



2024 MEMBER ID CARDS

SAMPLES

OhioHealth ID Cards (Front)

The image shows a sample OhioHealth Member ID Card. The card is blue and white with a dashed border. It features the OhioHealth logo at the top left, the website OhioHealthyPlans.com, and the Luminare Health logo at the top right. The card is divided into three main sections: Member, Medical Plan, and Pharmacy Plan. The Member section includes the OhioHealth logo, Employer: OhioHealth Corporation, Group #: AQ0000, Member: MARK W SEGAR, and Member ID: OHH000130060. The Medical Plan section includes the Network: OhioHealth Preferred, Out of area Network, and PPO Plan. It also includes a table of benefits and deductibles. The Pharmacy Plan section includes the NAVITUS logo, RXBIN: 022022, RXPCN: ICS, and RXGRP: OHP.

	Tier 1	Tier 2
Office Visit	\$20	\$35
Specialist	\$30	\$50
Urgent Care	\$25	\$45
ER	\$300 ded+coins	\$300 ded+coins
Telehealth	\$10	\$10

Tier 1 In-Network Deductible \$750
Tier 2 In-Network Deductible \$2,250
Out-of-Network Deductible \$4,500
Tier 1 OOP Max \$4,500
Tier 2 In-Network OOP Max \$7,500
Out-of-Network OOP Max No Limit

PPO Plan

- Plan type
- Employer group logo
- Network
- Group number
- Member ID number
- RX benefit and details



2024 MEMBER ID CARDS

SAMPLES

OhioHealth ID Cards (Front)

The image shows a sample OhioHealth Member ID Card. The card is blue and white with a dashed border. It features the OhioHealth logo at the top left, the website OhioHealthyPlans.com at the top center, and the luminare health logo at the top right. The card is divided into several sections: Member, Medical Plan, Pharmacy Plan, and a table of benefits. Arrows point from various parts of the card to a list of labels on the right.

Member

OhioHealth
Employer: OhioHealth Corporation
Group #: AQ0000
Member: ANDREA BLUE
Member ID: OHH000103490

Medical Plan

Network
OhioHealthy Preferred
Out of area Network Aetna Signature Administrators, Inc.
PPO Assist Plan

	Tier 1	Tier 2
Office Visit	\$20	\$20
Specialist	\$25	\$25
Urgent Care	\$20	\$20
ER	\$150	\$150
Telehealth	\$10	\$10

Tier 1 In-Network Deductible \$200
Tier 2 In-Network Deductible \$225
Out-of-Network Deductible \$2,800
Tier 1 OOP Max \$1,400
Tier 2 In-Network OOP Max \$1,500
Out-of-Network OOP Max No Limit

Pharmacy Plan

NAVITUS
PHARMACY BENEFITS ADMINISTERED
www.navitus.com
Rx Member Help Desk: 855,673,8504

