

## Sample of Member cards for each DSNP Health Plan

### AETNA:

<p><b>AETNA BETTER HEALTH® OF VIRGINIA</b> (HMO SNP)</p> <p><b>Member Name</b> Last Name, First Name <b>Member ID#</b> 0000000000</p> <p>Health Plan #80840 RxBIN: 610591 RxPCN: MEDDADV RxGRP: RX8800</p> <p><b>PCP</b> Last Name, First Name <b>PCP Phone</b> 0-000-000-0000</p> <p>Issue Date: XX/XX/XXXX</p> <p><b>aetna</b></p> <p><b>MedicareRx</b> Prescription Drug Coverage</p> <p>H1610-001</p>	<p><b>Important information</b></p> <p><b>Member Services:</b> 1-855-463-0933 (TTY 711) <b>24-Hour Nurse Line:</b> 1-855-463-0933 (TTY 711) <b>Behavioral Health:</b> 1-855-463-0933 (TTY 711) <b>Pharmacy Help Desk:</b> 1-866-328-7517 (TTY 711) <b>Website:</b> www.aetnabetterhealth.com/virginia</p> <p><b>Submit claims to:</b> Aetna Better Health of Virginia P.O. Box 63518 Phoenix, AZ 85082-3518 <b>Claim Inquiry:</b> 1-855-463-0933 (TTY 771)</p> <p><b>This card does not guarantee coverage.</b></p>
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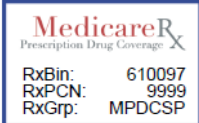
### ANTHEM:

<p><b>Anthem HealthKeepers</b> Offered by HealthKeepers, Inc.</p> <p><b>Anthem MediBlue Dual Advantage (HMO SNP)</b></p> <p>Heritage Provider Network Dental- LIBERTY (Network: DGPS)</p> <p>Member ID:</p> <p>Group: &lt;GRGRID&gt; Plan: 332 RX Bin: 003858 RxPCN: MD Issuer (80840): 91 01 0003 02 Rx Group: WMZA</p> <p>Dual Eligible Member Pays \$0 for Plan covered medical services <b>Provider:</b> Dual Member Cost Share should be billed to member's Medicaid</p> <p>CMS</p> <p><b>MEDICARE ADVANTAGE HMO</b> <b>MedicareRx</b> Prescription Drug Coverage</p>	<p><b>anthem.com</b></p> <p><b>Member Service:</b> 1-855-363-0724 <b>TTY/DD Line:</b> 711 <b>Provider Service:</b> 1-855-363-0724 <b>Pharmacist Inquiries:</b> 1-800-281-8172 <b>24/7 NurseLine:</b> 1-855-658-9249 <b>Dental Customer Service:</b> 1-888-700-0992 <b>SilverSneakers:</b> 1-866-741-4986</p> <p><b>Member:</b> Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services. <b>Provider:</b> Do not bill FPS Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit alpha prefix that precedes the identification number listed on the front of the card. Medicare limiting charges apply. <b>Possession of this card does not guarantee eligibility for benefits.</b></p> <p>Medical Claims &amp; Inquiries P.O. Box 995 Mailstop 6110 Anniston, CA 90702-0366 Pharmacy Claims P.O. Box 14718 Lexington, KY 40512-4718 Dental Claims P.O. Box 20110 Santa Ana, CA 92799</p> <p>Issue Date: 12/12/2017</p>
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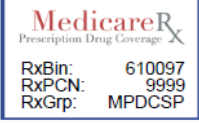
### OPTIMA:

