click "A-Z" and select "Primary Care Physicians" or "Specialties A-Z."

B. To Find a Doctor By Name

- 7 In "Search Location" enter the doctor's ZIP code.
- 8 In "Looking For" enter doctor's last name.

Important: The listing of network providers is subject to change without notice. Before receiving services, please verify with the provider that he/she is still a participating provider.





Customer Service

If you have a benefits or claims question, call Allegiance Customer Service at 1-855-333-1007 Monday – Friday, 5:00 a.m. – 5:00 p.m. Pacific Time.

You have two other options that are available to you 24 hours, seven days a week.

Interactive Voice Response (IVR)

You can call 1-800-877-1122 to reach an auto-attendant. Follow the voice prompts to check on your claim. You will need your 12-digit Participant ID number or your Social Security number and date of service for the claim to complete the inquiry.

Online Access

You can check the status of a claim, review coverage and benefits and verify who is covered at www.askallegiance.com/zenith.

24-Hour Nurse Care Line includes a recorded Health Information Library or the option to speak directly to a registered nurse about health questions or concerns. You can call the nurse line at 1-888-546-8463.



Online Features

The Allegiance website offers broad online access while following security guidelines, putting benefits and claims information at your fingertips.

By registering on the website you will have 24-hour access to information about your claims and the plan.

Verification of Benefits

The Verification of Benefits (VOB) is a brief summary of the Zenith Medical Plan and includes deductibles, copays and benefit maximums.

- Click “Verification of Benefits” and select a coverage category to display your information. Follow the prompts to print the VOB.

The VOB is based on the information Allegiance has in its files as of the date it is printed and is not a guarantee of payment or an approval of a specific service.

Claims History

You may scroll through your entire claims history, or select a specific date to expedite your inquiry.

- Select “Claims History.”
- Click “Submit” to display basic information and a list of claims by date of service.
- Click the blue claim number to display an electronic version of the actual EOB.

If you wish to view history for a dependent under age 18, click the drop-down arrow next to your name and their information will be displayed. Spouses and dependents age 18 and older will require their own username and password to view claims information due to HIPAA regulations.

Document Library

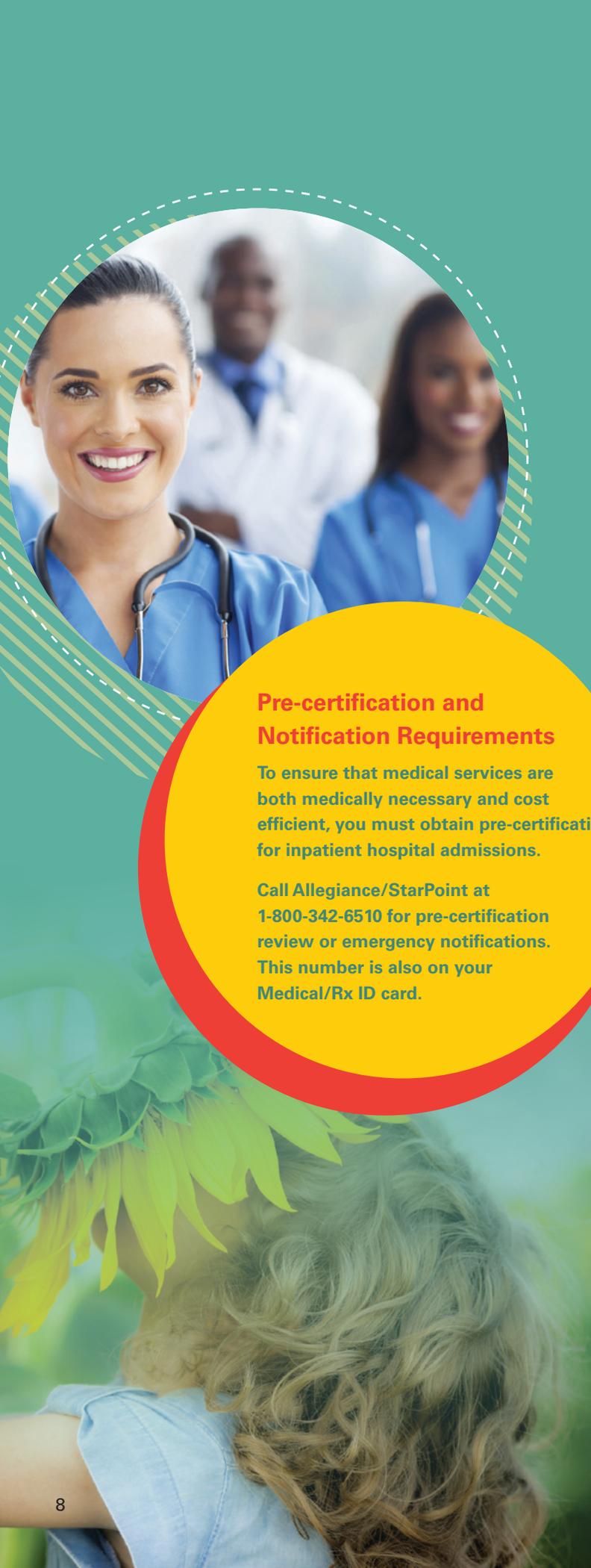
You can find a collection of Zenith Medical Plan information, including benefit summaries, the Summary Plan Description and “How to Read Your EOB” in the Document Library.

