

**PUEBLO HEALTH CARE, INC.**  
**Consolidated Associations of Railroad Employees (CARE)**  
**1-800-334-1330**

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<b>Contract Last Modified Date:</b>	August 17, 1995
<b>Plan Address:</b>	P.O. Box 6130 Temple, TX 76503-6130
<b>Plan Products:</b>	PPO
<b>Copayment:</b>	In-Network-No Referrals needed. Co-pays are plan specific. Please refer to Subscriber ID Card.
<b>Referral/Precertification:</b>	1-800-334-1330
<b>Eligibility/Benefit Status Questions:</b>	1-800-334-1330
<b>Timely Filing:</b>	None stated
<b>Timely Payment:</b>	60 Days Following Receipt of Clean Claim
<b>Termination:</b>	30 Days Written Notice
<b>Claims Inquiries:</b>	1-800-334-1330
<b>Fax:</b>	1-254-774-7652 for Claims Submission
<b>Web Address:</b>	<a href="http://www.carehealthplan.com">www.carehealthplan.com</a>
<b>Billing:</b>	Refer to Subscriber's ID Card
<b>Lab:</b>	Refer to Provider Directory or Contact Customer Service
<b>Physical Therapy:</b>	Refer to Provider Directory or Contact Customer Service
<b>Home Health:</b>	Refer to Provider Directory or Contact Customer Service
<b>Contracted Facilities:</b>	Parkview Medical Center
<b>X-Ray Facilities:</b>	Refer to Provider Directory or Contact Customer Service
<b>Reimbursement:</b>	Refer to Group Specific Matrix
<b>Behavioral Benefits:</b>	PHC Contract