CORE VANTAGE Sample

(DptimaHealth 8	
ABC Company		
VANTAGE		Coins: 80/20% OV: \$99 SOV: \$99
Member Name: John Doe	e	UCC: \$99
Member Number: 999999	99*99	ED: \$999
Group Number: 999999		DX1: \$999
Effective Date: 01-01-20	11	DX2: \$999
		OP: \$999
RxDed \$0	RX 99/99/99/99	IP: \$999
Detailed benefit inform	mation is available at or	otimahealth.com

	nospitalization, outpatient surgery and therapies, , skilled nursing, acute rehab, or prosthetics.
PHARMACY INFORMATION:	, online intering, acate ronas, or procurence.
BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113
Member Services: Provider Relations: Medical/Pharmacy Pre Authorization: Employee Assistance Program: Behavioral Health Pre Authorization: After Hours Nurse Advice:	757-999-9999 OR 9-999-999-9999 757-552-7474 OR 1-800-229-8822 757-552-7540 OR 1-800-229-5522 757-363-6777 OR 1-800-899-8174 757-552-7174 OR 1-800-648-8420 757-552-7250 OR 1-800-394-2237
MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440
An HMO plan Under	written by Optima Health Plan

CORE POS/POSA Sample

	Optima Health &	
ABC Company		
POSA		Coins: 80/20% OV: \$99 SOV: \$99
Member Name: John Do	be	UCC: \$99
Member Number: 99999	999*99	ED: \$999
Group Number: 999999)	DX1: \$999
Effective Date: 01-01-2	011	DX2: \$999
		OP: \$999
RxDed	RX	IP: \$999
\$0	99/99/99/99	
Detailed benefit info	rmation is available at op	ptimahealth.com

I	Preauthorization may be advanced imaging, DME,			
I	PHARMACY INFORMAT	<u>FION:</u>		
I	BIN# 610011		PROCESSOR CONTR	ROL# OHPCOMM
	iRx Pharmacy Help desk	:	1-866-244-9113	
	Member Services: Provider Relations: Medical/Pharmacy Pre A Employee Assistance Pro Behavioral Health Pre Au After Hours Nurse Advice Out-of-Area Provider Net	ogram: uthorization: e:	757-XXX-XXXX O 757-552-7474 OR 757-552-7540 OR 757-363-6777 OR 757-552-7174 OR 757-552-7174 OR 757-552-7250 OR 1-888-817-7427	1-800-229-5522 1-800-899-8174 1-800-648-8420
	MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORA P.O. Box 144 Troy, MI 4809	-	MultiPlan.
ŀ	A POSA plan Underwritten	by Optima Hea	alth Plan	

CORE PPO/Plus Sample

O	ptimaHealth ^{É.}	
ABC Company		
PLUS		Coins: 80/20% OV: \$99 SOV: \$99
Member Name: John Doe Member Number: 9999999 Group Number: 999999 Effective Date: 01-01-2012		UCC: \$99 ED: \$999 DX1: \$999 DX2: \$999
RxDed \$99	RX 99/99/99	OP: \$999 IP: \$999
Detailed benefit informa	ation is available at opti	mahealth.com

	ed for: hospitalization, outpatient surgery and therapies, health, skilled nursing, acute rehab, or prosthetics.
PHARMACY INFORMATION:	
BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113
Member Services: Provider Relations: Medical/Pharmacy Pre Authoriz Employee Assistance Program: Behavioral Health Pre Authorizz After Hours Nurse Advice: Out-of-Area Provider Network	tion: 757-363-6777 OR 1-800-899-8174 ation: 757-552-7174 OR 1-800-648-8420 757-552-7250 OR 1-800-34-2237 1-888-817-7427
P.O. Box 5028 P.O.	AVIORAL HEALTH CLAIMS PHCS Box 1440 , MI 48099-1440 JMultiPlan.
A PPO plan Underwritten by Optir	ma Health Insurance Company