RXBIN: 022022
RXPCN: ICS
RXGRP: OHP

PPO Assist Plan

Plan type

Employer group logo

Network

Group number

Member ID number

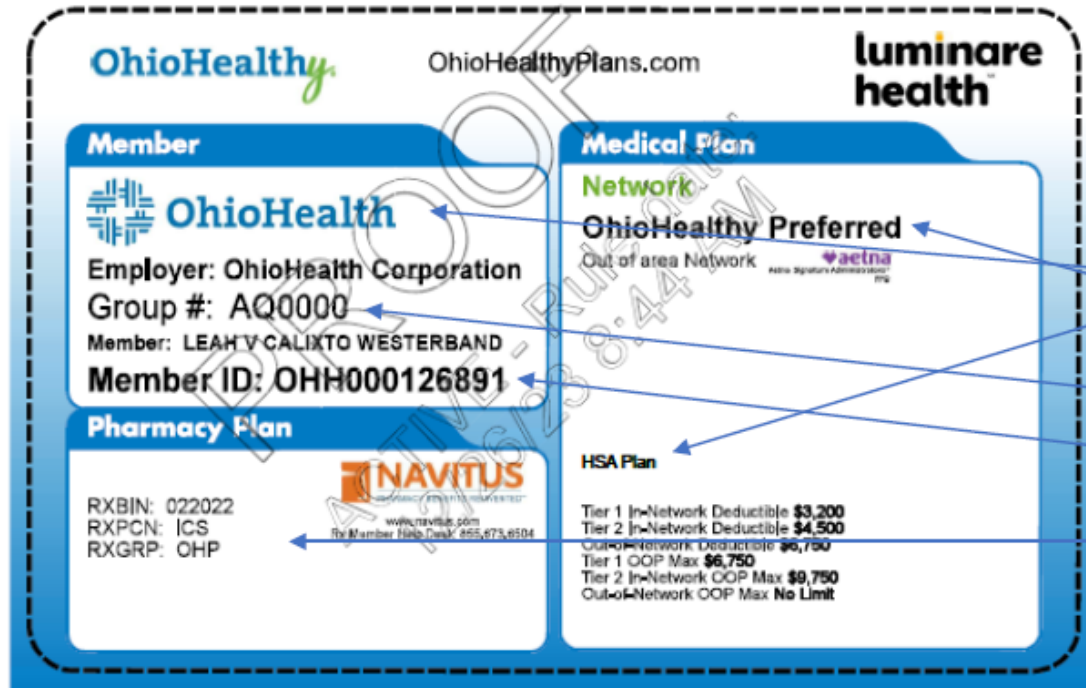
RX benefit and details



2024 MEMBER ID CARDS

SAMPLES

OhioHealth ID Cards (Front)



HDHP+HSA Plan

- Plan type
- Employer group logo
- Network
- Group number
- Member ID number
- RX benefit and details



2024 MEMBER ID CARDS

SAMPLES

OhioHealth ID Cards (Back)

Medical Claims
EDI: Payer ID 48116
Mail: OhioHealth
P.O. Box 4278
Clinton, IA 52733-4278
Claims Status Inquiry: Payer ID CRSMD

Questions?
Member Advocate: 855-571-1378
OhioHealthyPlans.com

Call 1-800-835-2362 or visit
www.teladoc.com

Eligibility & Benefits
EDI: Payer ID CRSMD
Member & Provider: 855-571-1378
This card does not guarantee eligibility or payment.

Care Management
Your Plan may require pre-certification for certain treatments and procedures. Refer to your Summary Plan Description (SPD) or call 833-865-1185 for plan specifics.
Notification required within 48 hours or the next business day of an urgent care admission.
Case Management: 855-571-1378
My Nurse 24/7: 866-366-6877
Specialty Drugs: 888.504.5563

TELADOC.

- Important phone numbers
- Teledoc
- Claims submission details
- Precertification info



2024 MEMBER ID CARDS

SAMPLES

Otterbein University (Front)

Member

OTTERBEIN UNIVERSITY
Employer: Otterbein University
Group #: UN0000
Member: KARI K BRIGGS
Member ID: D20041071

Medical Plan

Network
OhioHealthy Network
Out of area Network

HSA Plan

Tier 1

PCP Office Visit	\$0
Specialist Office Visit	\$0
Urgent Care Visit	\$0
ER Visit	\$0

In-Network Deductible **\$6,000**
Out-of-Network Deductible **\$6,000**
In-Network OOP Max **\$6,000**
Out-of-Network OOP Max **\$8,000**

Pharmacy Plan

NAVITUS
www.Navitus.com
Rx Help Desk: 855.873.6504

RXBIN: 022022
RXPCN: ICS
RXGRP: OHS

Retail: \$0 after deductible
Mail Order: \$0 after deductible

HDHP+HSA Plan

Plan type

Employer group logo

Network

Group number

Member ID number

RX benefit and details



2024 MEMBER ID CARDS

SAMPLES

Otterbein University (Front)

OhioHealth OhioHealthyPlans.com **luminare health**

Member

OTTERBEIN UNIVERSITY
Employer: Otterbein University
Group #: UN0000
Member: PPO TEST
Member ID: D20000364

Medical Plan

Network
OhioHealth Network
Out of area Network

PPO Plan

	Tier 1
PCP Office Visit	\$25
Specialist Office Visit	\$50
Urgent Care Visit	\$50
ER Visit	\$250

In-Network Deductible **\$500 Indv / \$1,000 Fam**
Out-of-Network Deductible **\$1,000 Indv / \$2,000 Fam**
In-Network OOP Max **\$1,500 Indv / \$3,000 Fam**
Out-of-Network OOP Max **\$3,000 Indv / \$6,000 Fam**

Pharmacy Plan

NAVITUS
www.Navitus.com
Rx Help Desk: 855,673,6604

RXBIN: 022022
RXPCN: ICS
RXGRP: OHS

Retail: Generic \$15 / Preferred \$30 / Brand \$50
Mail Order: Generic \$30 / Preferred \$60 / Brand \$100

PPO Plan

Plan type

Employer group logo

Network

Group number

Member ID number

RX benefit and details



2024 MEMBER ID CARDS

SAMPLES

Otterbein University (Back)

Medical Claims
EDI: Payer ID 48116
Mail: OhioHealthy
P.O. Box 4278
Clinton, IA 52733-4278
Claims Status Inquiry: Payer ID CRSMD

Questions?
Member Advocate: 855-571-1378
OhioHealthyPlans.com

Call 1-800-835-2362 or visit
www.teladoc.com

TELADOC

Eligibility & Benefits
EDI: Payer ID CRSMD
Member & Provider: 855-571-1378
This card does not guarantee eligibility or payment.

