

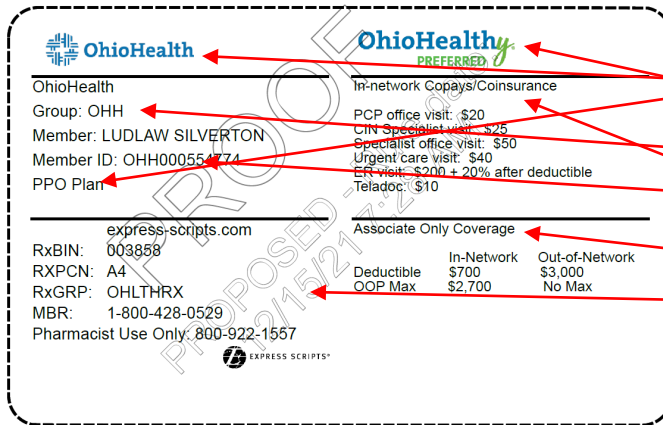


2022 MEMBER IDCARDS

SAMPLES

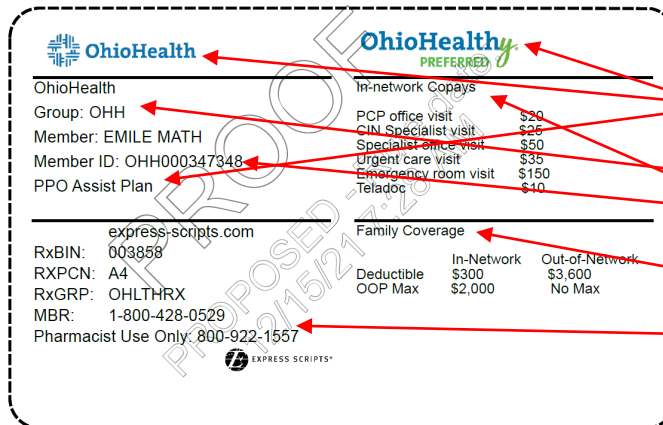
OhioHealth ID Cards

Front of ID Card



PPO Plan

- Plan type
- Employer group logo
- Network logo
- Group number (OHH)
- Member ID number (starts with OHH)
- In-network copays/coinsurance
- Coverage - covered dependents names are NOT listed
- RX benefit and details



PPO Assist Plan

- Plan type
- Employer group logo
- Network logo
- Group number (OHH)
- Member ID number (starts with OHH)
- In-network copays
- Coverage - covered dependents names are NOT listed
- RX benefit and details



2022 MEMBER IDCARDS

SAMPLES

OhioHealth **OhioHealth**
PREFERRED

OhioHealth
Group: OHH
Member: JENI FRIEDLINGER
Member ID: OHH007467639
HDHP+HSA Plan

express-scripts.com
RxBIN: 003858
RXPCN: A4
RxGRP: OHLTHRX
MBR: 1-800-428-0529
Pharmacist Use Only: 800-922-1557

in-network Copays/Coinsurance

PCP Office visit	20% after deductible
GYN Specialist Visit	10% after deductible
Specialist Office visit	20% after deductible
Urgent Care visit	20% after deductible
Emergency Room visit	20% after deductible
Teladoc	10% after deductible

Associate Only Coverage

Deductible	In-Network \$2,000	Out-of-Network \$2,250
OOP Max	\$4,600	No Max

HDHP+HSA Plan

- Plan type
- Employer group logo
- Network logo
- Group number (OHH)
- Member ID number (starts with OHH)
- In-network copays/coinsurance
- Coverage - covered dependents names are NOT listed
- RX benefit and details

Back of all cards

Provider Services
1-888-841-5670
Ohiohealthyplans.com

Member Advocate
1-888-841-5670
Ohiohealthyplans.com

Virtual Care - Teladoc
1-800-TELADOC
Teladoc.com

24/7 Nurseline
1-866-363-7477

Precertification 1-888-845-3580

EDI Payer ID 34158

Submit Paper claims to:
OhioHealth
P.O. Box 2582
Hudson, OH 44236-2582

For help finding an out of area provider, please call a Member Advocate at: 1-888-841-5670. PHCS is for out of area physicians and ancillary only.

PHCS
Practitioner & Ancillary Only

- Important phone numbers (member advocates, Teladoc and nurseline)
- Provider services phone number
- Claims submission details
- Precertification phone number
- PHCS logo

2022 MEMBER IDCARDS

SAMPLES

Huntington ID Cards

Front of ID Card

Huntington | **OhioHealth NETWORK**
 Huntington Bank | In Network Coinsurance
 Group: HNB | CIN Providers: 10%
 Member: TEST NGUYENS | COPC Providers: 10%
 Member ID: 00194N00008 | Non CIN Providers: 20%

Caremark	Deductible	In Network	Out of Network
	Individual	\$1,400	\$2,800
RxBIN: 004336	Family	\$2,800	\$5,600

OOP Max	In Network	Out of Network
	Individual	\$3,350
Family	\$6,700	\$13,400

RxPCN: ADV
 RxGRP: RX7484
 MBR: 1-888-202-1654
 www.caremark.com
 CVS caremark

This card is for identification purposes only and does not guarantee coverage.

Back of ID card

EDI Payer ID 34158
Member Advocate
 1-888-863-7750
 OhioHealthyPlans.com
 24/7 Nurseline: 1-866-363-7477
 Submit Paper claims to:
 OhioHealth
 P.O. Box 2582
 Hudson, OH 44236-2582
 Teladoc: 1-800-TELADOC.teladoc.com
 Precertification 1-888-864-5810
 Provider Services 1-888-863-7750
 Your Plan may require pre-certification for certain treatments and procedures. Refer to your Summary Plan Description (SPD) for plan specifics.

Out of Area | Complementary Network