



# Payor Participation Guide – Sample Insurance Cards

\*Revised October 2023

Informational Purposes Only

- Guide is not all inclusive of all insurance cards/plans

*Sample cards are not available for all lines of business*

# Table of Contents

- Aetna.....5
  - Commercial.....5
  - Medicare HMO.....6
  - Medicare PPO.....6
  - Better Health Ohio/Mycare.....6
  - Ohio Rise (Behavioral Health).....7
  
- AmeriHealth Caritas.....8
  - Ohio Medicaid .....8
  
- Anthem.....9
  - Commercial Plans.....9
  - Medicare.....9
  - Medicaid.....9
  - Blue Connection Narrow Network EHP.....10
  - Medicare HMO.....11
  - Medicare PPO Product .....11
  - Anthem Ohio Pathway / Pathway X HMO.....12
  - Anthem Kentucky Pathway HMO.....12
  
- Beech Street/Multiplan.....13
  
- Buckeye.....14
  - Buckeye Health Plan Medicaid.....14
  - Buckeye Health Plan Advantage (Medicare HMO SNP) .....14
  - AllWell.....14
  - Buckeye MyCare Ohio (Medicaid-Medicare Dual Program).....15
  - Ambetter.....15
  
- CareSource.....16
  - Ohio Medicaid.....16
  - Dual Advantage D-SNP.....16
  - CareSource Marketplace-OH ONLY.....16
  - CareSource Indiana Medicaid (Hooiser HealthWise, HIP, Healthy IN) .....17
  
- Cigna.....18
  - Managed Care PPO.....18
  - Managed Care OAP.....18
  - Cigna C-9.....18
  - Cigna Medicare Advantage.....19
  
- Custom Design Benefits.....20
  
- ELAP.....21
  - Imagine Health.....21

- Essence Healthcare.....22
  - Medicare Advantage.....22
- Humana.....23
  - Commercial.....23
  - Medicare.....23
  - Medicaid.....23
- Managed Health Services.....24
  - Indiana Medicaid (HIP, Hoosier Care Connect, Hoosier Healthwise).....24
  - Ambetter Indiana Exchange.....25
- MedBen.....26
- Medical Mutual .....27
  - PPO.....27
  - HMO Health Ohio .....27
  - POS .....27
  - SuperMed HMO.....27
  - Medicare Advantage .....27
- MediGold.....28
  - Medicare HMO .....28
  - Medicare PPO .....28
- MDWise.....29
  - Indiana Medicaid (Hoosier & Healthy Indiana Plans).....29
- MidWest Health Collaborative .....30
- Molina .....31
  - Medicaid (CFC, ABD, Adult Extension Population) .....31
  - Medicare D-SNP .....31
  - Medicare Duals (MMP/MyCare) .....31
  - Molina.....32
- Ohio Health Choice.....33
  - Ohio PPO Connect (OPPOC).....33
  - Preferred Health Choice .....33
- TriCare / HealthNet.....34
  - Health Benefits Program.....34
  - Prime and Young Adults.....34
  - Reserve Select.....35
- TriWest Healthcare Alliance.....36

- United Healthcare.....37
  - UHC Commercial Choice, Select, PPO, POS, EPO, and HMO.....37
  - UHC Navigate.....37
  - UHC River Valley Choice Plus.....37
  - UHC All Savers - Required prior authorization.....38
  - UHOne.....38
  - UHC Bind On-Demand.....38
  - AARP Medicare Complete – HMMO Plans 2, 3, & 6.....39
  - UHC Medicare Solutions – Dual SNP.....39
  - United Community Plan Medicaid.....40
  - United Medical Resources.....40
  - Optum VACCN.....40
  - Nexus ACO National Account .....40
  - UHC Medicare Dual of Indiana (MHMH Only).....41
- WellCare of Ohio Medicare .....42
  - Wellcare Dividend Giveback (HMO).....42
  - Wellcare Dual Access Extra (HMO-POS-DSNP).....42
  - Wellcare No Premium Essential (HMO-POS).....42
- WellCare of Kentucky Medicaid.....43
- Behavioral Health Contracted Plans.....44
- Out of Network Plans.....45

# Aetna

## Commercial Plans

Aetna Commercial plan NAP (National Advantage Plan)  
Aetna Commercial plans (gated) HMO/QPOS/Elect Choice  
Aetna Commercial plans (non-gated) Open Choice PPO  
Managed Choice POS/Aetna Choice POS II/Select

# Medicare HMO



MEDICARE HMO

MEDICARE 10 15  
MEMBER SINCE 2004

ID ME\*\*\*\*\*  
NAME ACCT TEST  
BIN 610502 PCN PARTBAET  
GRP#: XXXXXX  
ISSUER (80840)

DR 215-672-7070	201	DR 10	ER 10
		SP 15	HO 10
		AS 10	

CMS- H3931 801

www.aetnaretireplans.com

Benefits coverage is provided by Aetna Health Inc.  
Except in emergencies or for direct access benefits, referrals to specialists or hospitals must be issued by the primary care physician (PCP) you have selected before a covered service is performed. **OR YOU WILL BE RESPONSIBLE FOR THE COST OF THE SERVICE.** Benefits are provided under the terms of the applicable medicare benefits contract, including limitations and exclusions. Network physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna.

**EMERGENCY/URGENTLY NEEDED CARE:** Call your local emergency hotline (ex. 911) or go to the nearest emergency facility. If a delay would not be detrimental to your health, call your PCP. Notify your PCP as soon as possible after treatment.

---

To verify Medicare Advantage coverage and benefits, providers call the Provider Line or members call Member Services.

<b>SEND CLAIMS TO:</b>	<b>IMPORTANT NUMBERS:</b>
AETNA HEALTH INC.	MEMBER SERVICES: 1-888-267-2637
PO BOX 981106	PROVIDER LINE: 1-800-624-0756
EL PASO, TX 79998-1106	BEHAVIORAL HEALTH: 1-888-267-2637
	TDD/TTY: 711

Payer ID# 60054 5923-01/12

# Medicare PPO



MEDICARE PPO

MA 20 PPO  
MEMBER SINCE 2005

ID ME\*\*\*\*\*  
NAME TEST TEST  
BIN 610502 PCN PARTBAET  
GRP#: XXXXXX  
ISSUER (80840)

DR 20	ER 50
SP 20	HO 250
AS 0	

CMS- H5521 801

www.aetnaretireplans.com

Benefits coverage is provided by Aetna Life Insurance Company.  
While coverage remains in force, members are entitled to benefits under the applicable plan, subject to exclusions and limitations. Medicare limiting charges apply.  
To seek precertification, providers call the Provider Line printed below.  
We recommend you use a primary doctor to coordinate your care.

**Providers:** This card does not guarantee coverage. Include the information on this card when completing forms or communicating with the claims office. Participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna.

**EMERGENCY/URGENTLY NEEDED CARE:** Call your local emergency hotline (ex. 911) or go to the nearest emergency facility.

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To verify Medicare Advantage coverage and benefits, providers call the Provider Line or members call Member Services.

<b>SEND CLAIMS TO:</b>	<b>IMPORTANT NUMBERS:</b>
AETNA LIFE INSURANCE COMPANY	MEMBER SERVICES: 1-888-267-2637
PO BOX 981106	PROVIDER LINE: 1-800-624-0756
EL PASO, TX 79998-1106	BEHAVIORAL HEALTH: 1-888-267-2637
	TDD/TTY: 711

Payer ID# 60054 5920-01/12

## Better Health of Ohio/MyCare \* Dual Medicare/Medicaid Plan



**AETNA BETTER HEALTH® OF OHIO**  
a MyCare Ohio plan

**Member Name** Last Name, First Name  
**Member ID#** 0000000000

**Health Plan (80840):** info to come

**PCP** Last Name, First Name  
**PCP Phone** 000-000-0000

CMS - H7172 001



**RxBIN:** 610591  
**RxPCN:** MEDDADV  
**RxGRP:** RX6812

# Aetna OhioRise \*Behavioral Health

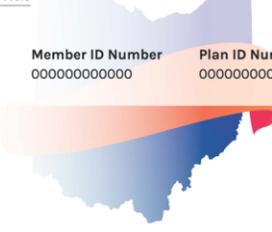
\*Behavioral Health plan coverage for Ohio Managed Care Organizations for members 0-20 years old

<b>&lt;MCO Logo Here&gt;</b> MCO DBA Name Second row for MCO DBA Name		<b>Member Services   Phone: 000-000-0000</b> <b>24 Hour Emergency Services   Phone: 000-000-0000</b> <b>OhioRISE Member Service   Phone: 000-000-0000</b>	
<b>Member Name</b> JaneHasVeryLongName Veryloooooonglastname	<b>Member ID Number</b> 000000000000	<b>Plan ID Number</b> 000000000000	<b>OhioRISE</b>  OhioRISE plan DBA name Phone: 000-000-0000
<b>Primary Care Provider</b> Dr. John Doe Phone: 000-000-0000			<b>Pharmacy Benefit</b>  Rx Bin: 024251 Rx PCN: OHRXPROD Phone: 000-000-0000 CSP Enrolled
<b>Issuance Date: MM/DD/YYYY</b>			

# AmeriHealth Caritas

## Ohio Medicaid

**\*\*Participation varies by Primary Care Location for the following Plans: Please verify with office**

 <p><b>AmeriHealth Caritas</b> Ohio</p>	<p>Member Services   Phone: 1-833-764-7700 24 Hour Emergency Services   Phone: 1-833-625-6446</p>	<p>Member Services   Phone: 1-833-764-7700 24 Hour Emergency Services   Phone: 1-833-625-6446</p>
<p><b>Member Name</b> JaneHasVeryLongName Veryloooooonglastname</p>	<p><b>Member ID Number</b> 000000000000</p>	<p><b>Plan ID Number</b> 000000000000</p>
<p><b>Primary Care Provider</b> Dr. John Doe Phone: 000-000-0000</p>		<p><b>Pharmacy Benefit</b> <b>gwinwell</b> Rx Bin: 024251 Rx PCN: OHRXPROD Phone: 833-491-0344 CSP Enrolled Use Member ID for Billing</p>
<p><b>CSP Provider</b> Dr. John Doe Phone: 000-000-0000</p>		<p><b>Information for Members</b> Always carry your AmeriHealth Caritas Ohio card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Ohio primary care provider (PCP) for medical care. If you have an emergency, dial <b>911</b> or go to your nearest emergency room. If you get emergency care, please notify your PCP. Out-of-area care: Report out-of-area care to AmeriHealth Caritas Ohio and your PCP within 48 hours. Mental health, drug, and alcohol services: Call Member Services at <b>1-833-764-7700</b>. <a href="http://www.amerhealthcaritasoh.com">www.amerhealthcaritasoh.com</a></p>
<p><b>Issuance Date:</b> MM/DD/YYYY</p>		<p><b>Information for Providers</b> Please verify member eligibility on Date of Service via the ODM provider portal before rendering services. Please visit <a href="http://www.amerhealthcaritasoh.com">www.amerhealthcaritasoh.com</a> for detailed billing instructions or call <b>1-833-644-6001</b> for assistance. Providers may also call the ODM IHD at <b>1-800-686-1516</b> for assistance.</p>
		

**Anthem**



Blue Access PPO Network

*\* Anthem PPO Cards will present with PPO in the Suitcase*

Blue Preferred Network – Ohio HMO/EPO/POS

Blue Connection HMO & HD80

Blue Access OH I and II (Tier 1 provider)

Blue Traditional and Priority Plus

Federal Employee Plan (FEP)

Blue Priority

Blue Priority Plus

Pathway Tiered / Pathway X Tiered

Anthem Ohio Pathway / Pathway X HMO

KY Pathway/ Pathway X HMO

Ohio Exchanges PPO

Medicare HMO Product

Medicare PPO Product

Ohio Medicaid

HIP IN Medicaid

Hooiser HealthWise IN Medicaid

Hooiser Care Connect IN Medicaid

Kentucky Medicaid

*\*\*Participation varies by Primary Care Location for the following Plans: Please verify with office*

# Anthem

## Anthem Blue Connection Narrow Network EHP

### Blue Connection HMO



---

**<NAME>**

---

Member ID: **<PREFIX><HCID>** HMO Plan

---

Group No: **OH2548M001**

Plan: **330**

Rx Bin: **003858**

Rx PCN: **A4**

Rx Group: **TRIHPTH**

Coverage(s):  
Medical

---

BLUE CONNECTION  
<NTWKPLAN> 

[anthem.com](http://anthem.com)  
**Member Services 1-833-993-1363**  
 Travel Coverage 1-800-810-2583  
 Provider Services 1-833-993-1363  
 Pre-Authorization 1-800-752-1182  
 TriHealth Pharmacy Solutions\* 1-877-403-4229  
 Express Scripts Member Services\* 1-855-283-7645  
 Express Scripts Pharmacist Only\* 1-800-922-1557  
 Express-Scripts.com/TriHealth

---

**PROVIDERS:** Please file medical claims with the local Blue Cross and/or Blue Shield Plan in state where services are provided. When Medicare is primary (including Med. Sup. Policies), file first with Medicare in the state where services were provided.

