

Customer Service  
800.727.1733  
[www.wellnet.com/logon](http://www.wellnet.com/logon)

## Member

**Summitworks  
Technologies, Inc.**

Group #: WM252

**Member: LAKSHMI NIKITHA MADALA**

**Member ID: 9523067848**

## Medical Plan

Coverage: Employee + Spouse

**Network**  
by **aetna**

Plan: Aetna Choice POS II  
Provider Service: 866.902.3017

## Pharmacy Plan

RxBin: 004336

PCN: ADV

RxGroup: RX2873

**CVS**  
**CAREMARK** **CAREMARK**

RX Mail Order: 800.966.5772  
Pharmacy Helpline: 800.345.5413

Copays apply after deductible:  
Generic \$15 Formulary \$30 Non-Formulary \$60



## Medical Claims Submission

**Mail All Claims to:**

Wellnet

PO Box 270226

Minneapolis, MN 55427-6226

EDI: WebMD 41124

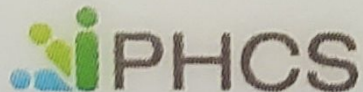
**NY-Electing  
Self-Funded**



## Provider Support

Call 866.902.3017 for inquiries regarding eligibility, benefits, claims and precertification.

<https://wellnet.p2phc.com/ProviderPortal>



Printed: 20200611

## Member Support

Call 800.727.1733 or visit [www.wellnet.com/login](http://www.wellnet.com/login) for inquiries regarding eligibility, claims and plan benefits.

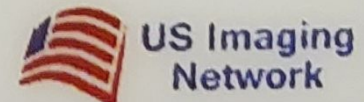
Find an IN network physician at [www.aetna.com/docfind](http://www.aetna.com/docfind).

To schedule MRIs, CTs, and PET Scans: Members or Referring Providers, please call USIN at 877.904.0877.

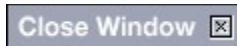
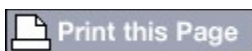
To speak with a Health Coach call 877.396.1402.

Vision Discount program inquiries call 800.877.7195.

Aetna participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna.



INDEX #: 009



## Employee Record - LAKSHMI MADALA

**Customer:** EVEREST CONSULTING GROUP, INC. (05612425)

**Record Created:** 03/13/2019

**Last Updated:** 06/09/2020

**Employee ID:** XXXXX1164

**Social Security #:** XXXXX1164

**Last Name:** MADALA

**First Name:** LAKSHMI **MI:**

**Address 1:** 12241 MANOR CROSSING DR.

**Address 2:**

**City:** GLEN ALLEN

**State/Province:** VA

**ZIP:** 23059

**Foreign National:** No

**Date of Birth:** 12/10/1993

**Gender:** Female

**Employee Status:** Active

**Hire Date:** 01/28/2019

**Division:** 0002 - SUMMITWORKS TECHNOLOGIES, INC.

**Class:** 0001 - ALL ACTIVE FULL TIME EMPLOYEES

**Department:**

**Employee Effective Date:** 03/01/2019

**Employee Termination Date:**

**COBRA Effective Date:**

**COBRA Termination Date:**

**Is Employee a Late Entrant?** No

**Late Entrant:** An employee applying for coverage more than 31 days past his/her eligibility date without a qualifying event.

**Participating Family Members:**

Employee and Spouse

**Number of Children:**

0

### Benefits as of 06/09/2020

**Division:** 0002 - SUMMITWORKS TECHNOLOGIES, INC. **Class:** 0001 - ALL ACTIVE FULL TIME EMPLOYEES

Coverage	Effective Date	Benefit Amount	Participating Family Members	Status
DENTAL	06/06/2020		Employee and Spouse	Active

**Salary** **Salary Frequency**

## Future Benefits

<b>Last Name:</b>	MARUPUDI	<b>First Name:</b>	SANDEEP	<b>MI:</b>
<b>Relationship:</b>	Spouse/Domestic Partner	<b>Date of Birth:</b>	04/11/1994	
<b>Gender:</b>	Male			
<b>Coverage</b>		<b>Effective Date</b>	<b>Stop Date</b>	
DENTAL		06/06/2020		