OOA Plus/PPO Sample

	Optima Health 8	
ABC Company		
PLUS		Coins: 80/20%
OUT OF AREA PLAN		OV: \$99
		SOV: \$99
Member Name: John Doe		UCC: \$99
Member Number: 9999999*99		ED: \$999
Group Number: 999999		DX1: \$999
Effective Date: 01-01-2011		DX2: \$999
		OP: \$999
RxDed	RX	IP: \$999
\$99	99/99/99/99	刘 PHCS
Detailed benefit info	ormation is available at op	otimahealth.com

		ospitalization, outpatient surgery and therapies, skilled nursing, acute rehab, or prosthetics.
PHARMACY INFORMAT	ION:	
BIN# 610011		PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:		1-866-244-9113
Member Services: Provider Relations: Medical/Pharmacy Pre Ai Employee Assistance Pro Behavioral Health Pre Au After Hours Nurse Advice Out-of-Area Provider Net	ogram: ithorization: e:	757-XXX-XXXX OR X-XXX-XXXX 757-552-7474 OR 1-800-229-8822 757-552-7540 OR 1-800-229-5522 757-363-6777 OR 1-800-899-8174 757-552-7174 OR 1-800-648-8420 757-552-7250 OR 1-800-394-2237 1-888-817-7427
MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	P.O. Box 144 Troy, MI 480	99-1440 MultiPlan.
A PPO plan Underwritten b	y Optima Heal	Ith Insurance Company

CORE Design Vantage Sample

Optima Health & ABC Company DESIGN VANTAGE Member Name: John Doe Member Number: 999999999 Ded: Yes Group Number: 999999 Coins: 0 Effective Date: 01-01-2011 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-XXXX

 Provider Relations:
 757-552-7540 OR 1-800-229-8822

 Medical/Pharmacy Pre Authorization:
 757-552-7540 OR 1-800-229-8822

 Employee Assistance Program:
 757-363-6777 OR 1-800-29-8822

 After Hours Nurse Advice:
 757-552-7540 OR 1-800-398-42237

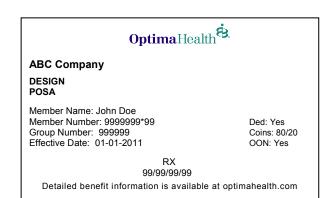
 MEDICAL CLAIMS
 BEHAVIORAL HEALTH CLAIMS

 P.O. Box 5028
 P.O. Box 1440

 Troy, MI 48007-5028
 Troy, MI 48099-1440

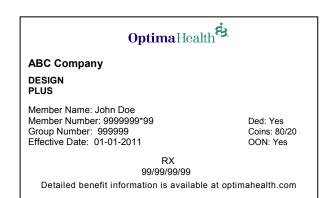
 An HMO HRA plan Underwritten by Optima Health Plan

CORE HRA PPO_HRA POS_1_2011- Design POSA and Design Plus Sample



		ospitalization, outpatient surgery and therapies, skilled nursing, acute rehab, or prosthetics.
PHARMACY INFORMAT	ION:	
BIN# 610011		PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk	:	1-866-244-9113
Member Services: Provider Relations: Medical/Pharmacy Pre A Employee Assistance Pro Behavioral Health Pre Au After Hours Nurse Advice Out-of-Area Provider Net	ogram: ithorization: e:	757-XXX-XXXX OR X-XXX-XXXX 757-552-7474 OR 1-800-229-8822 757-552-7540 OR 1-800-229-5522 757-363-6777 OR 1-800-899-8174 757-552-7174 OR 1-800-648-8420 757-552-7175 OR 1-800-394-2237 1-888-817-7427
MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORA P.O. Box 144 Troy, MI 480	
A POSA HRA plan Underw	ritten by Optim	na Health Plan

CORE HRA PPO_HRA POS_1_2011- Design POSA and Design Plus Sample



	ired for: hospitalization, outpatient surgery and therapies, ie health, skilled nursing, acute rehab, or prosthetics.
PHARMACY INFORMATION	<u>.</u>
BIN# 610011	PROCESSOR CONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113
Member Services: Provider Relations: Medical/Pharmacy Pre Author Employee Assistance Prograr Behavioral Health Pre Authori After Hours Nurse Advice: Out-of-Area Provider Network	n: 757-363-6777 OR 1-800-899-8174 zation: 757-552-7174 OR 1-800-648-8420 757-552-7250 OR 1-800-394-2237
P.O. Box 5028 P.O.	HAVIORAL HEALTH CLAIMS D. Box 1440 y, MI 48099-1440
A PPO HRA plan Underwritten b	by Optima Health Insurance Company