**MEMBERS:** Outside of our service area, benefits may be limited to Urgent and Emergency care. Possession of this card does not guarantee eligibility for benefits.

**MEMBER SUBMITTED MEDICAL CLAIMS**  
PO BOX 105187, ATLANTA, GA 30348-5187

---

\*Contracts directly with group

---

Issued Date: <ISSDATE>

### Blue Connection HD80



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**<NAME>**

---

Member ID: **<PREFIX><HCID>** HD80 Plan

---

Group No: **OH2548M001**

Plan: **330**

Rx Bin: **003858**

Rx PCN: **A4**

Rx Group: **TRIHPTH**

Coverage(s):  
Medical

---

PPO 

[anthem.com](http://anthem.com)  
**Member Services 1-833-993-1363**  
 Travel Coverage 1-800-810-2583  
 Provider Services 1-833-993-1363  
 Pre-Authorization 1-800-752-1182  
 TriHealth Pharmacy Solutions\* 1-877-403-4229  
 Express Scripts Member Services\* 1-855-283-7645  
 Express Scripts Pharmacist Only\* 1-800-922-1557  
 Express-Scripts.com/TriHealth

---

**PROVIDERS:** Please file medical claims with the local Blue Cross and/or Blue Shield Plan in state where services are provided. When Medicare is primary (including Med. Sup. Policies), file first with Medicare in the state where services were provided.

**MEMBERS:** Outside of our service area, benefits may be limited to Urgent and Emergency care. Possession of this card does not guarantee eligibility for benefits.

**MEMBER SUBMITTED MEDICAL CLAIMS**  
PO BOX 105187, ATLANTA, GA 30348-5187

---

\*Contracts directly with group

---

Issued Date: <ISSDATE>

# Anthem

## Anthem Medicare HMO – Ohio Only



## Anthem Medicare PPO

### Medicare Advantage PPO Network Sharing

#### What is BCBS Medicare Advantage PPO Network Sharing?

All BCBS MA PPO Plans participate in reciprocal network sharing. This network sharing allows all BCBS MA PPO members to obtain in-network benefits when traveling or living in the service area of any other BCBS MA PPO Plan as long as the member sees a contracted MA PPO provider.

#### What does the BCBS Medicare Advantage (MA) PPO Network Sharing mean to me?

If you are a contracted MA PPO provider with your local Anthem Plan and you see MA PPO members from other BCBS Plans, these members will be extended the same contractual access to care and will be reimbursed in accordance with your negotiated rate with your Anthem contract. These members will receive in-network benefits in accordance with their member contract.

If you are not a contracted MA PPO provider with Anthem and you provide services for any BCBS MA members, you will receive the Medicare allowed amount for covered services. For urgent or emergency care, you will be reimbursed at the member's in-network benefit level. Other services will be reimbursed at the out-of-network benefit level.

#### How do I recognize an out-of-area member from one of these Plans participating in the BCBS MA PPO network sharing?

You can recognize a MA PPO member when their member ID card has the following logo.



# Anthem

## Anthem Ohio Pathway / Pathway X HMO

### Anthem Ohio Pathway



**ANthem GOLD PATHWAY GROUP HMO**  
280020/AH00

---

**JOHN D. SAMPLE**

---

Identification Number  
**ZFZ123A45678**

---

Group No	<b>W22059</b>	Primary Care Visit	
Effective Date	<b>01/01/2017</b>	Specialist Visit	
Contract Code	<b>2UAN</b>	Urgent Care	
Rx Bin	<b>00385E</b>	Emergency Room	
Rx PCN	<b>A4</b>	Rx 1,2 1-5	<b>\$25 / \$60 / \$100 / 30% / 30%</b>
Rx Group	<b>WL5A</b>		
Plan	<b>330</b>		
Rx List: Select Drug List			

---

Blue View Vision

Pathway Group HMO  



**anthem.com**

---

**MEMBERS:** When submitting inquiries always include your Identification Number from the front of this card. Possession or use of this card does not guarantee payment.

**PROVIDERS:** File all claims directly with your local Blue Cross and/or Blue Shield plan. Please submit all claims with the 3 digit prefix that precedes the member ID on the front of the card.

File medical claims to:  
P. O. Box 955167 Atlanta, GA 30346-5167

File vision claims to:  
P. O. Box 8584 Mason, OH 45040-7111  
Outside our service area, benefits may be limited to Urgent and Emergency care.

Issue Date: 05/23/2015

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**Member Service (855) 330-1107**

Provider Service	(855) 854-3438
Help for Pharmacists	(833) 295-5941
Pharmacy Member Services	(533) 253-4447
Pre Authorization	(800) 752-1382
24/7 NurseLine	(866) 243-3617
Coverage while traveling	(800) 875-BLUE
Vision Member Service	(866) 723-8515
Vision Provider Service	(888) 591-3648

**livehealthonline.com**

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company, Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

## Anthem Ohio Pathway Transition HMO (Kentucky)



**PRODUCT NAME**

---

**MEMBER NAME**

---

Member ID:  
**ABC123456789**

---

Effective Date	<b>09/01/2021</b>	Primary Care Visit	<b>\$10 / 0%</b>
Contract Code	<b>1234</b>	Specialist Visit	<b>\$30 / 0%</b>
RxBIN	<b>020099</b>	Emergency Room	<b>\$500 / 25%</b>
RxPCN	<b>IS</b>	Urgent Care	<b>\$50 / 0%</b>
RxGRP	<b>WX3A</b>		
Plan	<b>161</b>		
Plan Type	<b>HMO</b>		
Rx: Select Drug List			

---

Ded, Coins and OV Limits May Apply

Pathway Transition HMO  



**anthem.com**

---

**MEMBERS:** When submitting inquiries always include your Identification Number from the front of this card. Possession or use of this card does not guarantee payment.

**PROVIDERS:** File all claims directly with your local Blue Cross and/or Blue Shield plan. Please submit all claims with the 3 digit prefix that precedes the member ID on the front of the card.

Providers file medical claims at:  
[www.avality.com](http://www.avality.com)

Outside our service area, benefits may be limited to Urgent and Emergency care.

Issue Date: 09/21/2021

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**Member Service (855) 738-6671**

Pharmacy Member Services	(833) 291-8557
Help for Pharmacists	(833) 295-5941
Provider Service	(800) 878-2583
Pre Authorization	(800) 868-0075
24/7 NurseLine	(800) 249-3617
Coverage while traveling	(800) 810-BLUE

**livehealthonline.com**

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

# Beech Street/Multiplan



- Beech Street/ Multiplan rents their network to self-funded employer groups and other payers to secure a discount.
- A new approach in the market has been for employer groups to only “rent” the physician network discount and NOT INCLUDE any hospital discount.
- In these cases our registration staff may see the MultiPlan or PHCS logo along with very small print underneath that says “practitioner only”.

**\*This is a rental network and the format of the ID card varies by client\***

# BUCKEYE

## Buckeye Health Plan Medicaid

### Medicaid



**US Script:**  
BIN#008019  
Pharmacies call: 1-800-460-8988

If you have an emergency, call 911 or go to the NEAREST emergency room (ER). You do not have to contact Buckeye for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Buckeye NurseWise toll-free at 1-866-246-4358 and follow the prompt for 'Nurse' or TTY at 1-800-750-0750. NurseWise is open 24 hours per day.

**MEMBER SERVICES:** 1-866-246-4358 (TTY 1-800-750-0750)

**PROVIDERS:** THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR AUTHORIZATION. FOR ELIGIBILITY, CALL BUCKEYE AT 1-866-296-8731. FOR PRIOR AUTHORIZATION AND CARE MANAGEMENT REFERRAL, CALL 1-866-246-4359.

**NON-PARTICIPATING PROVIDERS MUST HAVE ALL SERVICES PRIOR AUTHORIZED THROUGH BUCKEYE, EXCEPT FOR EMERGENCY SERVICES OR SERVICES THAT ARE SELF-REFERRED. PLEASE CALL BUCKEYE AT 1-866-246-4359 FOR MORE INFORMATION ON SERVICES THAT ARE SELF-REFERRED.**

**FOR PHARMACY PRIOR AUTHORIZATION, CALL 1-866-399-0928. FOR TRANSPORTATION AND PHARMACY CLAIMS, REFER TO THE BUCKEYE PROVIDER MANUAL.**

**CLAIMS SUBMISSIONS:** BUCKEYE HEALTH PLAN  
PO BOX 6200  
FARMINGTON, MO 63640

## Buckeye Health Plan Advantage (Medicare HMO SNP)

### Medicare



**MedicareRx**  
Prescription Drug Coverage

**CMS: H0908-001**

**RxBIN: 12353**  
**RxPCN: 6243600**

**Effective Date:** 1/1/2015  
**Name:** Sample A 2015Sample  
**Member ID:** C1234566891  
**HPID:**  
**PCP Name:** Test Doctor  
**PCP Phone:** (800) 234-2342

If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to call Buckeye Health Plan Advantage for an ok before you get emergency care. If you are unsure if you need to go to the ER, call your PCP or NurseWise® toll-free at 1-855-696-2512 or TTY: 711 24 hours.

**Member Services:** 1-866-389-7690 TTY: 711  
<http://advantage.bchpohio.com>

**Providers:** This card does not guarantee eligibility or authorization. For eligibility, call 1-866-296-8731. For prior auth or case management referral, call 1-866-296-8731. For questions, pharmacists can call 1-866-611-8700. For pharmacy prior auth, call 1-866-399-0928.

