



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

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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

aetna 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.aetnaretireeplans.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.

| | |
|------------------------|-----------------------------------|
| SEND CLAIMS TO: | IMPORTANT NUMBERS: |
| 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

aetna 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.aetnaretireeplans.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.

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

| | |
|------------------------------|-----------------------------------|
| SEND CLAIMS TO: | IMPORTANT NUMBERS: |
| 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 |

Payor 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# 000000000000

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

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

AmeriHealth Caritas

Ohio Medicaid

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

| | | | |
|--|--|---|--|
|  <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>Member Name JaneHasVeryLongName Veryloooooonglastname</p> | <p>Member ID Number 000000000000</p> | <p>Plan ID Number 000000000000</p> | |
| <p>Primary Care Provider Dr. John Doe Phone: 000-000-0000</p> |  | | |
| <p>CSP Provider Dr. John Doe Phone: 000-000-0000</p> | <p>Pharmacy Benefit gainwell Rx Bin: 024251 Rx PCN: OHRXPROD Phone: 833-491-0344 CSP Enrolled Use Member ID for Billing</p> | | |
| <p>Issuance Date: MM/DD/YYYY</p> | <p>Information for Members 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 911 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 1-833-764-7700. www.amerhealthcaritasoh.com</p> <p>Information for Providers Please verify member eligibility on Date of Service via the ODM provider portal before rendering services. Please visit www.amerhealthcaritasoh.com for detailed billing instructions or call 1-833-644-6001 for assistance. Providers may also call the ODM IHD at 1-800-686-1516 for assistance.</p> <p></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: _____ HMO Plan
<PREFIX><HCID> _____

Group No: **OH2548M001**
Plan: **330**
Rx Bin: **003858**
Rx PCN: **A4**
Rx Group: **TRIHLTH**
Coverage(s):
Medical

BLUE CONNECTION
<NTWKPLAN> 

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



<NAME>

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

Group No: **OH2548M001**
Plan: **330**
Rx Bin: **003858**
Rx PCN: **A4**
Rx Group: **TRIHLTH**
Coverage(s):
Medical



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. BlueCross BlueShield | |   | Anthem MediBlue Plus (HMO) | |
| Member ID: | | COPC Senior Care Advantage <PCP Name> Preventive Dental Package | | |
| Group: | <GRGRID> | Office Visit Copay: | \$5 | |
| Plan: | 332 | Specialist Visit Copay: | \$35 | |
| RX Bin: | 003858 | Emergency Room Copay: | \$90 | |
| RxPCN: | MD | Preventive Copay: | \$0 | |
| Issuer (80840): | 9101000302 | livehealthonline.com | | |
| Rx Group: | WM2A | | | |
| | | CMS | | |
| MEDICARE ADVANTAGE | | HMO | MedicareRx Prescription Drug Coverage | |

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 280020U4000 | |
| JOHN D. SAMPLE | | | |
| Identification Number ZFZ123A45678 | | | |
| Group No | W22059 | Primary Care Visit | |
| Effective Date | 01/01/2017 | Specialist Visit | |
| Contract Code | 2U4N | Urgent Care | |
| Rx Bin | 003856 | Emergency Room | |
| Rx PCN | A4 | Rx 1-2 1-5 | \$25 / \$60 / \$100 / 30% / 30% |
| Rx Group | WL5A | | |
| Plan | 330 | | |
| 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 195167 Atlanta, GA 30346-5167 | | | |
| File vision claims to: P.O. Box 5504 Mason, OH 45040-7111 Outside our service area, benefits may be limited to Urgent and Emergency care. | | | |
| Member Service Provider Service (855) 854-5438 Help for Pharmacists (813) 291-5641 Pharmacy Member Services (855) 251-4447 Pre Authorization (866) 752-1182 24/7 Nurseline (866) 249-3617 Coverage while traveling (800) 810-BLUE Vision Provider Service (866) 773-9515 (866) 581-3648 | | livehealthonline.com | |
| <small>Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company, Independent licensee of the Blue Cross and Blue Shield Association. (BANTHEM 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.)</small> | | | |
| Issue Date: 10/5/2019 | | | |

