


CORE VANTAGE Sample

OptimaHealth 

ABC Company
VANTAGE

Member Name: John Doe		Coins: 80/20%
Member Number: 9999999*99		OV: \$99
Group Number: 999999		SOV: \$99
Effective Date: 01-01-2011		UCC: \$99
		ED: \$999
		DX1: \$999
		DX2: \$999
		OP: \$999
		IP: \$999
RxDed	RX	
\$0	99/99/99/99	

Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

PHARMACY INFORMATION:


BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113

Member Services:	757-999-9999 OR 9-999-999-9999
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Employee Assistance Program:	757-363-6777 OR 1-800-899-8174
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O. Box 5028	P.O. Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440

An HMO plan Underwritten by Optima Health Plan

CORE POS/POSA Sample



ABC Company
POSA

Member Name: John Doe	Coins: 80/20%
Member Number: 9999999*99	OV: \$99
Group Number: 999999	SOV: \$99
Effective Date: 01-01-2011	UCC: \$99
	ED: \$999
	DX1: \$999
	DX2: \$999
	OP: \$999
	IP: \$999

RxDed \$0 RX 99/99/99/99

Detailed benefit information is available at optimahealth.com



Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

PHARMACY INFORMATION:

BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113


Member Services:	757-XXX-XXXX OR X-XXX-XXX-XXXX
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Employee Assistance Program:	757-363-6777 OR 1-800-899-8174
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Out-of-Area Provider Network	1-888-817-7427

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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 **PHCS**
 **MultiPlan.**

A POSA plan Underwritten by Optima Health Plan

CORE PPO/Plus Sample



ABC Company
PLUS

Member Name: John Doe		Coins: 80/20%
Member Number: 9999999*99		OV: \$99
Group Number: 999999		SOV: \$99
Effective Date: 01-01-2011		UCC: \$99
		ED: \$999
		DX1: \$999
		DX2: \$999
		OP: \$999
		IP: \$999

RxDed	RX	
\$99	99/99/99/99	



Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

PHARMACY INFORMATION:


BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113

Member Services:	757-XXX-XXXX OR X-XXX-XXX-XXXX
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Employee Assistance Program:	757-363-6777 OR 1-800-899-8174
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Out-of-Area Provider Network	1-888-817-7427


MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS	
P.O. Box 5028	P.O. Box 1440	
Troy, MI 48007-5028	Troy, MI 48099-1440	

A PPO plan Underwritten by Optima Health Insurance Company

OOA Plus/PPO Sample



ABC Company

PLUS		Coins: 80/20%
OUT OF AREA PLAN		OV: \$99
		SOV: \$99
		UCC: \$99
Member Name: John Doe		ED: \$999
Member Number: 9999999*99		DX1: \$999
Group Number: 999999		DX2: \$999
Effective Date: 01-01-2011		OP: \$999
		IP: \$999
RxDed \$99	RX 99/99/99/99	

Detailed benefit information is available at optimahealth.com


Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

PHARMACY INFORMATION:

BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113


Member Services:	757-XXX-XXXX OR X-XXX-XXX-XXXX
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Employee Assistance Program:	757-363-6777 OR 1-800-899-8174
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Out-of-Area Provider Network	1-888-817-7427

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O. Box 5028	P.O. Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440



A PPO plan Underwritten by Optima Health Insurance Company

CORE Design Vantage Sample



ABC Company
DESIGN
VANTAGE

Member Name: John Doe
Member Number: 9999999*99
Group Number: 999999
Effective Date: 01-01-2011

Ded: Yes
Coins: 0
OON: No

RX
99/99/99/99

Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

PHARMACY INFORMATION:


BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113

Member Services:	757-XXX-XXXX OR X-XXX-XXX-XXXX
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Employee Assistance Program:	757-363-6777 OR 1-800-899-8174
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O. Box 5028	P.O. Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440