Online Claims Submission

If you use in-network providers your provider will submit your claim for you. If you use a non-network provider who does not submit the claim on your behalf, you can file it electronically.

- Click “Forms” on the Allegiance home page and complete the “Health Claim Form” to submit electronically.





Pre-certification and Notification Requirements

To ensure that medical services are both medically necessary and cost efficient, you must obtain pre-certification for inpatient hospital admissions.

Call Allegiance/StarPoint at 1-800-342-6510 for pre-certification review or emergency notifications. This number is also on your Medical/Rx ID card.

Other Programs

Alligance has other programs designed to help you coordinate and manage your medical care.

Utilization Management

The Allegiance/StarPoint program is comprised of a team of registered nurses who conduct assessments of complex cases to determine the medical appropriateness of inpatient medical facility admissions. You are encouraged to call StarPoint once an admission date has been scheduled.

Once contacted, a StarPoint nurse reviewer will initiate the certification process and answer your questions. After your hospital discharge, a case manager will assist with any questions or follow-up healthcare needs you may have.

The Zenith Medical Plan requires you to follow utilization management procedures through Allegiance/StarPoint. **If you are obtaining care from an in-network provider, he or she will usually take the initiative to follow these requirements on your behalf. However, it is the covered person's responsibility to make sure these procedures are followed.**

Requirements you must follow include:

- **Pre-certification:**
Pre-certification is required for inpatient hospital admissions so medical necessity can be established before you receive care. Refer to your Summary Plan Description (SPD) for details.
- **Emergency Notifications:**
Notification is required within 72 hours of emergency admissions and for observation stays exceeding 23 hours.
- **Continued Stay Review:**
StarPoint will contact the hospital on your anticipated release date to confirm discharge. If you require continued hospitalization, a StarPoint nurse will work with the hospital to identify medical necessity and extend days appropriately.

There is also Pre-treatment Review. Pre-treatment review is the process of verifying the eligibility of services to determine if reimbursement is available under the Plan. Refer to your SPD for the types of services where pre-treatment review is strongly recommended. If you choose not to obtain pre-treatment review, the charge could be denied.

Case Management

The Allegiance/StarPoint case management program provides you with services that will help effectively coordinate and manage your most medically challenging issues. Case managers are registered nurses who work one-on-one with you concerning all of your healthcare needs.

The Allegiance/StarPoint nurses work closely with you, your family, facility, health providers and appropriate community resources. This approach ensures you receive:

- Education about your medical condition.
- Information about how to navigate the often confusing healthcare system to obtain appropriate and cost-effective care.
- Access to appropriate healthcare treatment and community resources.
- Support so you and your family and healthcare providers can follow your physician's plan of care.

For more information about case management, call Allegiance/StarPoint at 1-877-792-7827.

StarBaby Maternity Program

The Allegiance maternity management program, StarBaby, supports and assists you in having a healthy pregnancy. Provided at no cost to you, the program gives you access to important pregnancy-related information.

If you choose to take advantage of the program, you will be assigned a personal maternity nurse who will be available to talk with you throughout your pregnancy by phone or through secure mail.