Anthem Ohio Pathway Transition HMO (Kentucky)

| | | | |
|---|------------|---|-------------|
|  | | PRODUCT NAME | |
| MEMBER NAME | | | |
| Member ID: ABC123456789 | | | |
| Effective Date | 09/01/2021 | Primary Care Visit | \$10 / 0% |
| Contract Code | 1234 | Specialist Visit | \$30 / 0% |
| RxBIN | 020099 | Emergency Room | \$500 / 25% |
| RxPCN | IS | Urgent Care | \$50 / 0% |
| RxGRP | WX3A | | |
| Plan | 161 | | |
| Plan Type | HMO | | |
| 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 | | | |
| Outside our service area, benefits may be limited to Urgent and Emergency care. | | | |
| Member Service Pharmacy Member Services (855) 738-6671 Help for Pharmacists (833) 291-9557 Provider Service (833) 296-5641 Pre Authorization (800) 878-2583 24/7 Nurseline (800) 868-0075 Coverage while traveling (800) 249-3617 (800) 810-BLUE | | livehealthonline.com | |
| <small>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. (BANTHEM 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.)</small> | | | |
| Issue Date: 09/21/2021 | | | |

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


buckeye health plan


US Script:
BIN#008019
Pharmacies call: 1-800-440-8888

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 1-866-246-4358.
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 1-866-246-4358 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


buckeye health plan Advantage

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.


MedicareRx
Prescription Drug Coverage

CMS: H0908-001
RxBIN: 12353
RxPCN: 6243600

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: <MEDDADV>
RxGrp: <RX6270>

Buckeye MyCare Ohio (Medicaid-Medicare Dual Program)

MyCare Opt Out

| | |
|---|---|
|  <p>Buckeye Health Plan - MyCare Ohio</p> <p>Member Name: <Cardholder Name> <Health Plan: <Card Issuer Identifier></p> <p>MMIS Number: <Medicaid Recipient ID#2></p> <p>PCP Name: <PCP Name> PCP Phone: <PCP Phone></p> <p>RxBIN: 000428 RxPCN: 0624000 RxD: <RxD#3></p> | <p>* Buckeye Medicaid Member Only *</p> <p>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.</p> <p>Member Service: 866-549-8289 TTY: 800-750-0750</p> <p>Behavioral Health Crisis: <866-549-8289> Care Management: <866-549-8289> 24-Hour Nurse Advice: <866-246-4358> TTY: 800-750-0750</p> <p>Website: http://mmp.buckeyehealthplan.com</p> <p>Send Medicaid claims to: Buckeye Health Plan PO Box 6200 Farmington, MO 63640</p> <p>Eligibility Verification: <866-246-4358> Pharmacy Help Desk: <877-935-8021> Claim Inquiry: <866-246-4358></p> <p><small>*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.</small></p> |
|---|---|

MyCare Opt In

| | |
|---|---|
|  <p>Buckeye Health Plan - MyCare Ohio</p> <p>Member Name: Jason Doe Member ID: (Amysys MC Member #) Health Plan: Buckeye Community Health Plan - MyCare Ohio MMIS Number: <Medicaid Recipient ID#></p> <p>PCP Name: <PCP Name> PCP Phone: <PCP Phone></p> <p>Plan Contract: H0022 001</p> <p>MedicareRx Participates in Using Coverage X</p> <p>RxBIN: <RxBIN #> RxPCN: <RxPCN#> RxBIN: 012353 RxPCN: 06241400 RxD: <MC Amysys-01></p> | <p>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.</p> <p>Member Service: <866-549-8289> TTY: <800-750-0750></p> <p>Behavioral Health Crisis: <866-549-8289> Care Management: <866-549-8289> 24-Hour Nurse Advice: <866-246-4358 (TTY 800-750-0750)></p> <p>Website: <http://mmp.buckeyehealthplan.com></p> <p>Send claims to: <Buckeye Community Health Plan PO Box 3060 Farmington, MO 63640></p> <p>Eligibility Verification: <866-246-4358> Pharmacy Help Desk: <877-935-8021> Claim Inquiry: <866-246-4358></p> |
|---|---|