CORE HRA PPO_HRA POS_1_2011- Design POSA and Design Plus Sample



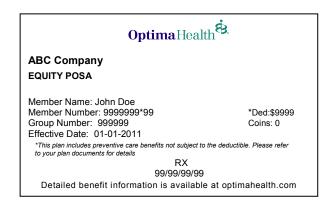
	quired for: hospitalization, outpa ome health, skilled nursing, acu	
PHARMACY INFORMATIC	<u>DN:</u>	
BIN# 610011	PROCESSOR CO	ONTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113	
Member Services: Provider Relations: Medical/Pharmacy Pre Auth Employee Assistance Prog Behavioral Health Pre Auth After Hours Nurse Advice: Out-of-Area Provider Networ	757-552-747 norization: 757-552-754 ram: 757-363-677 orization: 757-552-7174 757-552-7250	XX OR X-XXX-XXX-XXX 4 OR 1-800-229-8822 0 OR 1-800-229-5522 7 OR 1-800-899-8174 4 OR 1-800-648-8420 0 OR 1-800-394-2237 127
P.O. Box 5028	BEHAVIORAL HEALTH CLAIM P.O. Box 1440 Froy, MI 48099-1440	s MultiPlan.
A PPO HRA plan Underwritte	n by Optima Health Insurance	Company

CORE Equity Vantage Sample

Optima Health ABC Company EQUITY VANTAGE Member Name: John Doe Member Number: 9999999*99 Group Number: 999999 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

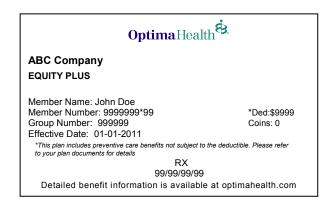
	nospitalization, outpatient surgery and therapies, , skilled nursing, acute rehab, or prosthetics.	
PHARMACY INFORMATION:		
BIN# 610011	PROCESSOR CONTROL# OHPCOMM	
iRx Pharmacy Help desk:	1-866-244-9113	
Member Services:	757-XXX-XXXX OR X-XXX-XXX-XXXX	
Provider Relations: 757-552-7474 OR 1-800-229-8822 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	

CORE Equity POSA and Equity Plus/Equity OOAPlus Sample



Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.		
PHARMACY INFORMATIC	<u>DN:</u>	
BIN# 610011	PROCESSOR CO	NTROL# OHPCOMM
iRx Pharmacy Help desk:	1-866-244-9113	
Member Services: Provider Relations: Medical/Pharmacy Pre Auth Employee Assistance Prog Behavioral Health Pre Auth After Hours Nurse Advice: Out-of-Area Provider Netwo	757-552-7474 horization: 757-552-7540 rram: 757-552-7540 norization: 757-552-7174 757-552-7126	X OR X-XXX-XXXX OR 1-800-229-8822 OR 1-800-229-5522 OR 1-800-899-8174 OR 1-800-648-8420 OR 1-800-648-8420 OR 1-800-394-2237
P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440	PHCS MultiPlan,
A POSA HSA plan Underwrit	ten by Optima Health Plan	

CORE Equity POSA and Equity Plus/Equity OOA Plus Sample



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: Provider Relations: Medical/Pharmacy Pre Authorizati Employee Assistance Program: Behavioral Health Pre Authorizatio After Hours Nurse Advice: Out-of-Area Provider Network	757-363-6777 OR 1-800-899-8174
P.O. Box 5028 P.O. Bo	NORAL HEALTH CLAIMS I 440 II 48099-1440 ii 48099-1440
A PPO HSA plan Underwritten by Op	ptima Health Insurance Company

CORE Equity OOAPlus- Equity POSA and Equity Plus Sample

Optima Health	8
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 to your plan documents for details	
RX 99/99/99	PHCS
Detailed benefit information is available a	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 INFORMAT	ION:		
BIN# 610011		PROCESSOR CONTROL	# OHPCOMM
iRx Pharmacy Help desk	:	1-866-244-9113	
Member Services: Provider Relations:		757-XXX-XXXX OR > 757-552-7474 OR 1-8	
Medical/Pharmacy Pre A		757-552-7540 OR 1-8	
Employee Assistance Pro		757-363-6777 OR 1-8	800-899-8174
Behavioral Health Pre Au	thorization:	757-552-7174 OR 1-8	300-648-8420
After Hours Nurse Advice	e:	757-552-7250 OR 1-8	300-394-2237
Out-of-Area Provider Net	work	1-888-817-7427	
MEDICAL CLAIMS P.O. Box 5028	BEHAVIOR	AL HEALTH CLAIMS	
Troy, MI 48007-5028	Troy, MI 480		MultiPlan.
A PPO HSA plan Underwrit	tten by Optima	Health Insurance Company	/

