



**INTEGRITY CONSULTING GROUP**

*Employee Benefits Specialists*

***We are here to assist you.***

*As the health benefits consultant for the Burlington Township School District, Integrity Consulting Group is committed to helping you resolve your health plan issues or questions. Our staff has many years of experience representing the interests of teachers, staff, administrators, and school boards alike. We are prepared to serve as liaison between you and the insurance carriers.*

**Remember, go to *Benefits Online* at the HR Department website for 24-hour online access to health plan details. If you need extra help, follow these steps:**

**Step 1:** The quickest way to get an answer or resolution to an issue is by contacting carrier Member Services directly. See below for phone numbers and websites:

**Medical: SHIF / Aetna**    [www.aetna.com](http://www.aetna.com)

- Patriot V / Patriot X / Citizen QPOS Plans: (855) 281-8857
- All Other Plans: (855) 281-8858
- Or log into [Aetna Navigator](#) to find your plan information

**Prescription: BeneCardPBF**    [www.benecardpbf.com](http://www.benecardpbf.com)

- (877) 723-6005 or log into your [online account](#) for plan information

**Dental: SHIF / Delta Dental**    [www.deltadentalnj.com](http://www.deltadentalnj.com)

- (800) 452-9310 or log into your [online account](#) for plan information

***\*\*If your inquiry is not answered to your satisfaction, go to Step 2\*\****

**Step 2:** Contact Integrity Consulting Group (ICG) at:

- **Toll-free phone: (888) 737-4313** / Fax number: (609) 737-4314
- Email: [customerservice@integritycg.com](mailto:customerservice@integritycg.com)
- Mailing address: 104 Interchange Plaza, Suite 202, Monroe Township, NJ 08831

Provide the following about your issue. All information is kept confidential.

- |                         |                                  |
|-------------------------|----------------------------------|
| ● Enrolled plan         | ● Provider name                  |
| ● Employee name         | ● Amount of charges              |
| ● Employee ID#          | ● Date(s) of service             |
| ● Patient name          | ● Brief description of issue     |
| ● Patient date of birth | ● Available supporting documents |

***We will do our best to resolve your issue as quickly as possible. Thank you for the opportunity to be of service.***