



Group Name WARE COUNTY BOARD OF EDUCATION

Group Number: S46

Participant Claims ID 000460555-00

Insured Name: Sample Employee

Effective Date: 09/01/2023

Coverage: Employee Only

Ware County Board of Education

\$2500 Calendar Year Maximum
Ortho included for Adults & Children

\$500 Vision Benefit
Per Calendar Year



Mail Claims To:

90 Degree Benefits
2810 Premiere Pkwy Ste 400
Duluth, GA 30097
Electronic Payer ID: 58102

Fax Claims To:

1-678-258-8299

Coverage Verification: 1-800-270-4158

www.simple.us