

Welcome to Bywater



WHO ARE WE



As your health benefits third party administrator (TPA), we are your go-to contact if you have questions regarding your healthcare benefits and coverage.

WHAT DO WE DO



We manage your benefits, verify insurance eligibility, process & pay your medical claims, and provide customer support for you and your providers.

WHO DO WE WORK WITH



We grant you access to a network of doctors and hospitals through our health plan partners.

How does Bywater work?

Every time you check in for any doctor's appointment or medical service, present your Bywater medical ID card to the front desk staff as you would any other insurance card. For best results, it is always good to make sure the office has a copy of the most current ID card and calls to verify eligibility and benefits. It's a quick and painless step with our friendly customer service staff and dedicated Bywater Customer Support number located on the back of your id card under Eligibility. We're open **Monday through Friday, 8am to 7pm EST.**

After your visit, your provider will submit medical claims to the network for repricing according to their provider contracts, and then forward them to Bywater for processing. The network **CANNOT** verify eligibility, quote benefits, or give claims status information. We work with our network partners to provide you access to quality providers, while Bywater takes care of the administrative work. Please contact Bywater with any questions regarding claims.

If you have questions about your pharmacy benefits, the experts at your Pharmacy Benefit Manager (PBM) are here to help. Just call the pharmacy number on the front of your ID card or visit the website shown on your card.

Get to Know Your ID Card

Your Bywater ID card contains all the information you, your doctor's office, and pharmacist will need to access your health insurance information. Please be sure to show your card EVERY TIME you visit your healthcare provider or pharmacy.

front of card

The front of the ID card is divided into two main sections. The top section contains member information: 'Sample Company', 'GROUP #: XXXXXXX', 'SUBSCRIBER: Jane Doe', 'SUBSCRIBER ID: XXXXXXXXX', and 'COVERAGE: Employee Only'. To the right of this is the Bywater logo and 'a ROUNDSTONE company'. The bottom section is split into two columns. The left column, labeled 'B MEDICAL PLAN', contains a dashed box for '[Network Logo]'. The right column, labeled 'C PHARMACY PLAN', contains prescription codes: 'RXBIN: XXXXXX', 'RXPCN: XXXX', and 'RXGRP: XXXXXXXX', followed by a dashed box for '[PBM Logo]'. At the bottom right of the pharmacy plan section, it lists 'Pharmacy Member Services: 123-456-7890', 'Pharmacy Help Desk: 1-800-XXX-XXXX', and 'www.website.com'.

back of card

The back of the ID card contains several sections. At the top left is 'PRECERTIFICATION D' with the text 'Call Bywater at 123-456-7890' and a disclaimer: 'Possession of this card or obtaining pre-certification does not guarantee coverage or payment for the service or procedure reviewed. Benefits are not insured by network or affiliates. See plan description for details. Penalty may apply for failure to pre-certify according to requirements.' Below this is 'This plan is administered by Bywater'. To the right is 'ELIGIBILITY E' with the text 'Call Bywater at 123-456-7890 to verify eligibility' and 'For 24/7 Portal Access: MyBenefits.choosebywater.com'. The middle section, labeled 'F DEDUCTIBLE', is a table with two columns: 'Single/Family' and 'OUT-OF-POCKET'. The rows are 'In-Network' and 'Out-of-Network'. The bottom section, labeled 'G MEDICAL CLAIMS', contains the text 'Network', 'Mailing Address 123456', 'City, STATE 12345', and 'ED# XXXXX'.

DEDUCTIBLE	Single/Family	OUT-OF-POCKET	Single/Family
In-Network	\$1,500 / \$3,000	In-Network	\$2,200 / \$4,400
Out-of-Network	\$1,500 / \$3,000	Out-of-Network	\$4,400 / \$8,800

- A** This is your Bywater Member ID number.
- B** Your network provider.
- C** Your pharmacy needs the BIN, PCN, and group numbers when filling prescriptions. They may also require the numbers to call to verify pharmacy coverage.
- D** Important information for all members.
- E** Eligibility and benefit verification must be completed by your provider by calling the Bywater number listed on the back of your ID card. This number is also available for member questions or concerns.
- F** Deductible reflects your coverage tier. If you have a dependent covered, your ID Card will indicate family Deductible and Out of Pocket Maximum. Please reference your Bywater Plan Document for further guidance.
- G** All the information needed for sending medical claims to your network provider to start the payment process.

Inside the Member Portal

Get all the details regarding your benefits with our new Bywater member portal! To access the member page, simply log onto MyBenefits.choosebywater.com and click on the link to register and enroll. You will then be directed to the registration page. Once there, fill out all required fields.

Some of the tools you may have access to include:



News: Find out about important benefits related topics.



Links: Access links to the websites of your Providers.



Profile: See eligibility information for you and your covered dependents.



Forms: Download claim forms and view product brochures.



Claims: Search your claims or those of your dependents based on date, date range or claim number.



Card Request: Request additional or temporary ID cards.



Coverage: Review your plan, included benefits and rates.



Contact: Click the option to “Contact” us for additional assistance via email.