

TPA Name: **CENTIVO.**

Employer Name: **Open Access HDHP, sponsored by Advanced Recovery Systems, LLC**

MEMBER INFO
SAMPLE CENTIVO
 Member ID: **ADVRS000003**

MEMBER COSTS

Primary Care:	Ded., then 10% coins.
Specialist:	Ded., then 10% coins.
Urgent Care:	Ded., then 10% coins.
ER:	Ded., then 10% coins.
Deductible:	\$2,000/\$4,000
Out-of-Pocket Max:	\$4,000/\$8,000

PLAN INFO
 Group ID: **ADVRS**

Optional Networks: This tells providers that members are not restricted to using a certain network and do not have higher copays or deductibles by using a provider outside of these networks.

1422-XX 642F (C/Added) ADVRS-12v--ADVRSOAPHDHP-NY M/D(J/V)
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Same # for Members & Providers: **888-391-7788**

Optional Networks Provider Search: **my.centivo.com**

SUPPORT
 Centivo Member Care: **888-391-7788**
 Centivo Member Portal: **my.centivo.com**
 Provider Support: **888-391-7788**
 Provider Locator Website: **my.centivo.com**

ELIGIBILITY
 To verify eligibility, check claims status or directly access Centivo's referral portal, log in to availability.com and select **Centivo**.

PRE-CERTIFICATION
 Pre-certification is required for some services. Possession of this card or obtaining pre-certification does not guarantee coverage. Please see plan documents for all requirements.

MEDICAL CLAIMS SUBMISSIONS
All Providers send claims to Centivo:
 Electronic Payer ID: **45564**
 Mail: **P.O. Box 211681, Eagan, MN 55121**

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Claims Submission Address