**Non-participating providers must obtain prior auth on all services, except for emergency care. Call 1-866-296-8731 for prior auth.**

**Claims submissions:**  
Buckeye Health Plan Advantage (HMO SNP)  
P.O. Box 3060, Farmington, MO 63640-3822

## Buckeye Allwell (Medicare Advantage)



HMO SNP  
CMS#: XXXXX-XXX  
Effective:

**MEMBER INFORMATION**  
Name: <First Last>  
Member ID#: <XXXXXXXXXX-XX>  
Issuer ID: <(80840)>  
<XXXXXXXXXXXX>

**PROVIDER INFORMATION**  
PCP Name: <>  
PCP Phone: <>

**PHARMACY INFORMATION**



**RxClaims Processor:**  
<CVS Caremark>  
**RxBIN:** <004336>  
**RxPCN:** <MEDADV>  
**RxGrp:** <RX6270>

# Buckeye MyCare Ohio (Medicaid- Medicare Dual Program)

## MyCare Opt Out

**Buckeye Health Plan - MyCare Ohio**

**Member Name:** <Cardholder Name>  
**<Health Plan:** <Card Issuer Identifier>

**MMIS Number:** <Medicaid Recipient ID#2>

**PCP Name:** <PCP Name>  
**PCP Phone:** <PCP Phone>

**RxBin:** 000428  
**RxPCN:** 0624000  
**RxD:** <RxD#3>

**\* Buckeye Medicaid Member Only \***

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

<b>Member Service:</b> 866-549-8289 TTY: 800-750-0750	<b>Eligibility Verification:</b> <866-246-4358>
<b>Behavioral Health Crisis:</b> <866-549-8289>	<b>Pharmacy Help Desk:</b> <877-935-8021>
<b>Care Management:</b> <866-549-8289>	<b>Claim Inquiry:</b> <866-246-4358>
<b>24-Hour Nurse Advice:</b> <866-246-4358> TTY: 800-750-0750	

**Website:** <http://mmp.buckeyehealthplan.com>

**Send Medicaid claims to:** Buckeye Health Plan  
PO Box 6200  
Farmington, MO 63640

\*Note: Member is eligible for Medicare through original Medicare or another health plan. You must submit Medicare claims to the member's primary care insurance.

## MyCare Opt In

**Buckeye Health Plan - MyCare Ohio**

**Member Name:** Jason Doe  
**Member ID:** (Amisys MC Member #)  
**Health Plan:** Buckeye Community Health Plan – MyCare Ohio

**MMIS Number:** <Medicaid Recipient ID#>

**PCP Name:** <PCP Name>  
**PCP Phone:** <PCP Phone>

**Plan Contract:** H0022 001

**MedicareRx Logo**

**RxBin:** <RxBin #>  
**RxPCN:** <RxPCN#>  
**RxBin:** 012353  
**RxPCN:** 06241400  
**RxD:** <MC Amisys#-01>

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

<b>Member Service:</b> <866-549-8289> TTY: <800-750-0750>	<b>Eligibility Verifications:</b> <866-246-4358>
<b>Behavioral Health Crisis:</b> <866-549-8289>	<b>Pharmacy Help Desk:</b> <877-935-8021>
<b>Care Management:</b> <866-549-8289>	<b>Claim Inquiry:</b> <866-246-4358>
<b>24-Hour Nurse Advice:</b> <866-246-4358 (TTY 800-750-0750)>	

**Website:** <<http://mmp.buckeyehealthplan.com>>

**Send claims to:** <Buckeye Community Health Plan  
PO Box 3060  
Farmington, MO 63640>

## Ambetter

\*\*Participation varies by Primary Care Location for the following Plans: Please verify with office

**IN NETWORK  
COVERAGE ONLY**

**[EXCHANGE]**

<b>Subscriber:</b> [Jane Doe]	<b>Effective Date of Coverage:</b> [XX/XX/XX]
<b>Member:</b> [John Doe]	<b>RxBIN:</b> [004336]
<b>Policy #:</b> [XXXXXXXXXX]	<b>RXPCN:</b> [ADV]
<b>Member ID #:</b> [XXXXXXXXXX]	<b>RXGROUP:</b> [RX5454]
<b>Plan:</b> [Ambetter Balanced Care 1]	

<b>Copays</b>	<b>Coinsurance (Med/Rx):</b> [50%/30%]
<b>PCP:</b> [\$10]	<b>Deductible (Med/Rx):</b> [\$250/\$500]
<b>Specialist:</b> [\$25]	<b>Rx (Generic/Brand):</b> [\$5/\$25]
<b>ER:</b> [\$250]	

**Ambetter.BuckeyeHealthPlan.com**

<b>Member/Provider Services:</b> [1-877-687-1189] <b>TDD/TTY:</b> [1-877-941-9236] <b>24/7 Nurse Line:</b> [1-877-687-1189]	<b>Medical Claims:</b> Buckeye Health Plan Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010
--	--

**Numbers below for providers:**  
**Pharmacy Help Desk:** [1-844-432-0699]  
**EDI Payor ID:** [68069]  
**EDI Help Desk:** [Ambetter.BuckeyeHealthPlan.com]  
**Provider Network:** [Ambetter from Buckeye Health Plan Network]

Additional information can be found in your Evidence of Coverage. If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit [Ambetter.BuckeyeHealthPlan.com](http://Ambetter.BuckeyeHealthPlan.com).

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# CareSource

## OH Medicaid

**CareSource** *Health Care with Heart*

**Member Name**  
Mary Doe

**CareSource Member ID #:** 12345678900

**MMIS #:** 987654321000      **Case #:** 7654321000

**Primary Care Provider/Clinic Name:**  
Good, Iam A.

**Provider/Clinic Phone:** (937) 123-4567

**Member Services: 1-800-488-0134** (TTY: 1-800-750-0750 or 711)

**24-Hour Nurse Line: 1-866-206-0554** (TTY: 1-800-750-0750 or 711)

**THIS CARD IS FOR IDENTIFICATION ONLY AND DOES NOT VERIFY ELIGIBILITY.**

**MEMBER:** Show your ID card to medical providers BEFORE you receive care. Never let anyone else use your ID card. In case of emergency, call 911 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your primary care provider or call our 24-hour toll-free nurse advice line (see front of card for phone number).

**HEALTH CARE PROVIDERS:** You must verify member eligibility for the date of service. Visit [www.CareSource.com](http://www.CareSource.com) or call **1-800-488-0134** to access this information. Authorization required for inpatient admission.

**MAIL MEDICAL CLAIMS TO:** CareSource, P.O. Box 8730, Dayton, OH 45401-8730

**PHARMACY:** Providers call 1-800-488-0134  
**BENEFITS MANAGER:** CVS Caremark  
 RxBIN 004336      RxPCN MCAIDOH      RxGRP RX0797

[www.CareSource.com](http://www.CareSource.com)

## CareSource Dual Advantage – D-SNP

**CareSource** *Health Care with Heart*

**CareSource Dual Advantage® (HMO SNP)**

**Member Name:** John Doe      **Effective Date:** 01/01/2020      **OH**

**Member ID#:** 12345678900

**Health Plan:** (80840) XXX-XX-XXXX

**Payer ID:** XXXXX

**Primary Care Provider/Clinic Name:** Good, Iam A.

**Provider/Clinic Phone:** XXX-XXX-XXX

**Copays:**  
Office: \$XX.XX    ER: \$XX.XX  
Spec: \$XX.XX    UrgCare: \$XX.XX

**MedicareRx**  
Part A - \$0.00    Part B - \$0.00  
Part D - \$0.00    Part C - \$0.00  
CMS: XXXXX-XXX

**CareSource.com/Medicare** SAMPLE

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, use the website or call:

**MEMBERS: 1-833-238-2020 TTY: 1-800-750-0750**

**24/7 Nurse Advice Line:** 1-866-206-2509

**Vision Benefits:** EyeMed 1-866-299-1425

**Hearing Benefits:** TruHearing 1-833-759-6826

**Medical Claims:** CareSource, P.O. Box 8730, Dayton, OH 45401-8730

**Providers:** 1-833-238-2136

**Dental Network:** DentMax

**Pharmacy:** 1-800-415-1573

**Pharmacy Claims:** Express Scripts, ATTN: Medicare Part D, P.O. Box 14718, Lexington, KY 40512-0718

## CareSource Marketplace-OH ONLY

**Silver Dental and Vision** **OH** **CareSource** 2017

**Member:** John Doe      **Dependents:** 01 Jared Doe, 02 John Doe, 03 Mike Doe, 04 Ron Doe, 05 Susan Doe, 06 Sara Doe, 07 Joe Doe, 08 Sam Doe

**Member ID:** 14800000000-00

**Health Plan:** (XXXXX) XXX-XX-XXXX

**Payer ID:** 31114

**Office: \$/%\*    ER: \$/%\*    Spec: \$/%\*    UrgCare: \$/%\***

MISC-OH(2017) \*after deductible

**CareSource.com/marketplace**

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.

**Members: 1-800-479-9502 (TTY: 1-800-750-0750 or 711)**

**24/7 Nurseline:** 1-866-206-4240      **Providers:** 1-800-488-0134      **Pharmacy:** 1-800-488-0134

**Medical Claims:** P.O. Box 8730, Dayton, OH 45401-8730

**Benefits Manager:** CVS Caremark

**Pharmacy Claims:** CVS Caremark, P.O. Box 52136, Phoenix, AZ 85072-2136

**Pharmacy Numbers:** RxBin: 004336, RxPCN: ADV, RxGrp: RX3156

CareSource is a Qualified Health Plan Issuer on the Health Insurance Marketplace

## CareSource INDIANA Medicaid

**\*\*Participation for All Facilities and Providers with an Indiana Medicaid ID#. Please verify with office**

### Hoosier Healthwise



**Member Name:** John M Doe  
**Member RID #:** RID 123456789000  
**Member Services Phone Number**  
844-607-2829 or (TTY 800-743-3333 or 711)  
8 am to 8 pm, Monday through Friday

**Rx BIN** 004336  
**RxPCN** MCAIDADV  
**Rx Grp** RX6421

**Log onto My.CareSource.com** check for eligibility,  
co-pays and Primary Medical Provider (PMP) IN-MMED-0173

### Healthy Indiana



**Member Name:** Jane M Doe  
**Member RID #:** RID 123456789000  
**Member Services Phone Number**  
844-607-2829 or (TTY 800-743-3333 or 711)  
8 am to 8 pm, Monday through Friday

**Rx BIN** 004336  
**RxPCN** MCAIDADV  
**Rx Grp** RX6421  
**Deductible** \$2500

**Log onto My.CareSource.com** check for eligibility,  
and Primary Medical Provider (PMP) IN-MMED-0174

### HIP Maternity



**Member Name:** Jane M Doe  
**Member RID #:** RID 123456789000  
**Member Services Phone Number**  
844-607-2829 or (TTY 800-743-3333 or 711)  
8 am to 8 pm, Monday through Friday

**Rx BIN** 004336  
**RxPCN** MCAIDADV  
**Rx Grp** RX6421  
**Deductible** \$2500

**Log onto My.CareSource.com** check for eligibility,  
co-pays and Primary Medical Provider (PMP) IN-MMED-0175

# Cigna

## Managed Care PPO

**TPV logo** 11    **CSN logo** 18  
Cigna Care Network 6

Legal entity name 5  
Group: 1234567  
Issuer (80840)  
ID: U23456789 01 1  
Name: John Public

**ID card acct name** 10  
RxBIN XXXXXX RxPCN XXXXXXXX  
DOI

myCigna.com

**Client logo**

MultiPlan 9

**PPO**

Dr. visit	\$10/\$25
Specialist	\$10/\$25
Hospital ER	\$50
Urgent care	\$25
Vision	Yes
Rx	\$10/20/30

**Network coinsurance:**

In	90%/10%
Out	70%/30%

Med/Rx deductible applies Cat#

**WWW.CIGNA.COM**

You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud.

12 **INPATIENT ADMISSION AND OUTPATIENT PROCEDURES:**  
Your network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within ## hours.