<p><b>OptimaHealth</b></p> <p><b>Optima Medicare HMO</b> <b>Optima Community Complete (HMO SNP)</b></p> <p>Member Name: John Doe Sample Member Number: 9999999999*01 Rx Group Number: 9999999 Effective Date: 01/01/20XX Issuer: 80840</p> <p>OV: \$XXX SOV: \$XXX UCC: \$XXX ED: \$XXX</p> <p>Part B and Part D Rx RxBin: 610011 RxPcn: CTRXMEDD</p> <p><b>MedicareRx</b> Prescription Drug Coverage</p> <p>H2563-004</p> <p>Detailed benefit information is available at optimahealth.com</p>	<p>This card is used to obtain covered benefits. Present this card each time you seek health care services. Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics. If admitted to the hospital, please notify Optima Medicare within 48 hours of your admission.</p> <p><b>MEMBER SERVICES: (Translation Services Available)</b> 757-687-6160 OR 1-800-927-6048 <b>PHARMACY MEMBER SERVICES</b> 757-552-8836 OR 844-672-2306 <b>TTY Virginia Relay Service: (Hearing Impaired)</b> 711 OR 1-800-828-1140 <b>NURSE ADVICE LINE:</b> 757-552-7250 OR 1-800-394-2237 <b>MEDICAL PRE AUTHORIZATION:</b> 757-687-6310 OR 1-844-428-5457 <b>BEHAVIORAL HEALTH PRE AUTHS:</b> 757-687-6390 OR 1-844-428-5456</p> <p><b>PHARMACIST USE ONLY</b> <b>(CALL OptumRx):</b> 1-866-603-7514 <b>PROVIDER RELATIONS:</b> 757-552-7474 OR 1-800-229-8822</p> <p><b>MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:</b></p> <table border="0"> <tr> <td><b>MEDICAL CLAIMS</b></td> <td><b>BEHAVIORAL HEALTH CLAIMS</b></td> </tr> <tr> <td>P.O. Box 5028</td> <td>P.O. Box 1440</td> </tr> <tr> <td>Troy, MI 48007-5028</td> <td>Troy, MI 48099-1440</td> </tr> </table> <p>An HMO plan offered by Optima Health Plan</p>	<b>MEDICAL CLAIMS</b>	<b>BEHAVIORAL HEALTH CLAIMS</b>	P.O. Box 5028	P.O. Box 1440	Troy, MI 48007-5028	Troy, MI 48099-1440
<b>MEDICAL CLAIMS</b>	<b>BEHAVIORAL HEALTH CLAIMS</b>						
P.O. Box 5028	P.O. Box 1440						
Troy, MI 48007-5028	Troy, MI 48099-1440						

**UNITED:** (Two plans. See bottom left of the face of the card for plan number. H7464 United HMO DSNP. R1548 United PPO DSNP)



 Health Plan (80840): **911-87726-04**  
 Member ID: **QA00001-00** Group Number: **VADSNP**  
 Member: **MARTHA A INDIGO** Payer ID: **87726** Dental Benefits Included  
 PCP Name: **MEDICARE PCP**   
 PCP Phone: (000) 000-0000  
 RxBin: 610097  
 RxPCN: 9999  
 RxGrp: MPDCSP  
 H7464 PBP# 001 UnitedHealthcare Dual Complete (HMO SNP)

Customer Service Hours: 8 am - 8 pm 7 days/week Printed: 03/03/18  
  
**For Members**  
 Website: [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)  
 Customer Service: 1-844-368-7151 TTY 711  
 NurseLine: 1-877-440-9407 TTY 711  
 Behavioral Health: 1-844-368-7151 TTY 711  
 Dental: 1-844-368-7151 TTY 711  
**For Providers** [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) 1-844-368-7151  
 Medical Claim Address: P.O. Box 5220 Kingston, NY 12402-5220  
 Dental Providers: [www.dbp.com](http://www.dbp.com) 1-844-275-8750  
 Medicare Community Plan    
**For Pharmacists** 1-877-889-6510  
 Pharmacy Claims OptumRx PO Box 29045, Hot Springs, AR 71903

 Health Plan (80840): **911-87726-04**  
 Member ID: **QA00001-00** Group Number: **VADSNP**  
 Member: **CAROLYN P INDIGO** Payer ID: **87726** Dental Benefits Included  
 PCP Name: **MAHONEY, MARK T.**   
 PCP Phone: (276) 666-0500  
 RxBin: 610097  
 RxPCN: 9999  
 RxGrp: MPDCSP  
 R1548 PBP# 001 UnitedHealthcare Dual Complete RP (Regional PPO SNP)  
 Medicare limiting charges apply.

Customer Service Hours: 8 am - 8 pm 7 days/week Printed: 03/05/18  
  
**For Members**  
 Website: [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)  
 Customer Service: 1-844-368-7151 TTY 711  
 NurseLine: 1-877-365-7949 TTY 711  
 Behavioral Health: 1-844-368-7151 TTY 711  
 Dental: 1-844-368-7151 TTY 711  
**For Providers** [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) 1-844-368-7151  
 Medical Claim Address: P.O. Box 5220 Kingston, NY 12402-5220  
 Dental Providers: [www.dbp.com](http://www.dbp.com) 1-844-275-8750  
 Medicare Community Plan    
**For Pharmacists** 1-877-889-6510  
 Pharmacy Claims OptumRx PO Box 29045, Hot Springs, AR 71903