An HMO HRA plan Underwritten by Optima Health Plan

CORE HRA PPO_HRA POS_1_2011- Design POSA and Design Plus Sample



ABC Company
DESIGN
POSA

Member Name: John Doe
Member Number: 9999999*99
Group Number: 999999
Effective Date: 01-01-2011

Ded: Yes
Coins: 80/20
OON: Yes

RX
99/99/99/99


Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

PHARMACY INFORMATION:


BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113

Member Services:	757-XXX-XXXX OR X-XXX-XXX-XXXX
Provider Relations:	757-552-7474 OR 1-800-229-8822
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Employee Assistance Program:	757-363-6777 OR 1-800-899-8174
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Out-of-Area Provider Network	1-888-817-7427

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS	
P.O. Box 5028	P.O. Box 1440	
Troy, MI 48007-5028	Troy, MI 48099-1440	

A POSA HRA plan Underwritten by Optima Health Plan

CORE HRA PPO_HRA POS_1_2011- Design POSA and Design Plus Sample



ABC Company
DESIGN PLUS

Member Name: John Doe
Member Number: 9999999*99
Group Number: 999999
Effective Date: 01-01-2011

Ded: Yes
Coins: 80/20
OON: Yes

RX
99/99/99/99



Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

PHARMACY INFORMATION:

BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113

Member Services:	757-XXX-XXXX OR X-XXX-XXX-XXXX
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Employee Assistance Program:	757-363-6777 OR 1-800-899-8174
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Out-of-Area Provider Network	1-888-817-7427

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS	 
P.O. Box 5028	P.O. Box 1440	
Troy, MI 48007-5028	Troy, MI 48099-1440	

A PPO HRA plan Underwritten by Optima Health Insurance Company


CORE HRA PPO_HRA POS_1_2011- Design POSA and Design Plus Sample


ABC Company
DESIGN
OUT OF AREA PLAN

Member Name: John Doe
Member Number: 9999999*99
Group Number: 999999
Effective Date: 01-01-2011

Ded: Yes
Coins: 80/20
OON: Yes

RX
99/99/99/99



Detailed benefit information is available at optimahealth.com


Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

PHARMACY INFORMATION:

BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113


Member Services:	757-XXX-XXXX OR X-XXX-XXX-XXXX
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Employee Assistance Program:	757-363-6777 OR 1-800-899-8174
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Out-of-Area Provider Network	1-888-817-7427

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O. Box 5028	P.O. Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440



A PPO HRA plan Underwritten by Optima Health Insurance Company

CORE Equity Vantage Sample


ABC Company
EQUITY VANTAGE

Member Name: John Doe
Member Number: 9999999*99 *Ded:\$9999
Group Number: 999999 Coins: 0
Effective Date: 01-01-2011

**This plan includes preventive care benefits not subject to the deductible. Please refer to your plan documents for details*

RX
99/99/99/99

Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

PHARMACY INFORMATION:


BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113

Member Services:	757-XXX-XXXX OR X-XXX-XXX-XXXX
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Employee Assistance Program:	757-363-6777 OR 1-800-899-8174
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O. Box 5028	P.O. Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440

An HMO HSA plan Underwritten by Optima Health Plan

CORE Equity POSA and Equity Plus/Equity OOAPlus Sample



ABC Company
EQUITY POSA

Member Name: John Doe
Member Number: 9999999*99 *Ded:\$9999
Group Number: 999999 Coins: 0
Effective Date: 01-01-2011

**This plan includes preventive care benefits not subject to the deductible. Please refer to your plan documents for details*

RX
99/99/99/99


Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

PHARMACY INFORMATION:


BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113

Member Services:	757-XXX-XXXX OR X-XXX-XXX-XXXX
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Employee Assistance Program:	757-363-6777 OR 1-800-899-8174
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Out-of-Area Provider Network	1-888-817-7427

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS	
P.O. Box 5028	P.O. Box 1440	
Troy, MI 48007-5028	Troy, MI 48099-1440	