Ambetter

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

| | |
|--|---|
|  <p>FROM buckeye health plan</p> | <p>IN NETWORK COVERAGE ONLY [EXCHANGE]</p> |
| <p>Subscriber: [Jane Doe] Member: [John Doe] Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXX] Plan: [Ambetter Balanced Care 1]</p> | <p>Effective Date of Coverage: [XX/XX/XX] RxBIN: [004336] RXPCN: [ADV] RXGROUP: [RX5454]</p> |
| <p>Copays PCP: [\$10] Specialist: [\$25] ER: [\$250]</p> | <p>Coinsurance (Med/Rx): [50%/30%] Deductible (Med/Rx): [\$250/\$500] Rx (Generic/Brand): [\$5/\$25]</p> |

| | |
|---|--|
| <p>Ambetter.BuckeyeHealthPlan.com</p> | |
| <p>Member/Provider Services: [1-877-687-1189] TDD/TTY: [1-877-941-9236] 24/7 Nurse Line: [1-877-687-1189]</p> <p>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]</p> | <p>Medical Claims: Buckeye Health Plan Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010</p> |
| <p><small>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.</small></p> | |
| <p>AMBET-BH-C-00064</p> | <p>©2018 Buckeye Health Plan. All rights reserved.</p> |

CareSource

OH Medicaid

| | |
|--|---|
|  <p><i>Health Care with Heart</i></p> <p>Member Name Mary Doe</p> <p>CareSource Member ID #: 12345678900</p> <p>MMIS #: 987654321000 Case #: 7654321000</p> <p>Primary Care Provider/Clinic Name: Good, Iam A.</p> <p>Provider/Clinic Phone: (937) 123-4567</p> <p>Member Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)</p> <p>24-Hour Nurse Line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)</p> | <p>THIS CARD IS FOR IDENTIFICATION ONLY AND DOES NOT VERIFY ELIGIBILITY.</p> <p>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).</p> <p>HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit www.CareSource.com or call 1-800-488-0134 to access this information. Authorization required for inpatient admission.</p> <p>MAIL MEDICAL CLAIMS TO: CareSource, P.O. Box 8730, Dayton, OH 45401-8730</p> <p>PHARMACY: Providers call 1-800-488-0134</p> <p>BENEFITS MANAGER: CVS Caremark RxBIN 004336 RxPCN MCAIDOH RxGRP RX0797</p> <p style="text-align: right;">www.CareSource.com</p> |
|--|---|

CareSource Dual Advantage – D-SNP

| | | |
|---|--|---|
|  <p>CareSource Dual Advantage® (HMO SNP)</p> <p>Member Name: John Doe</p> <p>Member ID#: 12345678900</p> <p>Health Plan: (80840) XXX-XX-XXXX</p> <p>Payer ID: XXXXX</p> <p>Primary Care Provider/Clinic Name: Good, Iam A.</p> <p>Provider/Clinic Phone: XXX-XXX-XXX</p> <p>Copays: Office: \$XX.XX ER: \$XX.XX Spec: \$XX.XX UrgCare: \$XX.XX</p> | <p>Effective Date: 01/01/2020 OH</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">  <p>RxBIN - 610014 RxPCN - MEDOPRIVE RxGrp - RX0M02</p> </div> <p>MedicareRx Prescription Drug Coverage CMS: XXXXX-XXX</p> | <p>CareSource.com/Medicare</p> <p>This card does not guarantee coverage. To verify benefits, view claims, or find a provider, use the website or call:</p> <p>MEMBERS: 1-833-238-2020 TTY: 1-800-750-0750</p> <p>24/7 Nurse Advice Line: 1-866-206-0559</p> <p>Vision Benefits: EyeMed 1-866-299-1425</p> <p>Hearing Benefits: TriHearing 1-833-759-6826</p> <p>Medical Claims: CareSource P.O. Box 8730 Dayton, OH 45401-8730</p> <p>Providers: 1-833-238-2136</p> <p>Dental Network: DentMax</p> <p>Pharmacy: 1-800-415-1573</p> <p>Pharmacy Claims: Express Scripts A/TN: Medicare Part D P.O. Box 14718 Lexington, KY 40512-0718</p> |
|---|--|---|

