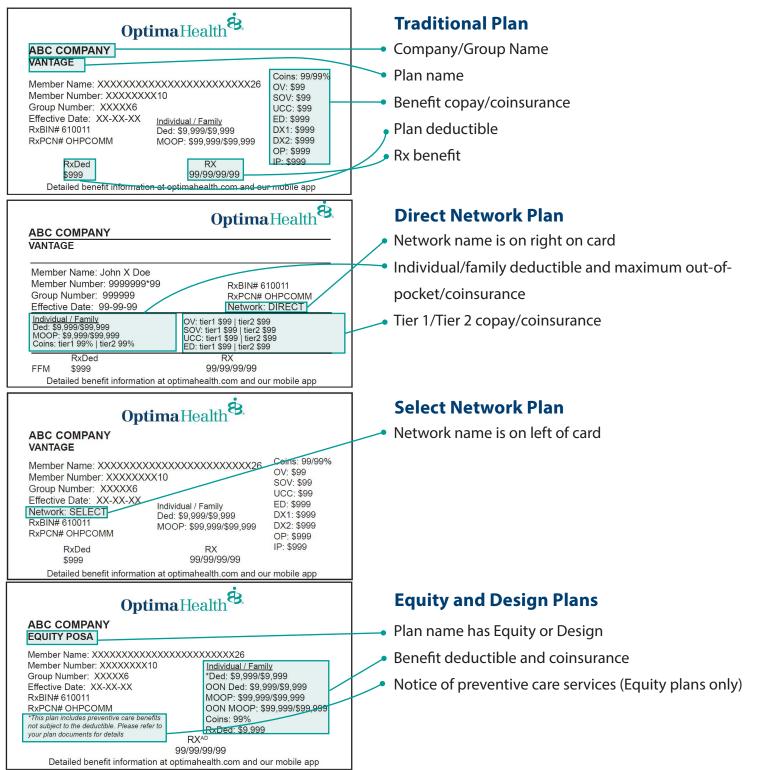
### Optima Health B

#### **Commercial Group**

(does not include custom cards for self-funded employer groups)

#### HMO, POS, and PPO Product Lines

#### FRONT OF CARD

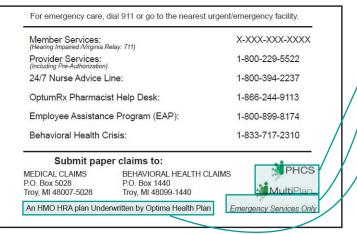


### Optima Health B

#### **Commercial Group**

(does not include custom cards for self-funded employer groups)

#### HMO, POS, and PPO Product Lines (cont.) BACK OF CARD



PHCS and MultiPlan logos

Emergency Services notice for HMO plans only "Underwritten by..." for fully insured groups and "Administered by..." for self-funded groups

