H5594_MAPD_ID_CARD_2024

OPTIMUM HealthCare, Inc.

RXBIN: <XXXXXX> RXPCN: <XXX>
RXGRP: <XXXXXXXX>
RXID: <Insert member ID#>
Issuer: <XXX>

<INSERT PLAN NAME>

ID: <0000000000>
<FIRST><MI><LAST>

MedicareRx
Prescription Drug Coverage

Eff. Date: <xx/xx/xxxx>
PCP: <FIRST><LAST>
Phone: <xxx-xxx-xxxx>

H5594 - PBP - <xxx>

PCP Office Visit: <$> Urgent Care: <$>
Specialty Office Visit: <$> ER: <$>

Member Services: <X-XXX-XXX-XXXX>
TTY/TDD: <X-XXX-XXX-XXXX> www.youroptimumhealthcare.com

Provider Services (UM): <X-XXX-XXX-XXXX>
24/7 Nurse Advice Line: <X-XXX-XXX-XXXX>
Pharmacy Member Services: <X-XXX-XXX-XXXX>
Pharmacy Technical Support: <X-XXX-XXX-XXXX>
Carelon Behavioral Health: <X-XXX-XXX-XXXX>
Submit all Behavioral Claims to Carelon

Submit Claims to:
Optimum HealthCare
Claims Department
P.O. Box 151258
Tampa, FL 33684
EDI Payer ID: <XXXXX>