Core OFC-2011 Sample

Optima Health &	
FAMILY CARE	
Member Name: John Doe Member Number: 9999999*99 Group Number: 999999 Member Effective Date: 99-99-99 PCP Name: 999999999999999999999999999999999999	OV: \$99999 ED: \$99999 RX: \$99999
Medicaid #: 999999999999 DOB: 99-99-9999	
Detailed benefit information is available at optimah	ealth.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: Provider Relations: Medical/Pharmacy Pre Authorization: Behavioral Health Pre Authorization: After Hours Nurse Advice: Smiles for Children: Transportation:	757-999-9999 OR 9-999-999-9999 757-552-7474 OR 1-800-229-8822 757-552-7540 OR 1-800-229-8522 757-552-7174 OR 1-800-648-8420 757-552-7250 OR 1-800-394-2237 1-888-912-3456 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 FAMIS'4- 2011 Sample

Optima Health	
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: 99-99-999	9 FAMIS
Detailed benefit information is available at opt	imahealth.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.

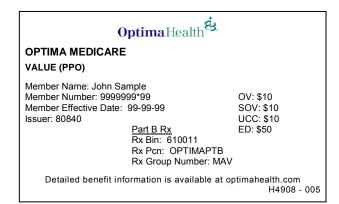
PHARMACY INFORMATION:	
BIN# 610011	PROCESSOR CONTROL# OHPMCAID
iRx Pharmacy Help desk:	1-866-244-9113
Member Services: Provider Relations: Medical/Pharmacy Pre Authorization: Behavioral Health Pre Authorization: After Hours Nurse Advice: Smiles for Children:	757-999-9999 OR 9-999-999-9999 757-552-7474 OR 1-800-229-8822 757-552-7540 OR 1-800-229-5522 757-552-7174 OR 1-800-648-8420 757-552-7174 OR 1-800-648-8420 757-552-7250 OR 1-800-394-2237 1-888-912-3456
MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028 Offered by	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440 Optima Health Plan

Core FAMIS'7-2011 Sample

Optima Health	
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: 99-99-999	9 FAMIS
Detailed benefit information is available at opt	timahealth.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: Provider Relations: Medical/Pharmacy Pre Authorization: Behavioral Health Pre Authorization: After Hours Nurse Advice: Smiles for Children:	757-999-9999 OR 9-999-999-9999 757-552-7474 OR 1-800-229-8822 757-552-7540 OR 1-800-229-5522 757-552-7174 OR 1-800-648-8420 757-552-7174 OR 1-800-648-8420 757-552-7250 OR 1-800-394-2237 1-888-912-3456		
MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028 Offered by	P.O. Box 1440		



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	757-687-6160 OR 1-800-927-6048		
TTY/TDD:		1-800-2	1-800-225-7784 (HEARING IMPAIRED)		
CARE COORDINATIO	DN/		· · · · · ·		
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 C	ONLY				
(CALL iRx):		1-866-603-7514			
PROVIDER RELATIONS:		757-552	757-552-7474 OR 1-800-229-8822		
MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:					
MEDICAL CLAIMS P.O.Box 5028	CHIROPRACTIC CLAIMS/ASH P.O. Box 509077		BEHAVIORAL HEALTH CLAIMS P.O.Box 1440		
Troy, MI 48007-5028	San Diego, CA 92150-9077		Troy, MI 48099-1440		
Offered by Optima Health Insurance Company					

MED_Value_Plus Sample

Optima Health OPTIMA MEDICARE VALUE PLUS (PPO)			
OV: \$10 SOV: \$10 UCC: \$10 ED: \$50			
Prescription Drug Coverage TB http.com H4908 - 006			
E			

Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.					
MEMBER SERVICE TTY/TDD: CARE COORDINAT	-		'-6160 OR 1-800-927-6048 25-7784 (HEARING IMPAIRED)		
NURSE ADVICE LINE: MEDICAL PRE AUTHORIZATION: BEHAVIORAL HEALTH PRE AUTHS: PHARMACIST USE ONLY		757-687-6340 OR 1-877-817-3037 757-552-7540 OR 1-800-229-5522 757-552-7174 OR 1-800-648-8420			
(CALL iRx): PROVIDER RELATI		1-866-6 757-552	03-7514 2-7474 OR 1-800-229-8822		
MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:					
MEDICAL CLAIMS P.O.Box 5028 Troy, MI 48007-5028	CHIROPRACTIC CLAIM P.O. Box 509077 San Diego, CA 92150-90		BEHAVIORAL HEALTH CLAIMS P.O.Box 1440 Troy, MI 48099-1440		

Offered by Optima Health Insurance Company