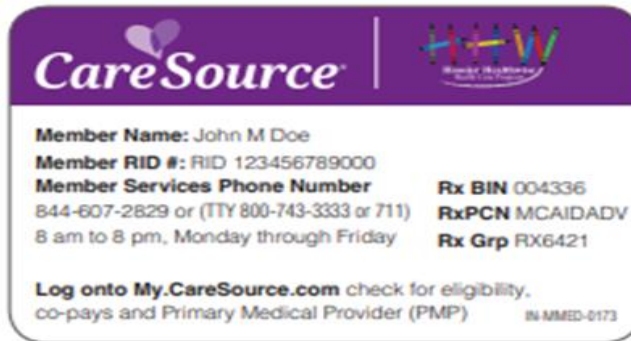
CareSource Marketplace-OH ONLY

| | | |
|--|--|---|
| <p>Silver Dental and Vision OH </p> <p>Member: John Doe Dependents: 01 Jane Doe</p> <p>Member ID: 14800000000-00 02 John Doe</p> <p>Health Plan (XXXXX) XXX-XX-XXXX 03 Mike Doe</p> <p>Payer ID: 31114 04 Ron Doe</p> <p>05 Susan Doe</p> <p>06 Sara Doe</p> <p>07 Joe Doe</p> <p>08 Sam Doe</p> | <p>2017</p> <p>Office: \$/%* ER: \$/%* Spec: \$/%* UrgCare: \$/%*</p> <p><small>MISC-OH(2017) *after deductible</small></p> | <p>CareSource.com/marketplace</p> <p>This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.</p> <p>Members: 1-800-479-9502 (TTY: 1-800-750-0750 or 711)</p> <p>24/7 Nurseline: 1-866-206-4240 Providers: 1-800-488-0134 Pharmacy: 1-800-488-0134</p> <p>Medical Claims: P.O. Box 8730 Dayton, OH 45401-8730</p> <p>Pharmacy Claims: CVS Caremark P.O. Box 52136 Phoenix, AZ 85072-2136</p> <p>Benefits Manager: CVS Caremark</p> <p>Pharmacy Numbers: RxBin: 004336 RxPCN: ADV RxGRP: RX3156</p> <p>CareSource is a Qualified Health Plan Issuer on the Health Insurance Marketplace</p> |
|--|--|---|

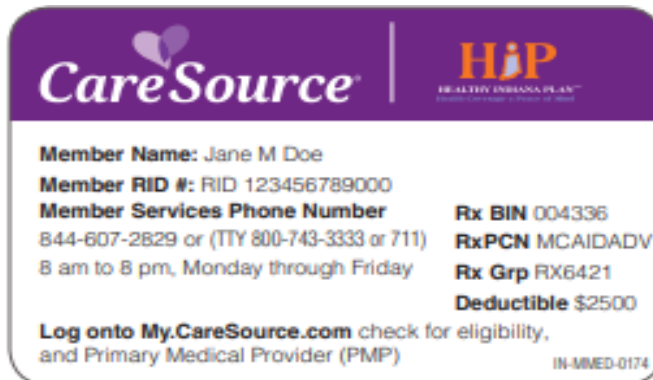
CareSource INDIANA Medicaid

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

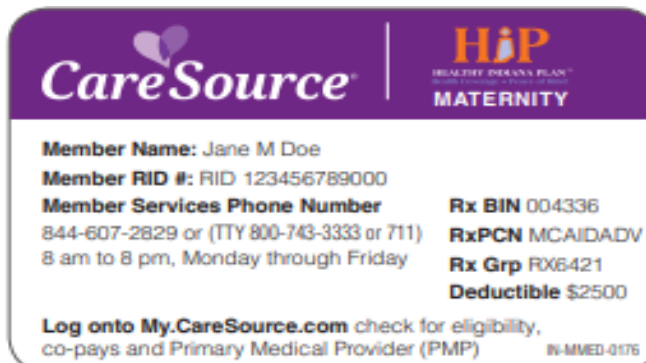
Hoosier Healthwise



Healthy Indiana



HIP Maternity



Cigna

Managed Care PPO

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

Client logo

Legal entity name ⁵
Coverage effective date: MM/DD/CCYY ⁷
Group: 1234567
Issuer (80840)
ID: U23456789 01 ¹
Name: John Public