After you deliver your baby, your nurse will continue to be a resource for you during your first weeks as a new mother. The benefits of the program include:

- Important pregnancy-related educational information.
- Free pre-natal vitamins (available as long as you remain in the program).
- Cash incentive after registering for the program.

For more information and to register, contact StarBaby at 1-877-792-7827.



Your Medical/Rx Identification Card — Sample

If you choose to enroll in the medical plan, you will receive a new Zenith Medical and Pharmacy identification card (ID card) in the mail at home. Your ID card includes your medical plan group ID number and pharmacy plan information.

Present this card to your healthcare providers and pharmacists when you receive healthcare services and/or fill your prescriptions.

Questions?
1-800-877-1122
www.askallegiance.com



<p>Member</p> <p>1 GROUP NAME</p> <p>2 Group ID No.: 0010741</p> <p>3 Covered Person: JOHN SAMPLE</p> <p>4 Participant ID#: SMPL0001</p> <p>5 Type of Coverage: Medical Family</p> <p>6 Effective Date: 10/29/2009</p> <p>9 Dependent(s) JANE SAMPLE JIMMY SAMPLE</p>	<p>Medical Plan</p> <p>7  "S" 8</p> <p>No Referral Required</p>
<p>Medical Claims Submission</p> <p>10 MT providers submit claims to: Allegiance PO Box 3018 Missoula MT 59806 Payer ID: 81040</p> <p>Non MT providers submit claims to: Cigna PO Box 188061 Chattanooga TN, 37422-8061 Payer ID: 62308</p>	<p>Pharmacy Plan</p> <p>RxBIN: 017010 RxPCN: 05190000 RxGRP: 0707885</p> <p></p> <p>MEMBER AND PHARMACIST HELPLINE: 1-800-325-1404</p> <p>Utilization</p> <p>11 Pre-Certification is strongly recommended for inpatient hospital stays. Pre-Treatment Review is strongly recommended for certain outpatient procedures listed in your Summary Plan Description. Report all emergency admissions within 72 hours. Call 1-800-342-6510 and follow your Plan's procedure for Pre-Certification and Pre-Treatment Review.</p> <p>We encourage you to use a PCP as a valuable resource and personal health advocate.</p> <p>Important Numbers</p> <p>12 24 HOUR MEDICAL VERIFICATION OF COVERAGE: (406) 523-3199 Customer Service: 1-800-877-1122 Visit Our Website at: www.askallegiance.com</p> <p>This card does not guarantee eligibility or payment</p>

Please note: The information shown on this sample ID card does not reflect Zenith's specific plan information. **It is a sample only.** Please refer to your personal ID card for Zenith-specific information.

How to read your ID card

Below is a description of the information you will find on your Zenith Medical/RX ID card. **Please refer to your actual Zenith ID card when referencing the items on this page.** The numbers correspond with the numbers on the sample copy of the ID card.

- 1 **Group Name:** the name of our group, Zenith Insurance Company.
- 2 **Group ID Number:** the identification number for our group. Please refer to this number if you call or write about your claim.
- 3 **Covered Person:** the name of either the covered employee or covered dependent over the age of 18. As the covered employee, you can present your ID card for any of your covered dependents.
- 4 **Participant ID Number:** the covered employee's unique identification number that providers use for claims submission. Refer to this ID number if you call or write about your claim.
- 5 **Type of Coverage:** your plan elections under the Zenith Medical Plan. This will show your enrollment election.
- 6 **Effective Date:** date your coverage begins.
- 7 **Network logos:** the logos of the network you can access for in-network benefits. Please see the "PPO Network Provider" section of the Welcome Kit for information about selecting an in-network provider.
- 8 **"S":** indicates Shared Administration, which is connected to the Cigna network.
- 9 **Pharmacy Plan:** you will see the logo of Catamaran, (the Zenith pharmacy benefit manager) as well as the BIN/PCN numbers. Your pharmacy will use this information to process your prescription claims. For assistance, call the customer service number for Catamaran.
- 10 **Claims Submission:** the address to submit your claims. If you use an in-network provider, he/she will submit claims on your behalf.
- 11 **Utilization:** plan requirements before you can be admitted on all scheduled inpatient hospital stays. Refer to your Summary Plan Description for complete pre-certification information and see the "Utilization Management" section of this Welcome Kit.
- 12 **Important Numbers:** the first telephone number is for providers to call to verify your coverage. You can use the customer service number for questions about claims, eligibility, benefit questions, etc. The website provides access to find a provider, get forms, review your account online, view EOBs, etc. You can review this information online or call customer service for assistance.