For pharmacy, call ABC Company 1.800.XXX.XXXX (Not a Cigna Company)  
For vision, call ABC Company 1.800.XXX.XXXX (Not a Cigna Company)

Send claims to:  
CAD name, PO Box XXXX, Anytown, USA 12345-6789 13  
TPV name, PO Box XXXX, Anytown, USA 12345-6789  
All others: PO Box XXXX, Anytown, USA 12345-6789

Customer service: 1.800.XXX.XXXX 14 / SA: 1.800.XXX.XXXX 15

**AWAY FROM HOME CARE**

## Managed Care OAP

**TPV logo** 11    **CSN logo** 18  
Cigna Care Network 6

Legal entity name 5  
Group: 1234567  
Issuer (80840)  
ID: U23456789 01 1  
Name: John Public

PCP: James Smith  
PCP Name Ln2 8

PCP phone: XXX.XXX.XXXX  
**ID card acct name** 10  
RxBIN XXXXXX RxPCN XXXXXXXX  
DOI

myCigna.com

**Client logo**

MultiPlan 9

**Open Access Plus**  
No referral required

PCP visit	\$10/\$25
Specialist	\$10/\$25
Hospital ER	\$50
Urgent care	\$25
Vision	Yes
Rx	\$10/20/30

**Network Coinsurance:**

In	90%/10%
Out	70%/30%

Med/Rx deductible applies Cat#

**WWW.CIGNA.COM**

You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud.

12 **INPATIENT ADMISSION AND OUTPATIENT PROCEDURES:**  
Your network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within ## hours.

For pharmacy, call ABC Company 1.800.XXX.XXXX (Not a Cigna Company)  
For vision, call ABC Company 1.800.XXX.XXXX (Not a Cigna Company)

Send claims to:  
CAD name, PO Box XXXX, Anytown, USA 12345-6789 13  
TPV name, PO Box XXXX, Anytown, USA 12345-6789  
All others: PO Box XXXX, Anytown, USA 12345-6789

Customer service: 1.800.XXX.XXXX 14 / SA: 1.800.XXX.XXXX 15

We encourage you to use a PCP as a valuable resource and personal health advocate. **AWAY FROM HOME CARE**

## Cigna C-9

Administered By Cigna Health and Life Insurance Co.

Coverage Effective Date: 01/01/2023

Group: 3344598

Issuer (80840)

ID: [REDACTED]

Name: [REDACTED]

Harte Hanks, Inc.  
RxBIN 017010 RxPCN 0215COMM  
RxGroup 3344598

myCigna.com

MultiPlan

Network Savings Program

C-5 C-16  
C-6 C-18  
C-7 C-24  
C-9

**Open Access Plus**  
No Referral Required

PCP Visit	\$35
Specialist	\$50
Hospital ER	\$250
Urgent Care	\$50
Rx	\$15/40/70/150

**Network Coinsurance:**

In	80%/20%
Out	50%/50%

INN DED Ind/Fam	\$1500/\$4500
OON DED Ind/Fam	\$15000/\$45000
INN OOP Ind/Fam	\$5000/\$10000
OON OOP Ind/Fam	\$90000/\$180000

# Cigna

## Medicare Advantage

### Individual

	<Plan Name> <Plan Type>		
			<Contract/PBP/segment>
Name	<Customer Full Name>		
ID	<Customer ID>		
Health Plan	(80840)		<b>MedicareRx</b> <small>Prescription Drug Coverage</small>
Issue Date	<Effective Date>		
[No PCP Required]		RxBIN	<XXXXXXXX>
[No Referral Required]		RxPCN	<XXXXXXXX>
	<b>COPAYS</b>	RxGRP	<XXXXXXXX>
PCP	<\$xx>	Specialist	<\$xx>
Emergency	<\$xx>	Urgent care	<\$xx>

### Employer Group

	<Plan Name> <Plan Type> <Employer Name>		
			<Contract/PBP/segment>
Name	<Customer Full Name>		
ID	<Customer ID>		
Health Plan	(80840)		[ <b>MedicareRx</b> ] <small>Prescription Drug Coverage</small>
Issue Date	<Effective Date>		
[No PCP Required]		[RxBIN	<XXXXXXXX>]
[No Referral Required]		[RxPCN	<XXXXXXXX>]
<b>COPAYS (IN / OON)</b>		[RxGRP	<XXXXXXXX>]
PCP	<\$xx>	Specialist	<\$xx>
Emergency	<\$xx>	Urgent Care	<\$xx>

# Custom Design Benefits

TriHealth has Direct To Employer Agreements for participation with certain employer groups. Please search coverage in Epic by Employer name/Group number.

If you search an employer group name and no response, please select CDB NO CONTRACT. (TriHealth is non participating with this group/Group has No OON benefits)

\*OON CDB HIP –HYBRID: Secondary ONLY plans that bill based on Primary coverage. Patients should NOT be registered with this plan WITHOUT PRIMARY coverage.

**Member**

**BGR**  
Group Number: BGR00  
Insured: JOHN SAMPLE  
ID Number: SMPL0001  
Medical Coverage:  
Effective Date:

**Copays**  
**Medical Copays:**  
OV \$25 / Spec \$50 / UC \$50 / ER \$350  
**Rx Copays:**  
Generic: \$10 / Brand: \$50 / Non-Preferred: \$100

**Preferred Hospitals**






Tier 2

20181204128 Sh: 0 Bin 2  
J079 Env [1] CseIs 1 of 1

**Member**

**BGR**  
Group Number: BGR00  
Insured: JOHN SAMPLE  
ID Number: SMPL0001  
Medical Coverage:  
Effective Date:

**Copays**  
**Medical Copays:**  
OV \$25 / Spec \$50 / UC \$50 / ER \$350  
**Rx Copays:**  
Generic: \$10 / Brand: \$50 / Non-Preferred: \$100

**Preferred Hospitals**






Tier 2

20181204128 Sh: 0 Bin 2  
J079 Env [1] CseIs 1 of 1

**Eligibility**  
For BENEFITS, ELIGIBILITY, or CLAIM STATUS  
Contact: Custom Design Benefits  
Local: 513-598-2929 (M - F 8am - 5pm EST)  
Toll Free: 800-598-2929  
www.CustomDesignBenefits.com

**Medical Claims Submission**  
**Submit Claims to:**  
Custom Design Benefits  
5589 Cheviot Road  
Cincinnati, OH 45247  
Electronic Payer ID: 82056

**Call A Doctor**  
**TELADOC.**  
Member Services: 1-800-835-2362  
www.teladoc.com

**Plan Description**  
This plan does not utilize a PPO network. As such, all medical service providers are reimbursed per the terms of the plan document up to the Maximum Payable Amount. The provider agrees that Assignment of Benefits (AOB) and the funds received in consideration in full for services rendered. Please see the Plan Document or contact Custom Design Benefits (CDB) at 800-598-2929 for more information. CDB is the claims administrator for the self-insured ERISA health and welfare plan sponsored by the employer identified on the front of this card.  
For help finding a provider that accepts the Plan provisions, call your Patient Advocate at 855-598-8783.

20181204128 Sh: 0 Bin 2  
J079 Env [1] CseIs 1 of 1

**Eligibility**  
For BENEFITS, ELIGIBILITY, or CLAIM STATUS  
Contact: Custom Design Benefits  
Local: 513-598-2929 (M - F 8am - 5pm EST)  
Toll Free: 800-598-2929  
www.CustomDesignBenefits.com

**Medical Claims Submission**  
**Submit Claims to:**  
Custom Design Benefits  
5589 Cheviot Road  
Cincinnati, OH 45247  
Electronic Payer ID: 82056

**Call A Doctor**  
**TELADOC.**  
Member Services: 1-800-835-2362  
www.teladoc.com

**Plan Description**  
This plan does not utilize a PPO network. As such, all medical service providers are reimbursed per the terms of the plan document up to the Maximum Payable Amount. The provider agrees that Assignment of Benefits (AOB) and the funds received in consideration in full for services rendered. Please see the Plan Document or contact Custom Design Benefits (CDB) at 800-598-2929 for more information. CDB is the claims administrator for the self-insured ERISA health and welfare plan sponsored by the employer identified on the front of this card.  
For help finding a provider that accepts the Plan provisions, call your Patient Advocate at 855-598-8783.

20181204128 Sh: 0 Bin 2  
J079 Env [1] CseIs 1 of 1

# ELAP

## Imagine Health

**Claims Status and Benefit Information**  
Visit [www.gpatpa.com](http://www.gpatpa.com) or  
972.238.7900 or 800.827.7223

**Member**  
  
Group #: H870993  
Member: **JOHN SAMPLE**  
Member ID: **SMPL0001**  
Dependent: **JANE SAMPLE**

**Medical Plan**  
   
Find Providers at [providers.imaginehealth.com](http://providers.imaginehealth.com) | Imagine Health's preferred lab partner  
**Medical Copays:** Office Visit \$0 / Specialists \$20  
Urgent Care \$75 / Emergency Room \$125

**Pharmacy Plan**  
RxBIN: 017366 **PROACT**  
RxGRP: HCOS  
RxPCN: 9999  
[www.proactrx.com](http://www.proactrx.com)  
ProAct Customer Service: 877.635.9545

**TriHealth**  


**Rx Copays:** Generic \$7 / Preferred Brand \$40  
Non-Preferred Brand \$70

20190206T147 Sh: 0 Bin 2  
J02E Env [1] C Sets 1 of 2

**Providers**  
For UR Notification, Summary of Benefits and Claims Status, visit [www.gpatpa.com](http://www.gpatpa.com) or call 972.744.2486 or 866.206.3224.  
UR Notification is required for Hospital Admission within 48 hours following an admission.  
**For Additional Information:**  
<http://www.planjmit.com/hcos-group-llc>

**Plan Participant:**  
Call GPA Nurse Navigator: 972.619.2531 or 800.843.6705 Press Option 1 or Email GPA Nurse Navigator: [nursenavigator@gpatpa.com](mailto:nursenavigator@gpatpa.com)

**Medical Claims Submission**  
**Mail Medical Claims to:**  
**EDI:** Payer ID 48143  
**Mail:** GPA  
PO Box 749075  
Dallas, TX 75374-9075

20190206T147 Sh: 0 Bin 2  
J02E Env [1] C Sets 1 of 2

# Essence Healthcare

## Essence Healthcare Medicare Advantage – HMO and PPO plan

			
<b>Member Name Here</b>		<b>(HMO)</b>	
<b>ID</b> 000000000	<b>RxBIN</b> XXXXXX	<b>RxPCN</b> XXXXXXXX	<b>RxGROUP</b> XXXXX
<b>GROUP</b> MXXXXXXXX	<b>Rx PREFERRED</b> \$0/\$0/\$0/\$0/0%		
<b>EFF DATE</b> 01/01/2023	<b>Rx NON-PREFERRED</b> \$0/\$0/\$0/\$0/0%		
<b>DOB</b> 00/00/0000	<b>PCP</b> Primary Care Physician (000) 000-0000		
<small>CMS H0000 000 2023</small>	<b>PCP</b> \$0	<b>SPEC</b> \$0	<b>ER</b> \$0
	<b>URG CARE</b> \$0	<b>DENTAL</b> \$0/\$0	

		<b>Essence Advantage (HMO)</b> <a href="http://EverythingEssence.com">EverythingEssence.com</a>	
Please review your plan documents for services that require referral or prior authorization. Without prior approval, the claim may not be paid.		<b>Customer Service:</b> (000) 000-0000 <b>TTY:</b> 711 <b>Prior Auth. UM:</b> (000) 000-0000 <b>Behavioral Health:</b> (000) 000-0000 <b>Pharmacies call:</b> (000) 000-0000 <b>Dental:</b> (000) 000-0000	
For behavioral health or substance abuse authorizations, call the behavioral health number.		Essence Healthcare providers file claims at: PO Box 0000 • City, ST 00000	

# Humana

ChoicePOS

Cincinnati/Northern KY HMOx (no MHMH)