ID card acct name ¹⁰
RxBIN XXXXXX RxPCN XXXXXXXX
DOI

MultiPlan ⁹

PPO
Dr. visit \$10/\$25
Specialist \$10/\$25
Hospital ER \$50
Urgent care ⁴ \$25
Vision Yes
Rx \$10/20/30

Network coinsurance:
In ³ 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 USA: 1.800.XXX.XXXX ¹⁵

AWAY FROM HOME CARE

Managed Care OAP

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

Client logo

Legal entity name ⁵
Coverage effective date: MM/DD/CCYY ⁷
Group: 1234567
Issuer (80840)
ID: U23456789 01 ¹
Name: John Public

PCP: James Smith ⁸
PCP Name Ln2
PCP phone: XXX.XXX.XXXX
ID card acct name ¹⁰
RxBIN XXXXXX RxPCN XXXXXXXX ⁹
DOI

Open Access Plus
No referral required
PCP visit \$10/\$25
Specialist \$10/\$25
Hospital ER \$50 ⁴
Urgent care \$25
Vision Yes
Rx \$10/20/30

Network Coinsurance:
In 90%/10%
Out ³ 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 USA: 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

myCigna.com

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

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) | | | | |
| Issue Date | <Effective Date> | | | | |
| | | | MedicareRx <small>Prescription Drug Coverage</small> | | |
| [No PCP Required] [No Referral Required] | | | RxBIN <XXXXXXXX> RxPCN <XXXXXXXX> RxGRP <XXXXXXXX> | | |
| COPAYS | | | | | |
| 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) | | |
| Issue Date | <Effective Date> | | |
| | | MedicareRx <small>Prescription Drug Coverage</small> | |
| [No PCP Required] [No Referral Required] | | [RxBIN <XXXXXXXX>] [RxPCN <XXXXXXXX>] [RxGRP <XXXXXXXX>] | |
| COPAYS (IN / OON) | | | |
| 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.

| | |
|---|---|
| <p>Member</p>  <p>Group Number: BGR00 Insured: JOHN SAMPLE ID Number: SMPL0001 Medical Coverage: Effective Date:</p> <p>Copays</p> <p>Medical Copays: OV \$25 / Spec \$50 / UC \$50 / ER \$350 Rx Copays: Generic: \$10 / Brand: \$50 / Non-Preferred: \$100</p> <p>Preferred Hospitals</p> <div>     </div> <p>Tier 2</p> | <p>Pharmacy Plan</p> <p>RxBIN: 017449 RxPCN: 6792000 RxGRP: PRXCDB</p> <p>MagellanRx <small>MANAGEMENT..</small></p> <p>Pharmacy Customer Service: 800-424-0472 www.magellanrx.com</p> <p>Custom Design Benefits</p>  |
| <p>Member</p>  <p>Group Number: BGR00 Insured: JOHN SAMPLE ID Number: SMPL0001 Medical Coverage: Effective Date:</p> <p>Copays</p> <p>Medical Copays: OV \$25 / Spec \$50 / UC \$50 / ER \$350 Rx Copays: Generic: \$10 / Brand: \$50 / Non-Preferred: \$100</p> <p>Preferred Hospitals</p> <div>     </div> <p>Tier 2</p> | <p>Pharmacy Plan</p> <p>RxBIN: 017449 RxPCN: 6792000 RxGRP: PRXCDB</p> <p>MagellanRx <small>MANAGEMENT..</small></p> <p>Pharmacy Customer Service: 800-424-0472 www.magellanrx.com</p> <p>Custom Design Benefits</p>  |

2018120417B Str. 0 Bin 2
J079 Emv [1] CseIs 1 of 1

Doc ID: 8027-EDS-0000-001700/0

2018120417B Str. 0 Bin 2
J079 Emv [1] CseIs 1 of 1

Doc ID: 8027-EDS-0000-001700/0

Eligibility

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

Call A Doctor

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 is 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 ERESA 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 855-596-8783.

Medical Claims Submission

Submit Claims to:
Custom Design Benefits
5589 Cheviot Road
Cincinnati, OH 45247

Electronic Payer ID: 82056

Precertification

All inpatient admissions must be precertified by CDB Medical Management at **815-596-2929** Local, **800-598-2929** Toll Free. Check your plan document for other precertifications required. Failure to obtain precertification may result in reduction of benefits.