A POSA HSA plan Underwritten by Optima Health Plan

CORE Equity POSA and Equity Plus/Equity OOA Plus Sample



**ABC Company
EQUITY PLUS**

Member Name: John Doe
Member Number: 9999999*99 *Ded:\$9999
Group Number: 999999 Coins: 0
Effective Date: 01-01-2011

*This plan includes preventive care benefits not subject to the deductible. Please refer to your plan documents for details

RX
99/99/99/99



Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

PHARMACY INFORMATION:


BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113

Member Services:	757-XXX-XXXX OR X-XXX-XXX-XXXX
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Employee Assistance Program:	757-363-6777 OR 1-800-899-8174
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Out-of-Area Provider Network	1-888-817-7427

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS	
P.O. Box 5028	P.O. Box 1440	
Troy, MI 48007-5028	Troy, MI 48099-1440	

A PPO HSA plan Underwritten by Optima Health Insurance Company

CORE Equity OOAPlus- Equity POSA and Equity Plus Sample



ABC Company
EQUITY PLUS

Member Name: John Doe
Member Number: 9999999*99
Group Number: 999999
Effective Date: 01-01-2011

*Ded:\$9999
Coins: 0

**This plan includes preventive care benefits not subject to the deductible. Please refer to your plan documents for details*

RX
99/99/99/99



Detailed benefit information is available at optimahealth.com


Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

PHARMACY INFORMATION:

BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113

Member Services:	757-XXX-XXXX OR X-XXX-XXX-XXXX
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Employee Assistance Program:	757-363-6777 OR 1-800-899-8174
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Out-of-Area Provider Network	1-888-817-7427

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O. Box 5028	P.O. Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440



A PPO HSA plan Underwritten by Optima Health Insurance Company

Core OFC-2011 Sample



FAMILY CARE

Member Name: John Doe
Member Number: 9999999*99
Group Number: 999999
Member Effective Date: 99-99-99
PCP Name: 99999999999999999999999999
PCP Phone: 999-9999

OV: \$99999
ED: \$99999
RX: \$99999

Medicaid #: 999999999999 DOB: 99-99-9999

Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room. Always call your Primary Care Physician for non-emergent care.

PHARMACY INFORMATION:

BIN# 610011 PROCESSOR CONTROL# OHPMCAID

iRx Pharmacy Help Desk: 1-866-244-9113


Member Services:	757-999-9999 OR 9-999-999-9999
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Smiles for Children:	1-888-912-3456
Transportation:	1-877-892-3986

MEDICAL CLAIMS
P.O. Box 5028
Troy, MI 48007-5028

BEHAVIORAL HEALTH CLAIMS
P.O. Box 1440
Troy, MI 48099-1440

Offered by Optima Health Plan

Core FAMIS⁴- 2011 Sample



**FAMILY CARE
FAMIS**

Member Name: John Doe
Member Number: 9999999*99
Group Number: 999999
Member Effective Date: 99-99-99
PCP Name: ABC Provider
PCP Phone: 999-9999

OV: \$2
ED: \$2
RX: \$2

FAMIS #: 999999999999 DOB: 99-99-9999

Detailed benefit information is available at optimahealth.com



Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.
IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room.
Always call your Primary Care Physician for non-emergent care.

PHARMACY INFORMATION:


BIN# 610011	PROCESSOR CONTROL# OHPMCAID
iRx Pharmacy Help desk:	1-866-244-9113

Member Services:	757-999-9999 OR 9-999-999-9999
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Smiles for Children:	1-888-912-3456

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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Offered by Optima Health Plan

Core FAMIS'7- 2011 Sample




**FAMILY CARE
FAMIS**

Member Name: John Doe
Member Number: 9999999*99
Group Number: 999999
Member Effective Date: 99-99-99
PCP Name: ABC Provider
PCP Phone: 999-9999

OV: \$5
ED: \$5
RX: \$5

FAMIS #: 999999999999 DOB: 99-99-9999

Detailed benefit information is available at optimahealth.com



Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.
IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room.
Always call your Primary Care Physician for non-emergent care.