Care Management
Your Plan may require pre-certification for certain treatments and procedures. Refer to your Summary Plan Description (SPD) or call 833-865-1185 for plan specifics.
Notification required within 48 hours or the next business day of an urgent care admission.
Case Management: 855-571-1378
My Nurse 24/7: 866-366-6877
Specialty Drugs: 888.504.5563

Important phone numbers
Teladoc
Claims submission details
Precertification info



2024 MEMBER ID CARDS

SAMPLES

Huntington (Front)

The image shows a sample Huntington Member ID Card with callouts pointing to various fields. The card is divided into several sections:

- Member Section:** Contains the Huntington logo, Employer: Huntington Bancshares Incorporated, Group #: BA0000, Member: JULIA M BOHN, and Member ID: D20041416.
- Medical Plan Section:** Contains the word "Network" and "OhioHealthy Network".
- Pharmacy Plan Section:** Contains RXBIN: 003858, RXPCN: A4, RXGRP: HNBRX01, and the EXPRESS SCRIPTS logo.
- Insurance Details Section:** Contains Coinsurance information: CIN/COPC 10% and Non-CIN Providers 20%. It also lists In-Network Deductible \$3,200, Out-of-Network Deductible \$6,400, In-Network OOP Max \$6,700, and Out-of-Network OOP Max \$13,400.

Callouts on the right side of the card point to the following fields:

- Plan type (points to "Network")
- Employer group logo (points to the Huntington logo)
- Network (points to "OhioHealthy Network")
- Group number (points to "Group #: BA0000")
- Member ID number (points to "Member ID: D20041416")
- RX benefit and details (points to the Pharmacy Plan section)



2024 MEMBER ID CARDS

SAMPLES

Huntington(Back)

Medical Claims
EDI: Payer ID 48116
Mail: OhioHealth
P.O. Box 4278
Clinton, IA 52733-4278
Claims Status Inquiry: Payer ID CRSMD
Questions?
Member Advocate: 833-865-1190
OhioHealthyPlans.com

Eligibility & Benefits
EDI: Payer ID CRSMD
Member & Provider: 833-865-1190
This card does not guarantee eligibility or payment.

Care Management
Your Plan may require pre-certification for certain treatments and procedures. Refer to your Certificate of Coverage or call 833-865-1190 for plan specifics.
Notification required within 48 hours or the next business day of an urgent care admission.
Case Management: 614-485-7941
My Nurse 24/7: 866-366-6877
Medical Benefit Drugs: 888-504-5563

800-678-7427
www.multiplan.com

PHCS
Out of Area

MultiPlan
Complementary Network

TELADOC.

- Important phone numbers
- Teledoc
- Claims submission details
- Precertification info



2024 MEMBER ID CARDS

SAMPLES

Medflight ID Cards

Front of ID Cards

OhioHealth | OhioHealthyPlans.com

Member

MedFlight

Employer: Ohio Medical Transportation, Inc
Group #: M30000
Member: PPO IN TEST
Member ID: D20000504

Medical Plan

Network
OhioHealthy Network

Pharmacy Plan

RXBIN: 022022
RXPCN: ICS
RXGRP: OHS

NAVITUS
www.Navitus.com
Rx Help Desk: 855.673.6504

Retail In-Network: \$15/\$40/\$75
Mail Order In-Network: \$37.50/ \$100/\$187.50
Out-of-Network: Not Covered

	Tier 1 & 2	Tier 3
PCP Office Visit	\$15	50% after Ded
Specialist Office Visit	\$50	50% after Ded
Urgent Care Visit	\$25	50% after Ded
ER Visit	\$300	\$300

Tier 1 In-Network Deductible \$1,000 / \$2,000
Tier 1 In-Network OOP Max \$4,000 / \$8,000
Tier 2 In-Network Deductible \$3,000 / \$6,000
Tier 2 In-Network OOP Max \$8,000 / \$16,000
Tier 3 Out-of-Network Deductible \$5,000 / \$10,000
Tier 3 Out-of-Network OOP Max \$10,000 / \$20,000