Eligibility

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

Call A Doctor

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 is 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 ERESA 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 855-596-8783.

Medical Claims Submission

Submit Claims to:
Custom Design Benefits
5589 Cheviot Road
Cincinnati, OH 45247

Electronic Payer ID: 82056


Precertification



All inpatient admissions must be precertified by CDB Medical Management at **815-596-2929** Local, **800-598-2929** Toll Free. Check your plan document for other precertifications required. Failure to obtain precertification may result in reduction of benefits.

ELAP


Imagine Health

Claims Status and Benefit Information
Visit www.gpatpa.com or
972.238.7900 or 800.827.7223

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

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

Pharmacy Plan
PROACT
RxBIN: 017366
RxGRP: HCOS
RxPCN: 9999
www.proactrx.com
ProAct Customer Service: 877.635.9545
Rx Copays: Generic \$7 / Preferred Brand \$40
Non-Preferred Brand \$70

TriHealth


20190206T47 Sh: 0 Bin 2
J02E Env [1] CSet: 1 of 2



Providers
For UR Notification, Summary of Benefits and Claims Status, visit 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.planlink.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

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

20190206T47 Sh: 0 Bin 2
J02E Env [1] CSet: 1 of 2

Essence Healthcare

Essence Healthcare Medicare Advantage – HMO and PPO plan



Member Name Here

ID 000000000

GROUP MXXXXXXXX

EFF DATE 01/01/2023

DOB 00/00/0000

RxBIN XXXXXX

Rx PCN XXXXXXX

RxGROUP XXXXX

Rx PREFERRED \$0/\$0/\$0/0%

Rx NON-PREFERRED \$0/\$0/\$0/0%

PCP Primary Care Physician
(000) 000-0000

| | | | | |
|-----|------|-----|----------|---------|
| PCP | SPEC | ER | URG CARE | DENTAL |
| \$0 | \$0 | \$0 | \$0 | \$0/\$0 |

CMS H0000 000
2023

(HMO)



Essence Advantage (HMO)

EverythingEssence.com

Please review your plan documents for services that require referral or prior authorization. Without prior approval, the claim may not be paid.

For behavioral health or substance abuse authorizations, call the behavioral health number.

Customer Service: (000) 000-0000

TTY: 711

Prior Auth. UM: (000) 000-0000

Behavioral Health: (000) 000-0000

Pharmacies call: (000) 000-0000

Dental: (000) 000-0000

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 MD CD 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 - Check eligibility, get prior auth, covered benefits and more.
Pharmacy Prior Auth: Enville Pharmacy Solutions
Phone: 1-866-399-0928, Fax: 1-866-399-0929
AcarialHealth 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 - 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
Enville Vision Benefits: 1-866-599-1774
Enville Dental Benefits: 1-855-609-5157
Enville Pharmacy Solutions: 1-800-378-0779

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 - Check eligibility, get prior auth, covered benefits and more.
Pharmacy Prior Auth: Enville Pharmacy Solutions
Phone: 1-866-399-0928, Fax: 1-866-399-0929
AcarialHealth 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 - 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
Enville Vision Benefits: 1-866-599-1774
Enville Dental Benefits: 1-855-609-5157
Enville 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 - Check eligibility, get prior auth, covered benefits and more.
Pharmacy Prior Auth: Enville Pharmacy Solutions
Phone: 1-866-399-0928, Fax: 1-866-399-0929
AcarialHealth 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 - 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
Enville Vision Benefits: 1-866-599-1774
Enville Dental Benefits: 1-855-609-5157
Enville 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 #: | [XXXXXXXXXXXXXX] | RXGROUP: | RX5453 |
| Plan: | [Ambetter Balanced Care 1] | | |






| | | |
|---------------|--|----------------------|
| COPAYS | PCP: \$10 coin. after ded. | Deductible (Med/Rx): |
| | Specialist: \$25 coin. after ded. | [\$250/\$500] |
| | Rx (Generic/Brand): \$5/\$25 after Rx ded. | Coinurance (Med/Rx): |
| | Urgent Care: 20% coin. after ded. | [50%/30%] |
| | ER: \$250 copay after ded. | |