**VIRGINIA PREMIER:**


 **VirginiaPremier**  
 Powered by VCU Health  
 Member Name: **SMITH, JOHN**   
 Member ID: **XXXXXX**  
 Plan ID: **XXXXXX**  
 Health Plan (80840): **XXXXXX**  
 PCP Name: **DOE, JANE**  
 PCP Phone: **XXXXXX**  
 Plan Name: **H9877-001**  
 RxBin: **XXXXXX**  
 RxPCN: **XXXXXX**  
 RxGRP: **XXXXXX**  
 RxID: **XXXXXX**  
 Coverage Effective Date: **XXXXXX**

For urgent or emergency care, dial 911 or go to the nearest urgent/emergency facility.  
 Member Services: **XXXXXX**  
 Authorization: **XXXXXX**  
 24-hour Nurse Line: **XXXXXX**  
 Dental: **XXXXXX**  
 Pharmacy Help Desk: **XXXXXX**  
 OTC Benefit: **XXXXXX**  
 Pharmacy Help Desk: **XXXXXX**  
 Website: [www.medicare.virginiapremier.com](http://www.medicare.virginiapremier.com)  
 Send Claims To: **VA Premier Claims**  
**PO Box 4250**  
**Richmond, VA 23220**

## Sample of Member cards for each CCC Plus Medicaid Health Plan

### Aetna Better Health of Virginia:


**AETNA BETTER HEALTH® OF VIRGINIA**  
Commonwealth Coordinated Care Plus




Name **Last Name, First Name**  
**Medicaid/Member ID # 0000000000**    **DOB 00/00/0000**    **Sex X**  
**PCP Last Name, First Name**  
**PCP Phone 0-000-000-0000**    **Effective Date 00/00/0000**

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RxBIN: XXXXXX    RxPCN: XXX    RxGRP: XXXXXX  
 Pharmacist Use Only: 1-XXX-XXX-XXXX



[www.aetnabetterhealth.com/virginia](http://www.aetnabetterhealth.com/virginia)



THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.    MEVALTSS

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

**Important numbers for members**  
 Member Services: **1-855-652-8249 (TTY 711)**  
 Transportation: **1-855-652-8249**  
 Behavioral Health and Substance Use Hotline: **1-855-652-8249**  
 24 Hour Nurse Line: **1-855-652-8249**  
 Smiles for Children: **1-888-912-3456**


**Important numbers for providers**  
 Eligibility/Preauthorization: **1-855-652-8249**  
 Radiology Preauthorization: **1-855-652-8249**


**Submit claims to:**  
 Aetna Better Health of Virginia  
 P.O. Box 63518  
 Phoenix, AZ 85082-3518  
**EDI Payer: 128VA**

**Submit appeals to:**  
 Aetna Better Health of Virginia  
 9881 Mayland Drive  
 Richmond, VA 23233

MEVALTSS

### Anthem HealthKeepers Plus:

 **Anthem HealthKeepers Plus**  
Offered by HealthKeepers, Inc.



**[Member Name]**  
**Identification Number**

**PCP Name : No PCP required**  
**Medicaid ID: [Medicaid ID]**

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Group Number	[HKP00200]	PCP/Specialist	[\$0/\$0]
BC/BS Plan	[923]	Outpatient	[\$0]
Rx Bin Number	[003858]	Inpatient	[\$0]
Rx PCN Number	[A4]	Emergency	[\$0]
Rx Group Number	[WQWA]		

 **Anthem HealthKeepers Plus**  
Offered by HealthKeepers, Inc.

[www.anthem.com/vamedicaid](http://www.anthem.com/vamedicaid)

**Members:** When submitting inquiries, always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911.

**Providers:** Please submit claims to your local BCBS plan. To ensure proper claims processing, please include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.

**Claims Filing Address:** [Post Office Box 27401] [Richmond, VA 23279]  
**[Contractor ID]** 0047003253

[V.Axx]


**[Member Services]:** [1-855-323-4687]  
**[Provider Services]:** [1-855-323-4687]  
**[Care Coordinator]:** [1-855-323-4687]  
**[TTY]:** [711]  
**[24/7 NurseLine]:** [1-855-323-4687]  
**[Mental Health Services]:** [1-855-323-4687]  
**[Authorization]:** [1-855-323-4687]  
**[Smiles for Children]:\*** [1-888-912-3456]  
**[Transportation Service]:** [1-855-253-6861]  
**[Rx Services]:** [1-800-824-0898]

\*Contracts directly with this group

**[HealthKeepers, Inc.]**  
 P.O. Box 27401  
 Mail Drop VA2002-N500  
 Richmond, VA 23279

[HealthKeepers, Inc. is an 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.]

