



Renaissance

STRIDE HEALTH ESSENTIAL PLAN

Member:

Martin Stojmenovski

Member ID:

949329453

Group:

3601

Subgroup:

2000

Benefit Period:

02/01/2025 - 01/31/2026

Network(s)/Plan:

Dentemax Plus / PPO MAC

Submit Paper Claims: PO Box 17250, Indianapolis, IN 46217

Submit Appeal Inquiries: PO Box 1596, Indianapolis, IN 46206-1596

Customer Service: 888-791-5995

This card is for identification purposes only and is not a guarantee of coverage.