| | |
|---|---|
| Ambetter.mhsindiana.com | |
| Member/Provider Services: | Medical Claims: |
| 1-877-687-1182 | Managed Health Services |
| TTY/TDD: 1-800-743-3333 | Attn: CLAIMS |
| 24/7 Nurse Line: 1-877-687-1182 | PO Box 5010 |
| | Farmington, MO |
| | 63640-5010 |
| Numbers below for providers: | |
| Pharmacy Help Desk: 1-866-270-3922 | |
| EDI Payor ID: 68069 | |
| EDI Help Desk: Ambetter.mhsindiana.com | |
| <small>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.</small> | |
| <small>AMB17-IN-C-00036</small> | <small>©2017 Celtic Insurance Company. All rights reserved.</small> |

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: | \$20 | SCP Copay: | \$20 | |
| Urgent Care Copay: | \$40 | Emergency Room Copay: | \$150 | |
| Inpatient Admissions Copay: | \$500 | Outpatient Surgery Copay: | \$250 | |
| 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
<000000005>
Member Name
<JANE DOE>

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

MedicareRx
Prescription Drug Coverage

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

Carrier: 1578584387
CMS - H0888; <XXXX>

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:
PO Box 219638
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>
Payor ID: <XXXX>

MedicareRx
Prescription Drug Coverage

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.

Carrier: 1801042841
CMS - H1846; <004>

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:
PO Box 219638
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 MD CD number**

Healthy Indiana Plan (HIP)




Member MID#: 000123456789

Member Name:
John J Smith

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




Hoosier Healthwise



Member MID#: 000123456789

Member Name:
John J Smith

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



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

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.

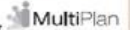
To locate a PHCS/Multiplan provider call 1-888-410-7427.

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



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 | |
| 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 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 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

Medicare D-SNP

| | | |
|---|--|---|
| Molina Medicare Options Plus HMO SNP Member: JOHN Q PUBLIC Member #: 19999999999991 Issue ID: 99999 | |  |
| PCP: SAMPLE MEDCAL CENTER PCP Tel: (555) 555-5555 | | |
| RxBIN: 004336 RxPCN: MEDDADV RxGrp: RX9999 RxID: 19999999999991 | |  |
| 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**

| | | | |
|---|--|---|--|
|  | |  | |
| Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) | | | |
| Member Name: JOHN SMITH Member ID: Health Plan: 80840 MMIS Number: 00000001 PCP Name: Jane Doe PCP Phone: (001) 001-0001 H5260-001 | RxBIN: 004336 RxPCN: PCN1 RxGRP: RxGroup1 RxID: | 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 711 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 | | Send Claims To: P.O. Box 22712, Long Beach, CA 90801 EDI Submission Payor ID 20149 | |

Molina

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)

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 |
| Family: \$1,000 | 80% TO \$5,300 OOP* | Family: \$2,000 |
| | | 60% 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: **800-686-8425 / 740-522-8425**

Electronic Claim Payor ID: 74431



Send all medical claims to: Ohio PPO Connect
P.O. Box 929 Arnold, MD 21012

To Inquire regarding Providers: 888-258-7621 / 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

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 |
| 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: **800-686-8425 / 740-522-8425**

Electronic Claim Payor ID: 34189

Send all claims to: Ohio Health Choice P.O. Box 3619 Akron, OH 44309-3619

To Inquire regarding Providers: 800-534-0027 / 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 TSC, by calling 1-800-444-5445, or by visiting our website at 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 (stateside);
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

 TRICARE Young Adult Standard
Enrollment Card 

TRICARE Member: **John Q. Sample**
Effective Date: **01 Feb 2012**
Covered Person: **John Q. Sample**
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
TRICARE Pharmacy Program: **1-877-363-1303**
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



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: \$300 Spec: \$50

DOI-0508

With Ins Multiple offered in OH Silver Compass 2000 1

Payer ID 87726

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

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

Office: \$90 ER: \$0 PremiumOV: \$45

UrgCare: \$125 Spec: 40% PremiumSpecOV: \$100

UNITEDHEALTH PREMIUM

Payer ID: 87726

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

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

Email: 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 U.S. & TN/A

Pharmacists: 888-290-5416

Pharmacy Claims: OptumRx PO Box 29044 Hot Springs, AR 71903

UHC All Savers – Requires prior authorization

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

Policy Number: 1234-123456

Payer ID: 81400

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

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

UnitedHealthcare
Core

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

3010

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.mysaversmember.com 800-291-2634