The Allegiance toll-free Customer Service number is 1-855-333-1007. The website is www.askallegiance.com/zenith.

The website can provide you with the status of the submitted claims, a summary of recent online activity and direct links to a network provider website for lists of participating providers and their locations.



Your Explanation of Benefits (EOB)

After you obtain healthcare services, you will receive an Explanation of Benefits (EOB) in the mail at home. The EOB is simply a statement that shows what health services you received, what bills your medical plan paid and what you may still owe to a healthcare provider. Save your EOBs as a record of your annual healthcare expenses.

Review for Accuracy

This is not a bill that requires you to make a payment. EOBs can prevent you from paying for things that you don't owe if you regularly review the information on it and compare it to the information on your provider's bill. Call your provider if you have any questions about what was billed. If you need further assistance, call Allegiance Customer Service at 1-855-333-1007.



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1 Allegiance Benefit Plan Management, Inc.
PO BOX 1923
MISSOULA MT 59806-1923

Explanation of Benefits

Please retain for your records.

THIS IS NOT A BILL
It is the only copy you will receive.

Forwarding Service Requested

2 SARAH SMITH
1919 SAMPLE WAY
ANYTOWN MT 59047-1509

Customer Service

3 Group Name: SAMPLE GROUP
4 Group #: 1234567
5 Date: 03/12/2014
6 EOB #: 1234567890

7 status information or verification of benefits may be obtained 24 hours a day by accessing our website at www.askallegiance.com or our Interactive Voice Response (IVR) system at (406) 523-3199. For answers to other questions please contact Customer Service at (800) 735-1923.

8 Claim Summary

Claim Number	Patient Name	Total Charge	Ineligible Amount	Plan Discount	Deductible Amount	Co-pay Amount	Co-Insurance	Patient Responsibility	Payment Amount
201401234567	SARAH SMITH	\$40.00	\$0.00	\$3.77	\$36.23	\$0.00	\$0.00	\$36.23	\$0.00
20141234567	SARAH SMITH	\$50.00	\$0.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00	\$0.00
Totals		\$90.00	\$0.00	\$3.77	\$86.23	\$0.00	\$0.00	\$86.23	\$0.00

Claim: 201401234567 **19** Member ID: 123456789012 Employee: SARAH SMITH **21** Patient Account #: 1234
Patient: SARAH SMITH DOB: 09/06/XXXX **20** Provider: ELIZABETH PROVIDER, MD

Treatment Dates	Procedure	Billed Amount	Inelig. Am.	Reference Code	Plan Discount	Deductible Amount	Co-pay Amount	Co-Insurance	25 Paid At	Payment Amount
02/24-02/24	23 chiropract manj 1-2 regions	\$40.00	\$0.00	13108	\$3.77	\$36.23	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$40.00	\$0.00		\$3.77	\$36.23	\$0.00	\$0.00		\$0.00

22 Patient's Responsibility..... **\$36.23**

26 Other Insurance Credits: \$0.00

27 Adjusted Payment: \$0.00

Claim: 201412345679 Member ID: 123456789012 Employee: SARAH SMITH Patient Account #: 1234
Patient: SARAH SMITH DOB: 09/06/XXXX Provider: ELIZABETH PROVIDER, MD

Treatment Dates	Procedure	Billed Amount	Ineligible Amount	Reference Code	Plan Discount	Deductible Amount	Co-pay Amount	Co-Insurance	Paid At	Payment Amount
02/27-02/27/2014	chiropract manj 3-4 regions	\$50.00	\$0.00		\$0.00	\$50.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$50.00	\$0.00		\$0.00	\$50.00	\$0.00	\$0.00		\$0.00

28 Patient's Responsibility..... **\$50.00**

26 Other Insurance Credits: \$0.00

27 Adjusted Payment: \$0.00

28 Reference Code Description

Code	Description
13108	Allegiance Benefit Plan Management Direct Discount The patient is not responsible for this amount.

29 Appeal Rights

Appeal procedures are printed as the last page of this document.

