

VISION BENEFIT PLAN



Group name: **West Chester Area School District**
Trustmark Health Benefits Group #: **6104**

*This card does not guarantee
eligibility or payment.*

Vision Providers:
Please mail claims to:
Trustmark Health Benefits*
P.O. Box 2920, Clinton, IA 52733-2920

Send electronic claims to emdeon:
EDI #35182

Employee name:

To verify benefits or check the status of a claim, call **Trustmark Health Benefits at (800) 223-3943**
or log on to our provider portal at **myTrustmarkBenefits.com****

*Self-funded plans are administered by CoreSource, Inc. CoreSource, Inc. is a subsidiary of Trustmark Mutual Holding Company. ** On 1/1/20, myCoreSource.com will transition to myTrustmarkBenefits.com

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