Notification: 800-999-3404
For Providers: www.mysaversprovider.com 800-291-2634
CLAIMS: EDI# 81400, All Savers PO Box 31375, Salt Lake City, UT 84131-0375

MultiPlan

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

UHOne

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

UnitedHealthcare
Individual Health Plan

PayerID: 37602

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

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

Referrals Required
UnitedHealthcare
Navigate

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

3010

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 800-657-8205

For Providers: 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.

MultiPlan **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
XYZ CORPORATION
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
Present this card to your healthcare provider.

This card does not guarantee coverage.

bind on-demand health insurance

| Pharmacy: | Claims: | Networks: |
|--|--|--|
| NAVITUS HEALTH SOLUTIONS Bin: 610602 PCN: NVT Rx Group: NVXYZ Navitus Health Solutions, LLC Ops Division - Claims P.O. Box 999 Appleton, WI 54912-0999 Pharmacy/Prescriber: 855.673.6504 | Submit claims: Bind Benefits, Inc. Payer ID: 25463 Bind Benefits, Inc. P.O. Box 211758 Eagan, MN 55121 | UnitedHealthcare Choice Plus Network Portal: uhss.umn.com Provider Help/Eligibility: 844.368.6661 PreCert: 877.237.0006 Part of Network Discount MultiPlan Choice Plus Network |

AARP Medicare Complete – HMO Plans 2, 3 & 6

AARP MedicareComplete
UnitedHealthcare

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

Member ID: 999999999-99 Group Number: 10350

Member:
SUBSCRIBER BROWN

Payer ID: 87726

Dental Benefits Included

MedicareRx
Prescription Drug Coverage

RxBin: 610097
RxPCN: 9999
RxGrp: COS

Copay: PCP \$5 Spec \$35 ER \$75

Referral Required

AARP MedicareComplete Plan 2 (HMO)

H5253 PBP# 053

AARP MedicareComplete
UnitedHealthcare

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

Member ID: 999999999-99 Group Number: 10793

Member:
SUBSCRIBER BROWN

Payer ID: 87726

Dental Benefits Included

MedicareRx
Prescription Drug Coverage

RxBin: 610097
RxPCN: 9999
RxGrp: COS

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

Copay: PCP \$0 Spec \$25 ER \$75

Referral Required

AARP MedicareComplete Plan 3 (HMO)

H5253 PBP# 054

AARP MedicareComplete
UnitedHealthcare

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

Member ID: 999999999-99 Group Number: 10304

Member:
SUBSCRIBER BROWN

Payer ID: 87726

MedicareRx
Prescription Drug Coverage

RxBin: 610097
RxPCN: 9999
RxGrp: COS

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

Copay: PCP \$10 Spec \$45 ER \$75

Referral Required

AARP MedicareComplete Plan 6 (HMO)

H5253 PBP# 052

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

For Members
Website: 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 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

MedicareRx
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 or call Customer Service Mon-Sun 8:00 a.m. - 8:00 p.m.

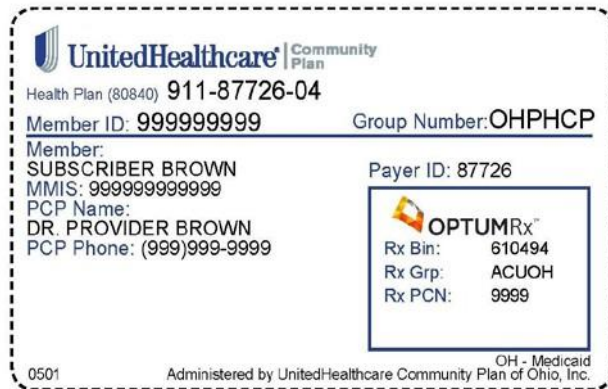
For Members: Customer Service: 1-877-702-5110 TTY 711
NurseLine: 1-877-365-7949 TTY 711
Behavioral Health: 1-800-496-5841 TTY 711

For Providers: www.UHCCommunityPlan.com 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



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**

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

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

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