



## ***Iron Clad . . . Insuring our own***

THE UNION IRON WORKER'S INSURANCE COVERAGE

161 GRANITE AVENUE • DORCHESTER, MASSACHUSETTS 02124  
617-436-3500 • 1-866-229-4766 • FAX 617-436-3550

Dear Member:


Our records indicate that you are enrolled in the Iron Workers District Council of New England Health and Welfare Fund. Please verify your eligibility effective date with the Iron Workers Fund Office at 617-265-3757 if you have questions on your eligibility.



Enclosed you will find two Medical Insurance Identification Cards. The identification card is for you and your eligible enrolled dependents. You and your eligible dependents should present this card to your medical providers at the time of service. Please be sure to update all medical facilities with your **new ID number** if you have used the facility or provider in the past. You may find information on Preferred Health Care Providers at: [www.Tuftshealthplan.com/ironworkers](http://www.Tuftshealthplan.com/ironworkers)

This Medical Identification Number is for your medical benefits only, you will receive a separate prescription card from Express Scripts.

For additional information on your benefits you may view the Iron Workers District Council of New England website at [www.IWDCNEFunds.org](http://www.IWDCNEFunds.org) or you may contact the Fund Office at 617-265-3757, the office hours are 7:00 am to 4:00 pm, Monday through Friday.

If you have any questions on the medical Insurance or need to replace your card, please contact Iron Clad Insurance at 617-436-3500, the office hours are 8:00 am to 4:30 pm, Monday through Friday.


 **CareLink** PPO **IRON CLAD INSURANCE**  
Policy# C-3898



Alliance of  **TUFTS** Health Plan  **Cigna**

**Subscriber:**

**ID:**

Office visit Co-Payment \$20.00  
Provider: PCP's and referrals are not required for this plan.

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Office visit Co-Payment \$20.00  
Provider: PCP's and referrals are not required for this plan.

INPATIENT ADMISSION: Your provider must call CareAllies at 1-800-768-4695 to pre-certify your hospital admission.

EMPLOYEE ASSISTANCE PROGRAMS: Your Provider must call Modern Assistance Programs, Inc at 1-800-878-2004 to pre-certify.

**Electronic Claims:** EDI Payer ID #04298  
**Paper Claims:** Tufts Health Plan, Carelink Claims  
PO Box 9165, Watertown, MA 02471-9165

**All other Claims and Benefit questions:** Iron Clad Insurance  
161 Granite Ave, Dorchester, MA 02124  
617-436-3500 or 866-229-4766.

This card is not a  
guarantee of eligibility

**AWAY FROM HOME CARE**

INPATIENT ADMISSION: Your provider must call CareAllies at 1-800-768-4695 to pre-certify your hospital admission.

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