PPO Plan

- Plan type
- Employer group logo
- Network
- Group number
- Member ID number
- RX benefit and details




2024 MEMBER ID CARDS

SAMPLES


OhioHealth OhioHealthyPlans.com

Member

 **MedFlight**

Employer: Ohio Medical Transportation, Inc
Group #: M30000
Member: DOLLAR IN TEST
Member ID: D20000506

Pharmacy Plan

 **NAVITUS**
PHARMACY BENEFITS REVENUE
www.Navitus.com
Rx Help Desk: 855.673.6504

RXBIN: 022022
RXPCN: ICS
RXGRP: OHS

Retail In-Network: \$15/\$40/\$75
Mail Order In-Network: \$37.50/\$100/\$187.50
Out-of-Network: Not Covered

Medical Plan

Network
OhioHealthy Network

First Dollar Plan

	Tier 1 & 2	Tier 3
PCP Office Visit	100% after Ded	70% after Ded
Specialist Office Visit	100% after Ded	70% after Ded
Urgent Care Visit	100% after Ded	70% after Ded

Tier 1 In-Network Deductible ~~\$5,000~~ / \$10,000
Tier 1 In-Network OOP Max \$6,900 / \$13,800
Tier 2 In-Network Deductible \$6,500 / \$13,000
Tier 2 In-Network OOP Max \$9,400 / \$18,900
Tier 3 Out-of-Network Deductible \$15,500 / \$30,000
Tier 3 Out-of-Network OOP Max \$20,700 / \$41,400

First Dollar Plan

Plan type

Employer group logo

Network

Group number

Member ID number

RX benefit and details




2024 MEMBER ID CARDS

SAMPLES


OhioHealth OhioHealthyPlans.com

Member



Employer: Ohio Medical Transportation, Inc
Group #: M30000
Member: HSA IN TEST
Member ID: D20000505

Pharmacy Plan



RXBIN: 022022
RXPCN: ICS
RXGRP: OHS

Retail In-Network: \$15/\$40/\$75
Mail Order In-Network: \$37.50/ \$100/\$187.50
Out-of-Network: Not Covered

Medical Plan

Network
OhioHealthy Network

HSA Plan

	Tier 1 & 2	Tier 3
PCP Office Visit	100% after Ded	70% after Ded
Specialist Office Visit	100% after Ded	70% after Ded
Urgent Care Visit	100% after Ded	70% after Ded

Tier 1 In-Network Deductible \$3,500 / \$7,000
Tier 1 In-Network OOP Max \$4,500 / \$9,000
Tier 2 In-Network Deductible \$5,000 / \$10,000
Tier 2 In-Network OOP Max \$8,050 / \$16,100
Tier 3 Out-of-Network Deductible \$10,500 / \$21,000
Tier 3 Out-of-Network OOP Max \$13,500 / \$27,000

HDHP+HSA Plan

- Plan type
- Employer group logo
- Network
- Group number
- Member ID number
- RX benefit and details



2024 MEMBER ID CARDS

SAMPLES

Back of all cards

The image shows the back of a 2024 Member ID Card, divided into three main sections: Medical Claims, Eligibility & Benefits, and Care Management. Blue arrows point from callout text on the right to specific information on the card.

Medical Claims

- EDI: Payer ID 48116
- Mail: OhioHealthy
P.O. Box 4278
Clinton, IA 52733-4278
- Claims Status Inquiry: Payer ID CRSMD
- Questions?
Member Advocate: 833-865-1190
OhioHealthyPlans.com

Eligibility & Benefits

- EDI: Payer ID CRSMD
- Member & Provider: 833-865-1190
- This card does not guarantee eligibility or payment.*

Care Management

- Your Plan may require pre-certification for certain treatments and procedures. Refer to your Certificate of Coverage or call 833-865-1190 for plan specifics.
- Notification required within 48 hours or the next business day of an urgent care admission.
- Case Management: 614-485-7941
My Nurse 24/7: 866-366-6877
Medical Benefit Drugs: 888-504-5563

Logos: PHCS (Out of Area), MultiPlan (Complementary Network), TELADOC.

Callouts:

- Important phone numbers (points to 833-865-1190)
- Teledoc (points to www.teladoc.com)
- Claims submission details (points to Payer ID 48116)
- Precertification phone number (points to 833-865-1190)
- PHCS/Multiplan logo (points to PHCS and MultiPlan logos)