30 Deductible/Out of Pocket Summary

Member Name	Description	Current Period	Amount Met
SARAH S	MAJOR MEDICAL DED	01/01/14	\$594.69
SARAH S	MAJOR MEDICAL OOP	01/01/14	\$594.69

How to read your Explanation of Benefits (EOB)

Pay attention to the following when reading your EOB.

- 1 Claim Processing Office:** this is the location of the claims processing office. You can write to customer service at this address.
- 2 Address:** the name and address where the EOB is being mailed.
- 3 Group Name:** Zenith Insurance Company, the name of our group.
- 4 Group Number:** the identification number for the Zenith Medical Plan. Please refer to this number if you call or write about this claim.
- 5 Date:** the date the EOB was issued (not the date service was received).
- 6 EOB Number:** reference number for this EOB.
- 7 Customer Service:** who to call with questions about your claim.
- 8 Claim Summary:** one-line summary of the claims payment information. A more detailed explanation of each line is outlined separately.
- 9 Claim Number:** the unique identification number assigned to your claim. Please refer to this number if you call or write about this claim.
- 10 Patient:** the name of the individual for whom service were rendered or supplies were furnished. Make sure the name on the EOB is either yours or your covered dependents.
- 11 Total Charge:** the amount billed for each service.
- 12 Ineligible Amount:** amount that is not eligible for benefits under the plan (i.e., duplicates, not covered service). Some amounts may be your responsibility. Please refer to reference codes (24 and 28 for more information).
- 13 Plan Discount:** identifies the savings received from a network provider, if applicable.
- 14 Deductible Amount:** the amount of allowed charges that apply to you plan deductible and that must be paid before the plan pays benefits. This is your responsibility to pay when you receive a bill from the provider.
- 15 Copay:** the amount of allowed charges, specified by the Zenith Medical Plan, you must pay before benefits are paid (i.e. \$20 office visit copay). This is your responsibility to pay when you receive a bill from this provider.
- 16 Coinsurance:** the percentage (i.e. 10%) you are responsible to pay after the deductible has been paid.
- 17 Patient Responsibility:** after all benefits have been calculated, this is the amount you are responsible to pay. This is a total of your deductible, copay and coinsurance, as well as amounts that are ineligible under the plan.
- 18 Payment Amount:** benefits payable for services provided.
- 19 Member ID:** employee's unique identification number. Refer to this ID number if you call or write about your claim.
- 20 Provider:** the name of the person or organization who rendered the service or provided the medical supplies.
- 21 Patient Account Number:** this is your account number assigned by the service provider.
- 22 Treatment Dates:** the date(s) on which services were rendered.
- 23 Procedure:** description of the services rendered.
- 24 Reference Code:** code relating to the "ineligible" amount. This is used to request additional information or provide further explanations of the claim denial/ payment. See number 28 below for more information.
- 25 Paid At:** the percentage paid by the Zenith Medical Plan for the eligible service.
- 26 Other Insurance Credits:** represents adjustments/ payments based on the benefits of other health plans or insurance carriers.
- 27 Adjusted Payment:** the sum of the "Payment Amount" column for that claim.
- 28 Reference Code Description:** the explanation of reference code 24 will appear here.
- 29 Appeal Rights:** outline of your rights under your plan when an adverse claim determination is made.
- 30 Deductible/Out-of-Pocket Summary:** a summary of the year-to-date charges that have accumulated toward your deductible and/or out-of-pocket.

A larger print-ready version of this form is available under your log in: www.askallegiance.com/zenith.

Prescription Drug Administration — Catamaran

The Zenith Medical Plan includes prescription drug coverage which is managed by Catamaran and includes: retail pharmacies, mail order through Catamaran Home Delivery, and specialty medications through Catamaran's affiliate BriovaRx.

You must use a network pharmacy

Catamaran will provide retail prescription drug benefits through a large network of retail pharmacies that include most major chains and many local pharmacies. **You are required to use a Catamaran network pharmacy to obtain prescription drug benefits.**

To find a network pharmacy, visit the Catamaran website after July 1, 2015 at www.mycatamaranrx.com.

"Price and Save"

Check out Catamaran's "Price & Save" online tool, which is also available through their mobile app. You can use it to determine what cost savings are available to you.