### Magellan Complete Care of Virginia:

 **Magellan**  
COMPLETE CARE.

**Member Name**

**Medicaid ID**  
**ZECM14954704**

**Member's Contractor Number: xxxxxx**

RXBIN: xxxxxx  
 RXPCN: xxxxxx  
 RXGRP: xxxxxx


**In case of emergency, go to the nearest emergency room or call 911**

**Member Service: 1-800-424-4524 (TTY) 711**  
**Provider Service: 1-800-424-4524 (TTY) 711**  
**Behavioral Health: 1-800-424-4524 (TTY) 711**  
**24-Hour Nurse Advice: 1-800-424-4524 (TTY) 711**  
**Transportation: 1-800-424-4524 (TTY) 711**  
**Pharmacy Help Desk: x-xxx-xxx-xxxx**  
 24 hours a day, 7 days a week  
**Rx Prior Authorizations: Fax x-xxx-xxx-xxxx or call Provider Service**  
**Website: www.mccofva.com**  
**Smiles for Children: 1-888-912-3456**

**Claims Address:**  
 MCC Claims Service Ctr., 1 Cameron Hill  
 Circle, Suite 52, Chattanooga, TN 37402-0052

**General Mailing Address:**  
 MCC of VA  
 3829 Gaskins Rd  
 Richmond, VA 23233-1437

## Optima Health Community Care:

 <p><b>OPTIMA HEALTH COMMUNITY CARE</b></p> <p>Member Name: JOHN DOE          Member Number: 9999999*99          Group Number: 999999          Member Effective Date: 99-99-99          PCP Name: 999999999999999999999999          PCP Phone: 999-999-9999</p> <p>Medicaid #: 99999999999999          DOB: 99-99-9999</p> <p>Detailed benefit information is available at <a href="http://optimahealth.com">optimahealth.com</a></p>	<p>Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.  <b>IN CASE OF AN EMERGENCY:</b> Call 911 or go to the nearest emergency room.          Always call your Primary Care Physician for non-emergent care.</p> <p><b>FOR PHARMACIST USE ONLY:</b></p> <table border="1"> <tr> <td>BIN# 610011</td> <td>PROCESSOR CONTROL# OHPMCAID</td> </tr> <tr> <td>OptumRx Pharmacist Help Desk:</td> <td>[1-866-244-9113]</td> </tr> <tr> <td>Member Services: <i>(Translation Services Available)</i></td> <td>[757-999-9999] OR [9-999-999-9999]</td> </tr> <tr> <td>Pharmacy Member Services:</td> <td>[757-552-8877] OR [1-844-672-2307]</td> </tr> <tr> <td>TTY Virginia Relay Service: <i>(Hearing Impaired)</i></td> <td>[711] OR [1-800-828-1140]</td> </tr> <tr> <td>After Hours Nurse Advice:</td> <td>[757-552-8899] OR [1-844-387-9420]</td> </tr> <tr> <td>Smiles for Children:</td> <td>[1-888-912-3456]</td> </tr> <tr> <td>Transportation:</td> <td>[1-877-892-3986]</td> </tr> <tr> <td>Behavioral Health Pre Authorization:</td> <td>[757-552-7174] OR [1-800-648-8420]</td> </tr> <tr> <td>Provider Relations:</td> <td>[757-552-7474] OR [1-800-229-8822]</td> </tr> <tr> <td>Medical/Pharmacy Pre Authorization:</td> <td>[757-552-7540] OR [1-800-229-5522]</td> </tr> </table> <table border="1"> <tr> <td>MEDICAL CLAIMS</td> <td>BEHAVIORAL HEALTH CLAIMS</td> </tr> <tr> <td>P.O. Box 5028</td> <td>P.O. Box 1440</td> </tr> <tr> <td>Troy, MI 48007-5028</td> <td>Troy, MI 48099-1440</td> </tr> </table> <p>Offered by Optima Health Plan</p>	BIN# 610011	PROCESSOR CONTROL# OHPMCAID	OptumRx Pharmacist Help Desk:	[1-866-244-9113]	Member Services: <i>(Translation Services Available)</i>	[757-999-9999] OR [9-999-999-9999]	Pharmacy Member Services:	[757-552-8877] OR [1-844-672-2307]	TTY Virginia Relay Service: <i>(Hearing Impaired)</i>	[711] OR [1-800-828-1140]	After Hours Nurse Advice:	[757-552-8899] OR [1-844-387-9420]	Smiles for Children:	[1-888-912-3456]	Transportation:	[1-877-892-3986]	Behavioral Health Pre Authorization:	[757-552-7174] OR [1-800-648-8420]	Provider Relations:	[757-552-7474] OR [1-800-229-8822]	Medical/Pharmacy Pre Authorization:	[757-552-7540] OR [1-800-229-5522]	MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS	P.O. Box 5028	P.O. Box 1440	Troy, MI 48007-5028	Troy, MI 48099-1440
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Troy, MI 48007-5028	Troy, MI 48099-1440																												

