Universal Healthcare IPA, Inc.

"Healthcare the way it should be"

Serving the Community of Kern County

Contracted Health Plans

Managed Medi-Cal

Providing quality healthcare efficiently and affordably

Medicare Advantage

Managed Care coverage offered by private HealthPlans

Local Customer service
661.695.5990
Toll Free:833.939.0853 **TTY** 711

Sample Health Plan ID Cards

aetna   Medicare HMO

Medicare Primary Option
HMO ESA- EXXONMOBIL
PLAN# XXX-EG00000000X

ID 101XXXXXXXXX
NAME SAMPLE SAMPLETON
BIN 610502 PCN PARTBAET

ISSUER (80840)
PCP/Office Name:
Dr. Sample
999-999-9999   XXXXXXXXX

PCP	$20
ER	$65
AS	$20%
HO	$500/A
SP	$40

Printed on: xx/xx/xxxx   HXXXX-PBP

@aetnamedicare.com

Customer Service	1-833-595-1012
24 Hour Nurse Line	1-855-493-7019
Provider Services	1-800-624-0756
TDD/TTY	711

Send claims to:
Aetna Medicare
PO Box 981106
El Paso, TX 79998-1106

This card does not guarantee coverage.

Payer ID# 60054
Medicare limiting charges apply.

Scan for Plan Benefits

EXAMPLE ONLY

Anthem   **Anthem Dual Advantage (HMO D-SNP)**

MEMBER NAME

Member ID:
XXX000X00000

Group:	XXXXXXXXX
Plan Code:	XXX
Rx BIN:	003858
Rx PCN:	A4
Rx Group:	WLAA
Pharmacy - Medical	
Vision	

Rx

Anthem
BlueCross BlueShield   anthem.com

Members:
When submitting inquiries always include your identification number from the face of the card. Possession or use of this card does not guarantee payment.

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

CLAIMS & INQUIRIES:
PO BOX 27401, RICHMOND, VA 23279

Member Services	1-XXX-XXX-XXXX
Provider Services	1-XXX-XXX-XXXX
Pre-Authorization	1-XXX-XXX-XXXX
Travel Coverage	1-XXX-XXX-XXXX
Pharmacist Services	1-XXX-XXX-XXXX

Telehealth: livehealthonline.com

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. Independent licensee of the Blue Cross and Blue Shield Association.

01-01-28xx

Anthem   **Medi-Cal Program**

MEMBER NAME

Member ID:
XXX000X00000

Group:	XXXXXXXXX
Plan Code:	XXX
Rx BIN:	003858
Rx PCN:	A4
Rx Group:	WLAA
Pharmacy - Medical	
Vision	

Rx

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01-01-28xx

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Sample Health Plan ID Cards

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health net

2024 Sample MediCal RMC QE - JS 330A - OCOE

Name FIRST MI LASTNAME
CIN # XXXXXXXXX

Physician Group and PCP
PPG Name
PCP or Clinic Name
Street Address
City State Zip + 4
PCP PHONE: X-XXX-XXX-XXXX

Effective date with PCP: MM/DD/YY
Office Copay: $0

Issue Date MM/DD/YY
Enrollment Date MM/DD/YY

Health Net only covers medical and hospital services provided or authorized by your Participating Physician Group (PPG).

To change your PPG or Primary Care Provider (PCP), call Health Net Member Services at 1-800-675-6110 / TTY: 711 or visit www.healthnet.com.

Health Net Community Solutions

Rx BIN 022659   Rx PCN 6334225

Health Net Member Services is available 24 hours a day, 7 days a week

Member Services & Mental Health Benefits	1-800-675-6110 (TTY: 711)
Nurse Advice Line	1-800-675-6110 (TTY: 711)
Member Portal	www.healthnet.com
24/7 Video Doctor Appointment	www.teladoc.com

If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital.
See your PCP for non-emergency health needs like colds, minor infections or illnesses, or treatment for ongoing health needs. Do not go to the emergency room routine health care.

Providers Call for Eligibility and authorization: **1-800-675-6110**.

Medi-Cal RX Help Line: **1-800-977-2273**

To report, or request approval for, inpatient admits, call: 1-800-995-7890

Prior Authorization: Primary Care Physician referral in advance is required for most non-emergency services by contracting providers. Emergency services rendered to the member by non-Health Net providers are reimbursable by Health Net without prior authorization.

This card is for identification only. It does not verify eligibility.

Mail all claims to: Health Net of California – Medicaid, PO Box 9020, Farmington, MO 63640-9020.

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wellcare By **health net**

Wellcare By Health Net
Wellcare Dual Align 129 (HMO D-SNP)
CMS#: <H0562-129>
Effective Date: <MM/DD/YYYY>

MEMBER INFORMATION
Name: <First Ml Last>
Member ID#: <XXXXXXXXX-XXX>
Care Coordinator Phone:<1-800-431-9007>
PROVIDER INFORMATION
PPG Name: <Provider Group Name>
PPG Phone:<X-XXX-XXX-XXXX>
PCP Name: <Last, First Name>
PCP Phone: <X-XXX-XXX-XXXX>
MEMBER CANNOT BE CHARGED
PCP/Specialist Office Visit: $X

PHARMACY INFORMATION

Medicare Rx
Prescription Drug Coverage

Rx Claims Processor:
<CVS Caremark®>
RxBIN: <004336>
RxPCN: <MEDDADV>
RxGRP: <RX6270>
RxlD: <XXXXXXXXXXXX>

FOR EMERGENCIES Dial 911 or go to the nearest Emergency Room (ER).

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www.wellcare.com/healthnetCA

FOR MEMBERS

Member Services:	<1-800-431-9007 (TTY: 711)>
Mental Health Benefits:	<1-800-646-5610 (TTY: 711)>
Nurse Advice Line:	<1-800-893-5567 (TTY: 711)>
Transportation:	<1-866-653-0975 (TTY: 711)>
Envolve Vision (For Members and Members):	<1-866-392-6058 (TTY: 711)>

FOR PROVIDERS

For Member eligibility and Medical prior auth/referrals : <1-800-431-9007>
Medical Claims: <Wellcare By Health Net> <Attn: Claims>
Payor ID: <68069> <P.O. Box 9030 Farmington, MO 63640-9030>

Pharmacy prior auth: <1-800-867-6564>
For help: (PHARMACY USE ONLY) <1-888-865-6567>
Submit Part D Drug Claims to:<Wellcare By Health Net> <Attn: Member Reimbursement Dept> <P.O. Box 31577, Tampa, FL 33631-3577>

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Universal Healthcare, 5500 Ming Ave, Ste. 170, Bakersfield, CA 93309