The tool allows you to search for pharmacies in your area and will provide pricing information based on the medication and its generic equivalent (where applicable). You can get the app at www.mycatamaranrx.com.



Customer Service for Rx

Prior to July 1, 2015:

Call 1-866-391-0257

After July 1, 2015:

Call 1-844-265-1771. This number will be on your Medical/Rx ID card.



Save Time With the Home Delivery Pharmacy

If you take maintenance medications (such as cholesterol or blood pressure medication), you can save time by using the Catamaran Home Delivery service. This program allows you to receive a 90-day supply of your medication as a convenience if you are taking ongoing medications.

Just ask your doctor to write a prescription for a 90-day supply of your medication. Then, complete the home delivery service order form which can be found on the Catamaran website.

Mail the completed form with your prescription to the address printed on the form. Refills can be ordered online, by phone, or by mail using the re-order form included with your medication.

Important — Transitioning Your Current Mail Order Prescriptions to Catamaran Home Delivery

Here's what you need to do if you are currently receiving mail order prescriptions:

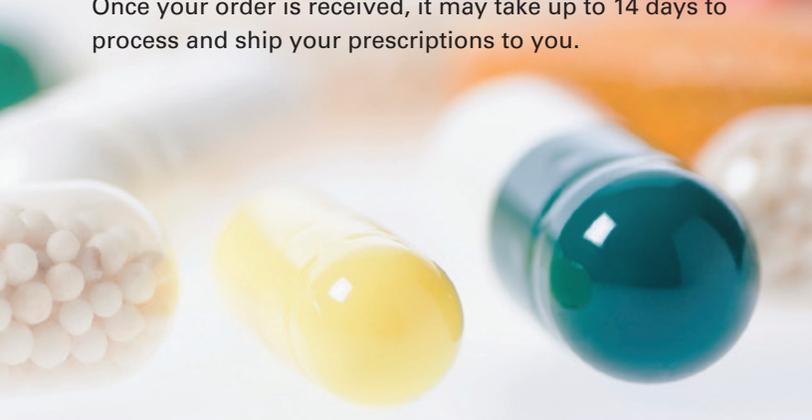
1. Make sure you have at least a 3-week supply of your current medications on hand as of July 1, 2015, if possible.
2. Ask your doctor to write a new prescription for your maintenance medication(s) for Catamaran Home Delivery. Prescriptions should be written for a 90-day supply (plus refills of up to one year, if appropriate).
3. Place your order using the Catamaran Home Delivery order enrollment form which will be mailed to all enrolled employees' homes in mid-June. Send your new, original prescription along with the completed form to Catamaran at the address on the form.
4. Include appropriate payment with your order. Payment can be made using a credit card (American Express, Discover, MasterCard or VISA), personal check or money order. Do not send cash.

Once your order is received, it may take up to 14 days to process and ship your prescriptions to you.



Don't miss a dose

You need to take action so you do not miss a dose of your maintenance medication during the transition to your new Mail Order Pharmacy.



Specialty Medications

The Zenith Medical Plan also includes coverage for specialty drug medications for certain complex medical conditions. The service is offered through BriovaRx, an affiliate of Catamaran.

With the supportive service offered through BriovaRx, an experienced patient care coordinator will call you each month to coordinate your next medication delivery with you.

You will also have access to experienced pharmacists and nurses who can provide information about why your medication was prescribed, how it works and how to administer and store it. They are also available to help you manage any side effects or to answer any questions or concerns you may have.

Important — Transitioning Your Current Specialty Medications to BriovaRx

Call Catamaran's customer service number now at 1-866-391-0257 to start the transition to BriovaRx if you are taking a specialty medication, or if you are not sure if one of your prescription drugs is a specialty medication.

**Questions
about specialty
medications?**

Visit the BriovaRx
website after
July 1, 2015 at
www.briovarx.com
or call
1-855-427-4682.



This Welcome Kit provides an overview of the Zenith Medical and Vision Plan administration. Although we expect that the information is accurate, if there is a discrepancy between this Welcome Kit and the legal plan documents that govern the plans described herein, the plan documents will apply. Zenith reserves the right to modify these plans at any time, or as required by law. Nothing in this Welcome Kit should be construed as a guarantee of future employment.