## UnitedHealthcare Community Plan:

 <p>Health Plan (80840) 911-87726-04</p> <p>Member ID: 999999999      Group Number: 99999</p> <p>Member:          SUBSCRIBER M BROWN          Medicaid ID XXXXXXXXXX          PCP Name:          PROVIDER BROWN          PCP Phone: (999) 999-9999</p> <p>Payer ID: 87726</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;">  <p>Rx Bin: 610494              Rx Grp: ACUVA              Rx PCN: 4444</p> </div> <p>UnitedHealthcare Community Plan          Administered by UnitedHealth Insurance Company</p>	<p>In case of emergency call 911 or go to nearest emergency room. Printed: 01/01/01</p>  <p>This card does not guarantee coverage. To verify benefits or to find a provider, visit the website <a href="http://myUHC.com/CommunityPlan.com">myUHC.com/CommunityPlan.com</a> or call. Member Customer Service Hours 8:00 am-8:00pm local time.</p> <table border="1"> <tr> <td>For Member Customer Service:</td> <td>866-622-7982</td> <td>TTY</td> </tr> <tr> <td>Behavioral Health:</td> <td>866-622-7982</td> <td>TTY</td> </tr> <tr> <td>Nurseline:</td> <td>888-547-3674</td> <td>TTY</td> </tr> <tr> <td>Smiles for Children:</td> <td>888-912-3456</td> <td></td> </tr> </table> <p>For Providers: <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a> 877-843-4366          Claims: PO Box 5270, Kingston, NY 12402</p> <p>Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903          For Pharmacist: 1-855-873-3493</p>	For Member Customer Service:	866-622-7982	TTY	Behavioral Health:	866-622-7982	TTY	Nurseline:	888-547-3674	TTY	Smiles for Children:	888-912-3456	
For Member Customer Service:	866-622-7982	TTY											
Behavioral Health:	866-622-7982	TTY											
Nurseline:	888-547-3674	TTY											
Smiles for Children:	888-912-3456												

## Virginia Premier Health Plan:

 <p>&lt;Plan Name&gt;</p> <p>Member Name: &lt;Cardholder Name&gt;          Member ID: &lt;Secondary ID#&gt;          Medicaid ID: &lt;Medicaid ID#&gt;          Health Plan (80840) : &lt;Card Issuer Identifier&gt;</p> <p>PCP Name: &lt;PCP Name&gt;          PCP Phone: &lt;PCP Phone&gt;</p> <p>MLTSS-001</p>	<p><b>ENVISION<sub>RX</sub></b></p> <p>RxBIN: &lt;009893&gt;          RxPCN: &lt;V7HA&gt;          RxGRP: &lt;VAPROND&gt;          RxID: &lt;Medicaidid&gt;</p>  <p>Coverage Effective Date: &lt;xx/xx/xxxx&gt;</p>
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For urgent or emergency care, dial 911 or go to the nearest urgent/emergency facility. If you are not sure if you need emergency care, call your PCP or the 24-hour Nurse Advice line.	
Member Services:	<1-877-719-7358>, TTY: <711>
Behavioral Health Crisis:	<1-877-739-1370>
24-hour Nurse Line:	<1-800-256-1982>
Smiles for Children:	<1-844-822-8115>
Adult Dental:	<1-844-822-8115>
<Vision>:	<1-844-822-8115>
Pharmacy Help Desk:	<1-855-408-0010>
Website:	< <a href="http://www.vapremier.com">www.vapremier.com</a> >
Send Claims To:	<VA Premier Claims PO Box 5244 Richmond, VA 23220>