Employer HMO Cincinnati

Gold Plus Chronic HMO-SNP, Dual Eligible SNP

Gold Plus HMO

Gold Plus/Emp HMO H6622-014, H6622-019, or H6622-020

HMO Premier

Humana Preferred POS

Humana Preferred PPO

Humana/ChoiceCare MD/ANC

Humana/ChoiceCare Network PPO

Humana/ChoiceCare+ Network PPO

HumanaGoldChoice Ntwk PFFS

HumanaPPO

HumanaPreferred POS-OpenAccess

Medicare PPO

Medicare PPO/Employer PPO Plus

National EPO or HMO

National POS – OpenAccess or OpenAccess Plus

Humana Healthy Horizons Ohio Medicaid

Humana CareSource Kentucky Medicaid \*\*Facilities & Maternal/Fetal Only

**\*Samples cards are unavailable for these products\***

# Managed Health Services

## Indiana Medicaid

**\*\*Facility & Providers with an active IN MDCD number**

### Healthy Indiana Plan



**HEALTHY INDIANA PLAN**  
MEMBER ID CARD

Member Name:  
Member RID:

RXBIN: 004336  
RXPCN: MCAIDADV  
RXGROUP: RX5440



**PROVIDERS:** This card is used for identification purposes only and does not entitle the card holder to services which are available under the programs administered by the State of Indiana. Verify eligibility before delivering services:  
**Secure Portal:** - [mhsindiana.com/login](http://mhsindiana.com/login) - Check eligibility, get prior auth, covered benefits and more.  
**Pharmacy Prior Auth:** Envolve Pharmacy Solutions  
Phone: 1-866-399-0928, Fax: 1-866-399-0929  
AcariaHealth Fax: 1-855-678-6976  
**MHS Provider Fax:** 1-866-912-4245  
**MHS Provider Services:** 1-877-647-4848

**MEMBERS:** It is against the Law for this card to be used by anyone except the person whose name is printed on the front of this card.  
**MHS Website:** [mhsindiana.com](http://mhsindiana.com) - Make a POWER Account payment, check covered benefits, find a provider, CentAccount rewards and more.  
**MHS CentAccount Info Line:** 1-877-259-6959  
**MHS 24 hr Nurse Advice Line:** 1-877-647-4848  
**MHS Member Services:** 1-877-647-4848  
TDD/TTY: 1-800-743-3333

**CLAIMS INFORMATION**  
MHS Claims  
PO Box 3002 - Farmington, MO 63640-3802

**Behavioral Health:** 1-877-647-4848  
**Envolve Vision Benefits:** 1-866-599-1774  
**Envolve Dental Benefits:** 1-855-609-5157  
**Envolve Pharmacy Solutions:** 1-800-311-0557

Coverage and reimbursement provided in accordance with Indiana Medicaid reimbursement.

### Hoosier Care Connect



**HOOSIER CARE CONNECT**  
MEMBER ID CARD

Member Name:  
Member RID:

RXBIN: 004336  
RXPCN: MCAIDADV  
RXGROUP: RX5440

**Member Copays:**  
Transportation: \$1 one way/\$2 round trip  
Prescriptions: \$3 per prescription  
Non-emergent Emergency Room: \$3

**Copay Exceptions include:**  
Members who are pregnant, Native American, under 18 years old, or have met their 5% max. Other exceptions include medications for family planning and transportation to educational events or Member Advisory Council meetings.



**PROVIDERS:** This card is used for identification purposes only and does not entitle the card holder to services which are available under the programs administered by the State of Indiana. Verify eligibility before delivering services:  
**Secure Portal:** - [mhsindiana.com/login](http://mhsindiana.com/login) - Check eligibility, get prior auth, covered benefits and more.  
**Pharmacy Prior Auth:** Envolve Pharmacy Solutions  
Phone: 1-866-399-0928, Fax: 1-866-399-0929  
AcariaHealth Fax: 1-855-678-6976  
**MHS Provider Fax:** 1-866-912-4245  
**MHS Provider Services:** 1-877-647-4848

**MEMBERS:** It is against the law for this card to be used by anyone except the person whose name is printed on the front of this card.  
**MHS Website:** [mhsindiana.com](http://mhsindiana.com) - Check covered benefits, find a provider, CentAccount rewards and more.  
**MHS CentAccount Info Line:** 1-877-259-6959  
**MHS 24 hr Nurse Advice Line:** 1-877-647-4848  
**MHS Member Services:** 1-877-647-4848  
TDD/TTY: 1-800-743-3333

**CLAIMS INFORMATION**  
MHS Claims  
PO Box 3002 - Farmington, MO 63640-3802

**Behavioral Health:** 1-877-647-4848  
**Envolve Vision Benefits:** 1-866-599-1774  
**Envolve Dental Benefits:** 1-855-609-5157  
**Envolve Pharmacy Solutions:** 1-800-378-0779

Coverage and reimbursement provided in accordance with Indiana Medicaid reimbursement.

### Hoosier Healthwise



**HOOSIER HEALTHWISE**  
MEMBER ID CARD

Member Name:  
Member RID:

RXBIN: 004336  
RXPCN: MCAIDADV  
RXGROUP: RX5440



**PROVIDERS:** This card is used for identification purposes only and does not entitle the card holder to services which are available under the programs administered by the State of Indiana. Verify eligibility before delivering services:  
**Secure Portal:** - [mhsindiana.com/login](http://mhsindiana.com/login) - Check eligibility, get prior auth, covered benefits and more.  
**Pharmacy Prior Auth:** Envolve Pharmacy Solutions  
Phone: 1-866-399-0928, Fax: 1-866-399-0929  
AcariaHealth Fax: 1-855-678-6976  
**MHS Provider Fax:** 1-866-912-4245  
**MHS Provider Services:** 1-877-647-4848

**MEMBERS:** It is against the law for this card to be used by anyone except the person whose name is printed on the front of this card.  
**MHS Website:** [mhsindiana.com](http://mhsindiana.com) - Check covered benefits, find a provider, CentAccount rewards and more.  
**MHS CentAccount Info Line:** 1-877-259-6959  
**MHS 24 hr Nurse Advice Line:** 1-877-647-4848  
**MHS Member Services:** 1-877-647-4848  
TDD/TTY: 1-800-743-3333

**CLAIMS INFORMATION**  
MHS Claims  
PO Box 3002 - Farmington, MO 63640-3802

**Behavioral Health:** 1-877-647-4848  
**Envolve Vision Benefits:** 1-866-599-1774  
**Envolve Dental Benefits:** 1-855-609-5157  
**Envolve Pharmacy Solutions:** 1-800-378-0815

Coverage and reimbursement provided in accordance with Indiana Medicaid reimbursement.

# Managed Health Services

## Ambetter Indiana -Exchange

**\*\*State reciprocity with Buckeye Ambetter.**

\*Prior to providing services, check provider and facility participation with Buckeye Ambetter.

Provider and Facility participation with Buckeye Ambetter and active coverage with MHS Ambetter, services can be provided at TriHealth.

*All Services will follow Buckeye Ambetter regulations and guidelines for claims processing and payment.*



**IN NETWORK COVERAGE ONLY**

Subscriber:	[Jane Doe]	Effective Date of Coverage:	[XX/XX/XX]
Member:	[John Doe]	RXBIN:	004336
Policy #:	[XXXXXXXXXX]	RXPCN:	ADV
Member ID #:	[XXXXXXXXXXXXXXXX]	RXGROUP:	RX5453
Plan:	[Ambetter Balanced Care 1]		

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**COPAYS** PCP: \$10 coin. after ded.  
Specialist: \$25 coin. after ded.  
Rx (Generic/Brand): \$5/\$25 after Rx ded.  
Urgent Care: 20% coin. after ded.  
ER: \$250 copay after ded.

<b>Deductible (Med/Rx):</b>	[\$250/\$500]
<b>Coinsurance (Med/Rx):</b>	[50%/30%]

**Ambetter.mhsindiana.com**

<b>Member/Provider Services:</b> 1-877-687-1182 TTY/TDD: 1-800-743-3333 24/7 Nurse Line: 1-877-687-1182	<b>Medical Claims:</b> Managed Health Services Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010
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**Numbers below for providers:**  
Pharmacy Help Desk: 1-866-270-3922  
EDI Payor ID: 68069  
EDI Help Desk: Ambetter.mhsindiana.com

Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit Ambetter.mhsindiana.com.

AMB17-IN-C-00036 ©2017 Celtic Insurance Company. All rights reserved.

# MedBen

## Tiered Benefits 1 & 2

TriHealth logo and tier designation will be on the **FRONT** of the card



**Medical Coverage Identification Card**

Participant: **TEST PERSON** I.D. No: Use Participant SSN  
Account Name: **WEASTEC, INC**  
Grp/Account#: **10263-00001** Effective Date: **04/05/2019**  
Medical Coverage: **FAMILY**

PCP Copay:	<b>\$20</b>	SCP Copay:	<b>\$20</b>
Urgent Care Copay:	<b>\$40</b>	Emergency Room Copay:	<b>\$150</b>
Inpatient Admissions Copay:	<b>\$500</b>	Outpatient Surgery Copay:	<b>\$250</b>

Out of pocket max is **\$2,000 / \$4,000** includes medical copays and coinsurance.  
Additional coverage: **N/A**  
BIN#: 018893 PCN: MEDB RX HELP DESK 1-855-355-3015  
For eligibility, benefits or claims information call **1-800-686-8425 / 740-522-8425**

Tier 2 : TriHealth logo and tier designation will be on the **BACK** of the card

**Electronic Claims Payor ID: 74323**



Send all claims to: **MedBen P.O. Box 1099 Newark, OH 43058-1099**

For assistance with providers and balance bill issues, please contact MedBen at **1-800-686-8425**.

This plan does not utilize a PPO network and most services are paid at a % above the Medicare fee schedule amount.

This Plan requires utilization management.

For pre-certification: Call **48 hours** prior to an elective hospitalization or surgery, or when a pregnancy is verified. If treatment is received without precertification approval, there will be a reduction in benefits. To pre-certify, call: **1-888-877-8084**

For Notification: Call within **48 hours** of an emergency or maternity admission.

# Medical Mutual of Ohio

## PPO



## HMO Health Ohio



## POS

### SuperMed HMO Medicare Advantage

\*Samples cards are unavailable for POS, SuperMED HMO, and Medicare Advantage products\*

# MediGold

## Medicare HMO

<Classic Preferred> (HMO)

**MediGold**  
Medicare made easy™

Mount Carmel Health Plan (80840)  
<Classic Preferred> (HMO)  
Member ID  
<000002005>  
Member Name  
<JANE DOE>

Benefits  
Effective: 01/01/2017  
RXBIN <XXXXXX>  
RXPCN <MEDDADV>  
RXGRP <RXXXXX>  
ayer ID: <XXXX>

**MedicareRx**  
Prescription Drug Coverage

Carrier: 157884387  
CMS - H0668; <XXXX>

PCP: <\$x> URG: <\$x>  
SPC: <\$x> ER: <\$x>  
IP HOSP: <\$x> per stay

**MediGold is a Medicare Advantage Plan**

Member Services: 800-240-3851 (TTY 711)  
Drug Questions:  
<866-785-5714>  
Prior authorization/admission  
notification: <800-240-3870>

**Provider Use Only:**  
Provider Service Center:  
<800-240-3870>  
US Caremark: <800-364-6331>  
Electronic Billing: <800-356-0092>

6150 East Broad Street,  
Suite EE320  
Columbus, Ohio 43213  
**MediGold.com**

Mail Paper Claims To:  
MediGold  
PO Box 219638  
Kansas City, MO 64121

## Medicare PPO

<Flexible Choice> (PPO)

**MediGold**  
Medicare made easy™

Mount Carmel Health Insurance  
Company (80840)  
<Flexible Choice (PPO)>  
Member ID  
<000000005>  
Member Name  
<JANE DOE>

Benefits  
Effective: 01/01/2019  
RXBIN <XXXXXX>  
RXPCN <MEDDADV>  
RXGRP <RXXXXX>  
ayer ID: <XXXX>

**MedicareRx**  
Prescription Drug Coverage

Carrier: 1801042841  
CMS - H1846; <004>

PCP: <\$x> URG: <\$x>  
SPC: <\$x> ER: <\$x>  
IP HOSP: <\$x> per day 1-6  
**Call for out-of-network copays.**  
Medicare limiting charges apply.

