

Front of ID Card



*A B C Company, Inc*

Member Name  
Anita Newride 001  
Member ID  
9012345679

Dependents  
Dependent 002  
Dependent 003  
Dependent 004

Group No. 00201  
Division MP1

Office Visit Co-pay \$10  
Emergency Room Visit \$75  
Prescription Co-pays  
Prescription Deductible \$0  
Gen/Pref/Non-Pref \$10/25/45

**CompNet**

CBA's Preferred Provider Network  
Primary Network

Back of ID Card - VT



[www.ebpabenefits.com](http://www.ebpabenefits.com)  
Hours: M-F 8:00am - 7:00pm ET

**Members:** Pre-certification may be required. If required and not obtained, benefits may be reduced. This card may be used to identify members, but does not confirm membership eligibility for the CBA-administered benefits

Customer Service: 1-800-525-8788  
Or 1-802-864-8321  
Pre-certification: 1-800-204-5990  
RESTAT Pharmacy Assistance: 1-800-248-1062  
Mail-order Rx 1-888-778-8667

**Send All Claims to:**  
EBPA, LLC  
PO Box 2365  
South Burlington, VT 05407-2365  
Electronic ID: 03036

BIN #600471  
**RESTAT**  
PLAN 2814

Back of ID Card - NH



[www.ebpabenefits.com](http://www.ebpabenefits.com)  
Hours: M-F 8:00am - 7:00pm ET  
Customer Service: 1-800-578-3272  
Or 1-603-773-7106

**Members:** Pre-certification may be required. If required and not obtained, benefits may be reduced. This card may be used to identify members, but does not confirm membership eligibility for the CBA-administered benefits

Pre-certification: 1-800-204-5990  
RESTAT Pharmacy Assistance: 1-800-248-1062  
Mail-order Rx 1-888-778-8667

**Send All Claims to:**  
EBPA, LLC  
PO Box 2000  
Exeter, NH 03833-2000  
Electronic ID: 03036

BIN #600471  
**RESTAT**  
PLAN 2814