

Samples

GROUP-SPECIFIC MEMBER ID CARD FOR COMMONWEALTH OF VIRGINIA

FRONT OF CARD

OptimaHealth

Commonwealth of Virginia

VANTAGE

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26
 Member Number: XXXXXXXX10
 Group Number: 3262
 Effective Date: XX-XX-XX
 RxBIN# 610011
 RxPCN# OHPCOMM

OLV	UCC: \$40
Tier 1: \$5	ED: \$150
Tier 2: \$25	OP: \$125
SOV	IP: \$300
Tier 1: \$40	DX1: 20% AD
Tier 2: \$40	DX2: 20% AD

DOMINION NATIONAL

RX
\$15/\$30/\$45/\$55

Detailed benefit information is available at optimahealth.com/cova and our mobile app

HMO Plan

- Group Name
- Tier 1: SQCN Copay
- Tier 2: In-Network Copay
- Dental Benefit logo

BACK OF CARD

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

Member Services: <i>(Hearing Impaired / Virginia Relay: 711)</i>	1-866-846-2682
Dominion National: <i>(Dental)</i>	1-877-847-5754
EyeMed: <i>(Vision)</i>	1-888-610-2268
Provider Services: <i>(Including Pre-Authorization)</i>	1-800-229-5522
24/7 Nurse Advice Line:	1-800-394-2237
OptumRx Pharmacist Help Desk:	1-866-244-9113
Employee Assistance Program (EAP):	1-800-899-8174

Submit claims to:

MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440
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An HMO plan Underwritten by Optima Health Plan