**MediGold is a Medicare Advantage Plan**

Member Services: 800-240-3851 (TTY 711)  
Drug Questions:  
<866-785-5714>  
Prior authorization/admission  
notification: <800-240-3870>

**Provider Use Only:**  
Provider Service Center:  
<800-240-3870>  
US Caremark: <800-364-6331>  
Electronic Billing: <800-356-0092>

6150 East Broad Street,  
Suite EE320  
Columbus, Ohio 43213  
**MediGold.com**

Mail Paper Claims To:  
MediGold  
PO Box 219638  
Kansas City, MO 64121

# MDWise

## Indiana Medicaid

**\*\*Facility & Providers with an active IN MDCD number**

## Healthy Indiana Plan (HIP)



**MDwise**  
A Medava Company

Member MID#: 000123456789

Member Name:  
**John J Smith**

To check eligibility and  
Primary Medical Provider (PMP):  
For Members: [MDwise.org/myMDwise](https://MDwise.org/myMDwise)  
For Providers: [MDwise.org/myMDwiseProvider](https://MDwise.org/myMDwiseProvider)



## Hoosier Healthwise



**MDwise**  
A Medava Company

Member MID#: 000123456789

Member Name:  
**John J Smith**

To check eligibility and  
Primary Medical Provider (PMP):  
For Members: [MDwise.org/myMDwise](https://MDwise.org/myMDwise)  
For Providers: [MDwise.org/myMDwiseProvider](https://MDwise.org/myMDwiseProvider)



# MidWest Health Collaborative

PLEASE REFER TO BACK OF CARD FOR REFERRAL INFORMATION.



Integrated Health Collaborative  
Quality Alliance  
HealthReach Preferred

Premier Health Group  
ProMedica Health Network  
Health Care Solutions



You are responsible for obtaining pre-authorization with Paramount Insurance Company for the following non-emergency services:

- Inpatient hospitalization, including mental health treatment
- Confinement to an extended care or skilled nursing facility
- Home Health Services
- Organ Transplant

For outpatient MRI/CT/Nuclear Cardiology, pre-authorization **REQUIRED** by the ordering provider or facility. Call 1-800-891-2520, Option 3.

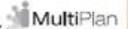
To locate a MHC provider call 614-407-9782.

To locate a PHCS/Multiplan provider call 1-888-410-7427.

Please refer to your Certificate of Coverage and Schedule of Benefits for more detailed information related to services requiring pre-authorization and/or medical necessity for coverage.

**BENEFITS WILL BE REDUCED FOR FAILURE TO PRE-AUTHORIZE SERVICES AS REQUIRED.**

Claims Address: Paramount P.O. Box 497, Toledo, OH 43697-0497



Mailing Address: 1901 Indian Wood Circle, Maumee, OH 43537-4068

Member Services: 1-866-452-6128, Option 4  
Pre-authorization Only: 1-800-891-2549  
Ask Paramount Nurse Line: 1-877-336-1616



Integrated Health Collaborative  
Quality Alliance  
HealthReach Preferred

Premier Health Group  
ProMedica Health Network  
Health Care Solutions



G60

**Member Services:** (855) 869-7139 TTY (855) 250-5604  
**24-Hour Nurse Line:** (855) 677-6593 TTY (855) 250-5604  
**Provider Services:** (855) 514-3678  
**Prior Authorization:** (855) 869-7140  
**Pharmacy Authorization:** (855) 266-0713  
**Pharmacy Provider Help Desk:** (800) 364-6331  
**Premier Health Provider Claims:** PO Box 3076,  
Pittsburgh, PA 15230; Electronic Payer ID #251PR  
**Optum Behavioral Health Services:** (877) 218-7136  
**Optum Behavioral Health Claims:** PO Box 30757  
Salt Lake City, UT 84130-0757 EPI# 87726  
**MHC Provider Service:** (844) 486-8233  
This card does not guarantee coverage  
**Issued: xx/xx/xxxx**

# Molina

## Medicaid (CFC, ABD, Adult Extension Population)



Molina Medicaid

Member:  
JOHN SMITH

Identification #: 00000001      Date of Birth: 01/29/1965      Effective Date: 01/30/1995

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Primary Care Provider: JANE DOE

Primary Care Provider Phone: (001) 001-0001

BIN# BIN1  
PCN# PCN1  
RXGRP# RxGroup1      MMIS# 00000001      Issue Date: 01/30/2015

**MEMBERS:** If you have any questions, please visit our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) or call Member Services at (800) 642-4168 or for hearing impaired TTY/Ohio Relay (800) 750-0750 or 711, 7 a.m. to 7 p.m. Monday to Friday.

**Transportation Services:** To arrange a ride to your appointment at no cost to you, call (866) 642-9279 or for hearing impaired TTY/Ohio Relay (800) 750-0750 or 711. Call to schedule your trip as early as possible, but at least 48 hours before your appointment.

**24-Hour Nurse Advice Line:** If you have questions about your health, call our 24-Hour Nurse Advice Line at (888) 275-8750 or (866) 648-3537 (Español). For hearing impaired, call TTY (866) 735-2929.

**Emergency Services:** Call 911 (if available) or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Provider (PCP) at the number on the front of this card for instructions. Follow up with your PCP after all emergency room visits.

**PRACTITIONERS/PROVIDERS/HOSPITALS:** For prior authorization, eligibility, claims or benefits, visit the Molina Web Portal at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) or call (800) 642-4168

**Hospital Admissions:** Authorization must be obtained by the hospital prior to all non-emergency admissions.

**PHARMACISTS:** For pharmacy questions, please call (800) 642-4168.

Claims Submission: P.O. Box 22712, Long Beach, CA 90801 - EDI Claims: WebMD-Payor #20149

[www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)

## Medicare D-SNP

Molina Medicare Options Plus HMO SNP



Member: JOHN Q PUBLIC  
Member #: 19999999999991  
Issue ID: 99999

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PCP: SAMPLE MEDCAL CENTER  
PCP Tel: (555)555-5555

RxBIN: 004336  
RxPCN: MEDDADV  
RxGrp: RX9999  
RxID: 19999999999991

**Medicare<sub>Rx</sub>**  
Prescription Drug Coverage

Issued Date: 12/11/2015      H5926-001

**Member Services:** (800) 665-3072 or TTY at 711  
**24-Hour Nurse Advice Line:** (888) 275-8750  
**24-Hour Nurse Advice Line TTY:** 711  
**For Spanish Please Call:** (866) 648-3537

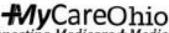
**Providers/Hospitals:** For prior authorization, eligibility and general information, please call Member Services. (see above)

**Submit Claims To:**  
Medical/Hospital:  
PO Box 22811, Long Beach, CA 90801, please call Member Services (see above).  
Pharmacy:  
7050 Union Park Center, Suite 200, Midvale, UT 84047  
Please call Member Services (see above).

**MolinaHealthcare.com/Medicare**

## Medicare Duals (MMP/MyCare)

**\*\*Participation varies by Primary Care Location for the following Plans: Please verify with office**



Connecting Medicare + Medicaid

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan)



Member Name: JOHN SMITH      RxBIN: 004336  
Member ID:      RxPCN: PCN1  
Health Plan: 80840      RxGRP: RxGroup1  
MMIS Number: 00000001      RxID:

PCP Name: Jane Doe  
PCP Phone: (001) 001-0001  
H5280-001

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice Line.

**Member Service:** (855) 665-4623 TTY/TDD Monday - Friday, 8 a.m. - 8 p.m.  
**Eligibility Verification:** (855) 665-4623  
**Behavioral Health Crisis:** (888) 275-8750  
**Pharmacy Help Desk:** (866) 693-4620  
**Care Management:** (855) 665-4623  
**24-Hour Nurse Advice:** (888) 275-8750 TTY/TDD (866) 735-2929 711  
**Website:** [www.MolinaHealthcare.com/duals](http://www.MolinaHealthcare.com/duals)

**Send Claims To:** P.O. Box 22712, Long Beach, CA 90801  
EDI Submission Payer ID 20149

# Molina

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## Molina Medicare Options

\*\*Participation varies by Primary Care Location for the following Plans: Please verify with office

## Molina Medicare Options Plus

\*\*Participation varies by Primary Care Location for the following Plans: Please verify with office

## Molina Medicaid

\*\*Participation varies by Primary Care Location for the following Plans: Please verify with office

## Mycare Molina Medicare

\*\*Participation varies by Primary Care Location for the following Plans: Please verify with office

## MyCare Molina Medicaid:

\*\*Participation varies by Primary Care Location for the following Plans: Please verify with office

## Molina MarketPlace

Only MHMH is contracted for the Molina MarketPlace plan. All other TriHealth facilities and providers are out of network

# Ohio Health Choice

## Ohio PPO Connect (OPPOC)

**MedBen** 

**Medical Coverage Identification Card**

Participant: **TEST DUMMY** I.D. No: **USE PARTICIPANT SSN**

Account Name: **ARMORSOURCE LLC**

Group/Account#: **10427-00001** Effective Date: **01/01/2017**

Medical Coverage: **FAMILY**

Office Visit Co-pay: **\$20** Specialist Co-pay: **\$40**

In-Network		Deductible/Out of Pocket		Out of Network	
Indivd: \$500	80% TO \$2,650 OOP*	Indivd: \$1,000	80% TO \$5,300 OOP*		
Family: \$1,000	80% TO \$5,300 OOP*	Family: \$2,000	80% TO \$10,600 OOP*		

\*Out of Pocket includes deductible and medical copays

Rx Group: 99990282 RxBIn: 610020 Rx Help Desk: 800-549-0097

For eligibility, benefits or claims information call: **800-886-8425 / 740-522-8425**

### Electronic Claim Payor ID: 74431

Send all medical claims to: Ohio PPO Connect  
P.O. Box 828 Arnold, MD 21012

To Inquire regarding Providers: 888-258-7621 / [www.ohioppoconnect.com](http://www.ohioppoconnect.com)

Please do not charge the patient any more than the allowed office co-payment prior to receiving an explanation of benefits.

Referral or Precertification, please call (740) 455-5199 or 888-258-7621 - The plan requires Covered Persons to obtain authorization no later than 72 hours before an elective hospitalization, surgery or required procedures.

## Preferred Health Choice

**MedBen** 

**Medical Coverage Identification Card**

Participant: **TEST DUMMY** I.D. No: **USE PARTICIPANT SSN**

Account Name: **KOVA FERTILIZER, INC.**

Group/Account#: **14003-00001** Effective Date: **01/01/2017**

Office Visit Co-pay: **\$30** Medical Coverage: **FAMILY**

In-Network		Deductible/Out of Pocket		Out of Network	
Indivd: \$2,000	70% TO \$4,250 OOP*	Indivd: \$4,000	50% TO \$10,000 OOP*		
Family: \$4,000	70% TO \$8,500 OOP*	Family: \$8,000	50% TO \$20,000 OOP*		

\*Out of Pocket includes deductible and medical copays

Rx Group: 99990282 RxBIn: 610020 Rx Help Desk: 800-549-0097

For eligibility, benefits or claims information call: **800-886-8425 / 740-522-8425**

### Electronic Claim Payor ID: 34189

Send all claims to: Ohio Health Choice P.O. Box 3619 Akron, OH 44308-3619

To Inquire regarding Providers: 800-554-0027 / [www.ohiohealthchoice.com](http://www.ohiohealthchoice.com)

Please do not charge the patient any more than the allowed office co-payment prior to receiving an explanation of benefits.

This Plan requires utilization management.

For pre-certification: Call 48 hours prior to an elective hospitalization or surgery, or when a pregnancy is verified. Call: 888-677-8084

For Notification: Call within 48 hours of an emergency or maternity admission.