PHARMACY INFORMATION:

BIN# 610011	PROCESSOR CONTROL# OHPMCAID
iRx Pharmacy Help desk:	1-866-244-9113

Member Services:	757-999-9999 OR 9-999-999-9999
Provider Relations:	757-552-7474 OR 1-800-229-8822
Medical/Pharmacy Pre Authorization:	757-552-7540 OR 1-800-229-5522
Behavioral Health Pre Authorization:	757-552-7174 OR 1-800-648-8420
After Hours Nurse Advice:	757-552-7250 OR 1-800-394-2237
Smiles for Children:	1-888-912-3456

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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Offered by Optima Health Plan

MED_Value Sample



OPTIMA MEDICARE VALUE (PPO)

Member Name: John Sample
Member Number: 9999999*99
Member Effective Date: 99-99-99
Issuer: 80840

OV: \$10
SOV: \$10
UCC: \$10
ED: \$50

Part B Rx
Rx Bin: 610011
Rx Pcn: OPTIMAPTB
Rx Group Number: MAV

Detailed benefit information is available at optimahealth.com
H4908 - 005

Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.


MEMBER SERVICES:	757-687-6160 OR 1-800-927-6048
TTY/TDD:	1-800-225-7784 (HEARING IMPAIRED)
CARE COORDINATION/ NURSE ADVICE LINE:	757-687-6340 OR 1-877-817-3037
MEDICAL PRE AUTHORIZATION:	757-552-7540 OR 1-800-229-5522
BEHAVIORAL HEALTH PRE AUTHS:	757-552-7174 OR 1-800-648-8420
PHARMACIST USE ONLY (CALL iRx):	1-866-603-7514
PROVIDER RELATIONS:	757-552-7474 OR 1-800-229-8822

MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:

MEDICAL CLAIMS P.O.Box 5028 Troy, MI 48007-5028	CHIROPRACTIC CLAIMS/ASH P.O. Box 509077 San Diego, CA 92150-9077	BEHAVIORAL HEALTH CLAIMS P.O.Box 1440 Troy, MI 48099-1440
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Offered by Optima Health Insurance Company

MED_Value_Plus Sample


OPTIMA MEDICARE
VALUE PLUS (PPO)

Member Name: John Sample
Member Number: 9999999*99 OV: \$10
Rx Group Number: MAPHV SOV: \$10
Effective Date: 99-99-99 UCC: \$10
Issuer: 80840 ED: \$50

Part D Rx Part B Rx **MedicareRx**
Rx Bin: 610011 Rx Bin: 610011 Prescription Drug Coverage
Rx Pcn: OPTIMAMPD Rx Pcn: OPTIMAPTB

Detailed benefit information is available at optimahealth.com H4908 - 006

Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

MEMBER SERVICES: 757-687-6160 OR 1-800-927-6048
TTY/TDD: 1-800-225-7784 (HEARING IMPAIRED)
CARE COORDINATION/
NURSE ADVICE LINE: 757-687-6340 OR 1-877-817-3037
MEDICAL PRE AUTHORIZATION: 757-552-7540 OR 1-800-229-5522
BEHAVIORAL HEALTH PRE AUTHS: 757-552-7174 OR 1-800-648-8420
PHARMACIST USE ONLY
(CALL iRx): 1-866-603-7514
PROVIDER RELATIONS: 757-552-7474 OR 1-800-229-8822

MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:

MEDICAL CLAIMS P.O.Box 5028 Troy, MI 48007-5028	CHIROPRACTIC CLAIMS/ASH P.O. Box 509077 San Diego, CA 92150-9077	BEHAVIORAL HEALTH CLAIMS P.O.Box 1440 Troy, MI 48099-1440
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Offered by Optima Health Insurance Company