# TriCare / HealthNet

## Health Benefits Program

Continued Health Care Benefit Program  
A Department of Defense program administered by

**HUMANA MILITARY**  
HEALTHCARE SERVICES  
★★★★★

Name: **John Q. Sample**  
Status: **Active Duty Sponsor**  
Primary Care Manager: \_\_\_\_\_  
Primary Care Manager Phone: \_\_\_\_\_  
Effective Date: **01 Jan 2011**

Valid with Uniformed Services ID card  
Contact your personnel office if any of the above information is incorrect.

**HUMANA MILITARY**  
HEALTHCARE SERVICES  
★★★★★

Submit CHCBP claims to:  
TRICARE CHCBP Claims  
PO Box 7031  
Camden, SC 29020-7031

- Information regarding CHCBP coverage of benefits, cost shares, and other important details can be found in the CHCBP Handbook, the TRICARE Prime Handbook, at your local JSC, by calling 1-800-444-5445, or by visiting our website at [www.humana-military.com](http://www.humana-military.com).
- Some services require pre-authorization.
- Cost shares and deductibles apply to this program.

## Prime and Young Adults

 Enrollment Card  
TRICARE Prime 

Name: **John Q. Sample**  
Status: **Active Duty Family Member**  
Primary Care Manager: \_\_\_\_\_  
Primary Care Manager Phone: \_\_\_\_\_  
Effective Date: **01 Feb 2012**  
Valid with presentation of uniformed services ID card.  
Contact your personnel office to correct the above information.

TRICARE Information: **1-877-TRICARE (1-877-874-2273)**  
TRICARE Pharmacy Program: **1-877-363-1303**  
Medical Claims: Contact your regional contractor or visit:  
**[www.tricare.mil/claims](http://www.tricare.mil/claims)** (stateside);  
**[www.tricare-overseas.com](http://www.tricare-overseas.com)** (overseas)  
Emergency Care: Call 911 or go to the nearest medical facility.  
Contact your PCM as soon as possible to coordinate further care and payment before leaving the facility.

[www.tricare.mil](http://www.tricare.mil)

 TRICARE Young Adult Standard  
Enrollment Card 

TRICARE Member: **John Q. Sample**  
Effective Date: **01 Feb 2012**  
Covered Person: **John Q. Sample**  
[www.tricare.mil](http://www.tricare.mil)

This card does not guarantee coverage. Seek care from a TRICARE-authorized provider. Obtain prior authorization for inpatient behavioral health care and certain other services, as determined by your TRICARE regional contractor.

TRICARE Regional Contractor: **1-877-TRICARE (1-877-874-2273)**  
[www.hnfs.com](http://www.hnfs.com)  
TRICARE Pharmacy Program: **1-877-363-1303**  
[www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE)

**EMERGENCY CARE:** Call 911 or go to the nearest medical facility. Contact your TRICARE regional contractor as soon as possible to coordinate further care and payment before leaving the facility.

## Reserve Select



**Enrollment Card**  
**TRICARE Reserve Select**



TRIS Member: **John Q. Sample**  
Effective Date: **01 Feb 2012**  
Covered Person: **John Q. Sample**

[www.tricare.mil](http://www.tricare.mil)

This card does **not** guarantee coverage. TRS coverage is separate from any medical coverage indicated on your uniformed services ID card. Seek care from a TRICARE-authorized provider. Obtain prior authorization for inpatient behavioral health care and certain other services, as determined by your TRICARE regional contractor.

TRICARE Regional Contractor: **1-800-555-2605**

**www.hnfs.com**

TRICARE Pharmacy Program:

**1-877-363-1303**

**www.express-scripts.com/TRICARE**

Medical Claims: Contact your regional contractor or visit:

**www.tricare.mil/claims** (stateside); **www.tricare-overseas.com** (overseas)

**EMERGENCY CARE:** Call 911 or go to the nearest medical facility. Contact your regional contractor **as soon as possible** to coordinate further care and payment **before leaving the facility**.

# TriWest Healthcare Alliance

\*\*Administered through CareSource, Patients will present with a TriWest approval letter for services.



PO Box 42049  
Phoenix, Arizona 85080-2049  
1-855-PCCCVET (722-2838)

TriWest.com/Veteran

October 1, 2016

Veteran Name  
123 Made Up Street  
City, State 00000

RE: VA Authorization Number: 12345-6  
Valid Dates: Month date, year – Month date, year

Authorizing VAMC: Specific VAMC

Dear Veteran Name,

TriWest Healthcare Alliance has received a request from your **Department of Veterans Affairs (VA)** medical facility for authorization of the service(s) listed below. VA has also authorized TriWest to make the appointment(s) for this care.

PROCEDURE	CODE RANGE	QTY	TYPE	APPOINTMENT INFO
Office Consultation		1	Visit	01/01/2016 1:30pm

**Servicing Provider:**  
Dr. Network Provider  
Street address  
City, State, Zip

Specialty: Internal Medicine  
Phone: (123) 456-7890  
Fax: (123) 456-7890

Any routine lab testing, x-rays, cardiology testing, immunizations and specific preventive care services when medically necessary for the authorized care are included in this authorization, whether conducted in the provider's office or by a third-party.

## **IMPORTANT INFORMATION**

- Take this letter, a current list of medications, a photo ID and any documentation that may have been provided by VA to your appointment, or when obtaining any prescriptions.
- **Plan to arrive for your appointment at least 15 minutes before your appointment time.**
- Please call the provider as soon as possible to confirm your appointment and provide important registration information.
- Any prescription written should have this authorization letter attached to facilitate filling of the prescription by the VA Medical Center.
- VA will provide all durable medical equipment (DME) not bundled under other health care services (e.g. hardware used in orthopedic surgery, prosthetic valves in cardiac surgery, etc.).
- **If you need to re-schedule or decline this appointment, please call**

# United Healthcare

## UHC Commercial Choice, Select, PPO, POS, EPO and HMO

UnitedHealthcare

Health Plan (80840) 911-87726-04

Member ID: 123456789 Group Number: 902

Member: SPOUSE SMITH

PCP: FIRSTNAME LASTNAME  
PCP Phone: (999) 999-9999

Copays: Office: \$25 ER: \$500 Spec: \$50

OPTUMRx  
Rx Bin: 610279  
Rx PCN: 9999  
RX Grp: UHEALTH

Payer ID 87726

Referrals Required  
UnitedHealthcare Compass  
Underwritten by [Appropriate Legal Entity]

Printed: 09/28/15

Members: We're here to help. Check benefits, view claims, find a doctor, ask a question and more. PCP to send electronic referrals.

Web: www.myuhc.com  
myNurseLine: 866-665-1568  
Phone: 877-760-3310

Call anytime to speak with a Nurse

Providers: 877-842-3210 or www.UnitedHealthcareOnline.com  
Medical Claims: PO Box 30555, Salt Lake City UT 84130-0555

Shared Savings Logo Here

Pharmacists: 888-290-5416  
Pharmacy Claims: OptumRx PO Box 29044 Hot Springs, AR 71903

## UHC Navigate

UnitedHealthcare

Health Plan (80840) 911-87726-04

Member ID: 902666187 Group Number: 2W5189

Member: FIRSTONE LASTONE

PCP: T. GOODTEST  
PCP Phone: (589) 674-9475

UNITEDHEALTH PREMIUM

Payer ID: 87726

OPTUMRx  
Rx Bin: 610279  
Rx PCN: 9999  
RX Grp: UHC

Office: \$90 ER: \$0 PremiumOV: \$45  
UrgCare: \$125 Spec: 40% PremiumSpecOV: \$100

Referrals Required  
UnitedHealthcare Navigate  
Underwritten by UnitedHealthcare Insurance Company

Printed: 04/23/15

Members: We're here to help. Check benefits, view claims, find a doctor, ask a question and more. PCP to send electronic referrals.

Web: myuhc.com  
myNurseLine: 222-222-2222  
Phone: 111-111-1111

Providers: 877-842-3210 or UnitedHealthcareOnline.com  
Medical Claims: PO Box 740800, Atlanta GA 30374-0800

Shared Savings Logo Here

Pharmacists: 888-290-5416  
Pharmacy Claims: OptumRx PO Box 29044, Hot Springs AR 71903

## UHC River Valley Choice Plus

UnitedHealthcare

Health Plan (80840) 911-87726-04

Member ID: 123456789 Group Number: 9993050

Member: SUBSCRIBER SMITH

Dependents: SPOUSE SMITH, CHILD1 SMITH, CHILD2 SMITH, CHILD3 SMITH

Copays: Office: \$25 ER: \$200 UrgCare: \$50 Spec: \$45

Customer Name Line 1  
Customer Name Line 2

Payer ID 87726

OPTUMRx  
Rx Bin: 610279  
Rx PCN: 9999  
Rx Grp: UHEALTH

Heritage Plus  
Underwritten by UnitedHealthcare Insurance Company of the River Valley

Printed: 11/03/15

Members: We're here to help. Check benefits, view claims, find a doctor, ask a question and more.

Web: www.myuhc.com  
Advocate4Me@uhc.com  
Phone: 844-889-0219

Call anytime to speak with a Nurse

Providers: 877-842-3210 or www.UnitedHealthcareOnline.com  
Medical Claims: PO Box 740800, Atlanta GA 30374-0800

shared savings MultiPlan

UnitedHealthcare Choice Plus Network  
Outside parts of ILL/TN/VA

Pharmacists: 888-290-5416  
Pharmacy Claims: OptumRx PO Box 29044 Hot Springs, AR 71903

# UHC All Savers – Requires prior authorization

**All Savers** Policy Number: 1234-123456  
 Alternate Funding  
 Health Plan (80840) 911-81400-00  
 MemberID: C12345678 Group Number: 123456  
 Member:  
 00 SAMPLE MEMBER

Payer ID: 81400

OPTUM<sup>®</sup>Rx

Rx BIN: 610279  
 Rx PCN: 9999  
 Rx GRP: UGRI

UnitedHealthcare  
Core

Effective Date: 08/01/2015  
 Administered by UnitedHealthcare Services, Inc

3010

Copay: Office: \$30  
 ER: \$300

Issued: 10/11/2016

Advanced Notification and Admission Notification requirements apply for UHC Network providers. Insureds must call for out-of-network services.

**For Members:** [www.myallsaversmember.com](http://www.myallsaversmember.com) 800-291-2634

**Notification:** 800-999-3404  
**For Providers:** [www.myallsaversprovider.com](http://www.myallsaversprovider.com) 800-291-2634  
**CLAIMS:** EDI# 81400, All Savers PO Box 31375, Salt Lake City, UT 84131-0375

**Pharmacy Help Desk:** 855-816-6618  
**Pharmacy Claims:** OptumRX, PO Box 29044, Hot Springs, AR 71903

## UHOne

**UnitedHealthOne**  Individual Health Plan

Health Plan (80840) 911-37602-08  
 Insured ID: 999999999999 Group Number: 755870  
 Insured:  
 JOEL BROWN

PayerID: 37602

OPTUM<sup>®</sup>Rx

Rx BIN: 610279  
 Rx PCN: 9999  
 Rx GRP: UGRI

Referrals Required  
 UnitedHealthcare  
Navigate

Effective Date: 01/01/2016  
 Underwritten by UnitedHealthcare Life Insurance Company

3010

Copay: Office: \$50  
 Specialist: \$150

Issued: 02/27/2015

Referrals are required for certain services. Advanced Notification and Admission Notification requirements apply for UHC network providers.

**For Insureds:** [www.MyUHOne.com](http://www.MyUHOne.com) 800-657-8205

**For Providers:** [www.MyUHOne.com/provider](http://www.MyUHOne.com/provider) 800-657-8205  
**Notification and Authorization:** 800-999-3404  
**CLAIMS:** EDI #37602 UHCLIC PO Box 31374, Salt Lake City, UT 84131-0374  
 Referrals must be submitted electronically through the provider portal.

W500

**Pharmacy Claims:** OptumRX, PO Box 29044, Hot Springs, AR 71903  
**Pharmacy Help Desk:** 855-816-6618

## UHC Bind On-Demand

**bind** on-demand health insurance  **Group #: 012345678**

Member	ID Number	Relationship
Jane Doe	771000000000	Subscriber
John Doe	771000000001	Dependent
Madison Doe	771000000002	Dependent
Benjamin Doe	771000000003	Dependent

**Members:** MyBind.com  
**Bind help for Members:** 833.576.6494 or [help@mybind.com](mailto:help@mybind.com)  
 Present this card to your healthcare provider.

This card does not guarantee coverage.

**bind** on-demand health insurance

<p><b>Pharmacy:</b>  <b>NAVITUS</b>  <small>HEALTH SOLUTIONS</small>                  Bin: 610602                  PCN: NVT                  Rx Group: NVXYZ  <b>Navitus Health Solutions, LLC</b>                  Ops Division - Claims                  P.O. Box 999                  Appleton, WI 54912-0999  <b>Pharmacy/Prescriber:</b>                  855.673.6504</p>	<p><b>Claims:</b>                  Submit claims:  <b>Bind Benefits, Inc.</b>                  Payer ID: 25463                  Bind Benefits, Inc.                  P.O. Box 211758                  Eagan, MN 55121</p>	<p><b>Networks:</b>  <b>UnitedHealthcare</b>                  Choice Plus Network  <b>Portal:</b>                  uhss.umr.com  <b>Provider Help/Eligibility:</b>                  844.368.6661  <b>PreCert:</b>                  877.237.0006</p> <p style="text-align: center; font-size: x-small;"></p>
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# AARP Medicare Complete – HMO Plans 2, 3 & 6

**AARP Medicare Complete**  
Member From UnitedHealthcare

Health Plan (80840): **911-87726-04**

Member ID: 999999999-99    Group Number: 10350

Member:  
**SUBSCRIBER BROWN**

Payer ID: 87726

Dental Benefits Included

**Medicare Rx**  
Prescription Drug Coverage

RxBin: 610097  
 RxPCN: 9999  
 RxGrp: COS

Copay: PCP \$5    ER \$75    Referral Required

Spec \$35

AARP MedicareComplete Plan 2 (HMO)

H5253 PBP# 053

**AARP Medicare Complete**  
Member From UnitedHealthcare

Health Plan (80840): **911-87726-04**

Member ID: 999999999-99    Group Number: 10793

Member:  
**SUBSCRIBER BROWN**

Payer ID: 87726

Dental Benefits Included

**Medicare Rx**  
Prescription Drug Coverage

RxBin: 610097  
 RxPCN: 9999  
 RxGrp: COS

PCP Name: **PROVIDER BROWN**  
 PCP Phone: (999) 999-9999

Copay: PCP \$0    ER \$75    Referral Required

Spec \$25

AARP MedicareComplete Plan 3 (HMO)

H5253 PBP# 054

**AARP Medicare Complete**  
Member From UnitedHealthcare

Health Plan (80840): **911-87726-04**

Member ID: 999999999-99    Group Number: 10304

Member:  
**SUBSCRIBER BROWN**

Payer ID: 87726

Dental Benefits Included

**Medicare Rx**  
Prescription Drug Coverage

RxBin: 610097  
 RxPCN: 9999  
 RxGrp: COS

PCP Name: **PROVIDER BROWN**  
 PCP Phone: (999) 999-9999

Copay: PCP \$10    ER \$75    Referral Required

Spec \$45

AARP MedicareComplete Plan 6 (HMO)

H5253 PBP# 052

Customer Service Hours: 8 am - 8 pm 7 days/week

**For Members**  
 Website: [www.MyAARPMedicare.com](http://www.MyAARPMedicare.com)  
 Customer Service: 1-800-643-4845 TTY 711  
 NurseLine: 1-877-365-7949 TTY 711  
 Behavioral Health: 1-800-985-2596 TTY 711

**For Providers** [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) 1-877-842-3210  
 Medical Claim Address: PO Box 31362 Salt Lake City, UT 84131-0362  
 PCP to send electronic referrals

**Medicare Solutions**  UHC  
 For Pharmacists 1-877-889-6510  
 Pharmacy Claims OptumRx PO Box 29045, Hot Springs, AR 71903

# UHC Medicare Solutions – Dual SNP

 **UnitedHealthcare** | Community Plan

Health Plan (80840): **911-87726-04**

Member ID: 999999999-99    Group Number: 99999

Member:  
**SUBSCRIBER BROWN**

Payer ID: 87726

Dental Benefits Included

**Medicare Rx**  
Prescription Drug Coverage

RxBin: 610097  
 RxPCN: 9999  
 RxGrp: COS

PCP Name: **PROVIDER BROWN**  
 PCP Phone: (999) 999-9999

UnitedHealthcare Dual Complete (HMO SNP)

H3659 PBP# 056

In an emergency go to the nearest emergency room or call 911.

This card doesn't guarantee coverage. To verify benefits or find a physician, visit [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com) or call Customer Service Mon-Sun 8:00 a.m. - 8:00 p.m.

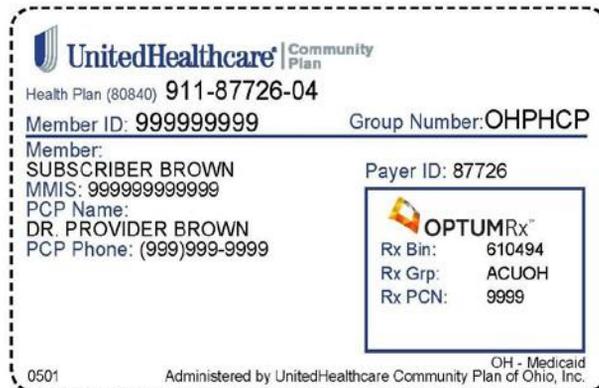
**For Members:** Customer Service: 1-877-702-5110 TTY 711  
 NurseLine: 1-877-365-7949 TTY 711  
 Behavioral Health: 1-800-496-5841 TTY 711

**For Providers:** [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com) 1-877-842-3210  
 Medical Claim Address: PO Box 31350 Salt Lake City, UT 84131-0350

**Medicare Community Plan**  UHC 

Pharmacy Claims: OptumRx PO Box 29045, Hot Springs, AR 71903  
 For Pharmacists: 1-877-889-6510

## United Community Plan Medicaid



### United Medical Resources (UMR)

**\*Samples cards are unavailable for United Medical Resources products\***

UMR services multiple employer groups that all utilize different networks and vendors. Please review the paid through network listed on the back of the card for participation.

### Optum VACCN

**\*Samples cards are unavailable for Optum VACCN\***

### UHC Nexus ACO

National product is currently contracted; local product is unavailable at this time

**\*Samples cards are unavailable for UHC Nexus ACO\***

# United Healthcare Medicare Dual of Indiana

\*Participation is for McCullough Hyde Memorial Hospital ONLY



## Sample member ID cards

**UnitedHealthcare** UCard™  
Sample Plan Name with Dental  
**Member A Sample**  
Member Number  
123456789-00  
RxBRN RxPCN RxGRP  
99999 9999 XXX  
Group Number: XXXXX H0000-000-000  
PCP: Dr. Sample  
PCP: 999-999-9999 Referral Required  
Copy: PCP: BOX Specialist: BOX  
MedicareRx

For Members: [member.ahf.com](http://member.ahf.com)  
Customer Service: 1-888-999-9999, TTY 711  
For Providers: [provider.ahf.com](http://provider.ahf.com)  
Provider Service: 1-888-999-9999  
Dental Provider: [dental.ahf.com](http://dental.ahf.com) 1-888-999-9999  
(Medicare billing charges apply.)  
Member Date: 01/01/2000  
Plan Year: 2000  
Medicare National Network

Member Date: 01/01/2000  
Plan Year: 2000  
City Name, State 99999-9999  
999999, City Name, State 99999-9999  
199 Security Code: 9999  
Medicare Passport

Paper ID: 9999  
Medical Claims Address: P.O. Box 99999, City Name, State 99999-9999  
Pharmacy Claims: OptumRX P.O. Box 999999, City Name, State 99999-9999  
For Pharmacists: 1-888-999-9999  
Card #: 9999 9999 9999 999999 Security Code: 9999

# WellCare of Ohio Medicare

Wellcare Dividend Giveback (HMO)

Wellcare Dual Access Extra (HMO-POS D-SNP)

Wellcare No Premium Essential (HMO-POS)

# WellCare of Kentucky

## Medicaid ONLY

**\*\*Facilities & Maternal/Fetal Only**

	
<b>Member:</b> JANE A. SMITH	
<b>Member ID:</b> 9876543210	
<b>Plan Name:</b> GLOBAL CHOICES	<b>Medicaid #:</b> 567891234
<b>Effective Date:</b> 01/01/2016	<b>Date of Birth:</b> 02/01/1988
<b>Primary Care Physician</b> JOHN ADAMS 1234 OAK STREET SUITE 123 LOUISVILLE, KY 40253 PCP Phone: 1-502-123-4567	<b>CO-PAY INFORMATION</b> Office Visit ..... \$0 Emergency Room ..... \$0 Hospital ..... \$0

<b>kentucky.wellcare.com</b> For emergencies, call 911 or go to the nearest ER. Contact your <b>primary care physician</b> as soon as possible.	
<b>Customer Service:</b> .....	1-877-389-9457/TTY 1-877-247-6272
<b>24-Hour Nurse Advice Line:</b> .....	1-800-919-8807
<b>24-Hour Behavioral Health Crisis Hotline:</b> .....	1-855-661-6973
<b>Behavioral Health Customer Service:</b> .....	1-855-620-1861
<b>Vision:</b> .....	1-855-776-9466
<b>Dental:</b> .....	1-855-806-5641
<b>WellCare of Kentucky</b> P.O. Box 438000 Louisville, KY 40253	
<b>Medical claims are to be mailed to:</b> <b>WellCare of Kentucky</b> P.O. Box 31372 Tampa, FL 33631-3372	<b>RxBIN:</b> 004336 <b>RxPCN:</b> ADV <b>RxGRP:</b> RX8893

**Behavioral Health Contracted Plans**

**\*Separate Behavioral Health Contracts**

*Patients may have behavioral health coverage under medical plan on other contracts.*

Aetna

Anthem

Buckeye/Cenpatico

Humana

United Healthcare/Optum

## Out of Network Plans

**\*\* TriHealth is NOT contracted with the plans below for network participation.**

Aetna Better Health KY (formerly Coventry Cares)

Aetna Medicare Indiana and Kentucky

Aetna QHP Exchange

Anthem Carefirst Medicare Advantage

Anthem Kentucky Exchange

Caresource Indiana Marketplace

CareSource Medicare Advantage Ohio - Discontinued 1/1/2023

Encore Health Network

First Health

Galaxy

Medical Mutual of Ohio- MedFlex HMO

Medical Mutual of Ohio-Cincinnati HMO

Medical Mutual of Ohio-Skyway/SkyCare

Medical Mutual of Ohio - Southern Ohio HMO

Medical Mutual of Ohio – Health Exchange Network

Molina Marketplace (MHMH contracted-all others are out of network)

Northern KY Health Dept.

Paramount - Expired 12/31/2022

Passport Health Plan

Premier Health- Termed 1/1/19

Priority Health Medicare

Riverlink-Termed 12/31/18

TriHealth Benefit Solutions- Termed 1/1/2020

United Healthcare Golden Rule Exchange

United Healthcare Medicare Dual of Indiana\*\*Except MHMH

United Healthcare Kentucky Medicaid