#### **OOA PPO Product Line**

O <b>ptima</b> Healt	h <b>8</b> .	PHCS MultiPlan
ABC COMPANY EQUITY PLUS		
Member Name: XXXXX Member Number: XXXX Group Number: XXXXX Effective Date: XX-XX- RXBIN# 610011 RXPCN# OHPCOMM This plan includes preventive not subject to the deductible. Pour blan documents for detail	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Individual / Family *Ded: \$9,999/\$9,999 OON Ded: \$9,999/\$9,999 MOOP: \$99,999/\$99,999 OON MOOP: \$99,999/\$99,999 Coins: 99% RxDed: \$9,999
		/99/99 ealth.com and our mobile app
Detailed benefit info For emergency care, d Member Services:	ormation at optimah ial 911 or go to the ne	
Detailed benefit info For emergency care, d Member Services: (Hearing Impaired Nirpinia Re Provider Services:	ormation at optimah ial 911 or go to the ne	ealth.com and our mobile app
Detailed benefit info For emergency care, d Member Services: (Hearing Impaired Virginia Re	ormation at optimah ial 911 or go to the ne	ealth.com and our mobile app earest urgent/emergency facility. X-XXX-XXX-XXXX
Detailed benefit info For emergency care, d Member Services: (Hearing Impaired /Virginia Re Provider Services: (Including Pre-Authorization)	ormation at optimahi ial 911 or go to the ne ay: 711) ne:	ealth.com and our mobile app earest urgent/emergency facility. X-XXX-XXX-XXXX 1-800-229-5522
Detailed benefit info For emergency care, d Member Services: (Heating Impaired Virginia Re Provider Services: (Including Pre-Authorization) 24/7 Nurse Advice Lin	ormation at optimahi ial 911 or go to the ne lay: 711) ne: : Help Desk:	ealth.com and our mobile app earest urgent/emergency facility. X-XXX-XXX-XXXX 1-800-229-5522 1-800-394-2237
Detailed benefit info For emergency care, d Member Services: (Hearing Impaired / Mignia Re Provider Services: (Including Pre-Authorazation) 24/7 Nurse Advice Lin OptumRx Pharmacist	ormation at optimaho ial 911 or go to the ne lay: 711) ne: Help Desk: Program (EAP):	ealth.com and our mobile app earest urgent/emergency facility. X-XXX-XXXX 1-800-229-5522 1-800-394-2237 1-866-244-9113
Detailed benefit info For emergency care, d Member Services: (Hearing Impaired /Virginia Re Provider Services: (Including Pre-Authorization) 24/7 Nurse Advice Lin OptumRx Pharmacist Employee Assistance	ormation at optimaho ial 911 or go to the ne wy: 711) he: Help Desk: Program (EAP): Network:	ealth.com and our mobile app earest urgent/emergency facility. X-XXX-XXX-XXXX 1-800-229-5522 1-800-394-2237 1-866-244-9113 1-800-899-8174
Detailed benefit info For emergency care, d Member Services: (Hearing Impaired Virginia Re- Provider Services: (Including Pre-Authorization) 24/7 Nurse Advice Lin OptumRx Pharmacist Employee Assistance Out of Area Provider	ormation at optimah ial 911 or go to the ne lay: 711) ne: Help Desk: Program (EAP): Network: sis:	ealth.com and our mobile app earest urgent/emergency facility. X-XXX-XXX-XXXX 1-800-229-5522 1-800-394-2237 1-866-244-9113 1-800-899-8174 1-888-817-7427

#### **Out-of-Area PPO – All Network Plans**

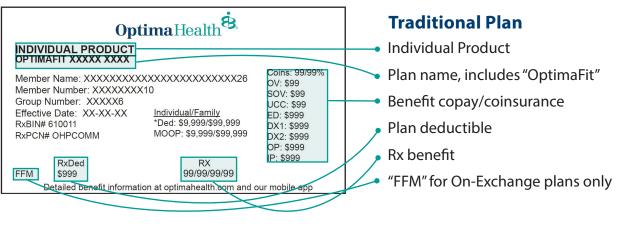
Shows "Out of Area" on card

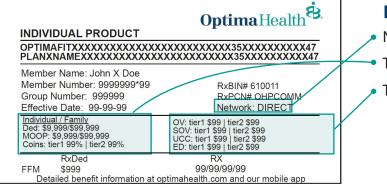
PHCS logo and MultiPlan logo on front

## Optima Health B

#### **Individual & Family Plans**

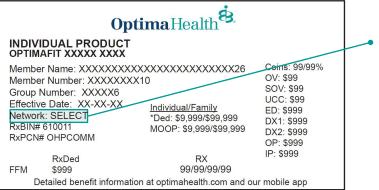
#### FRONT OF CARD





#### **Direct Network Plan**

Network name is on right on card
Tier 1 benefit copay/coinsurance
Tier 2 copay/coinsurance

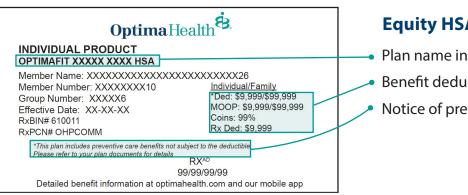


#### **Select Network Plan**

Network name is on left of card

## Optima Health &

#### **Individual & Family Plans**



#### **Equity HSA Plan**

- Plan name includes "HSA"
- Benefit deductible and coinsurance
- Notice of preventive care services

#### **BACK OF CARD**

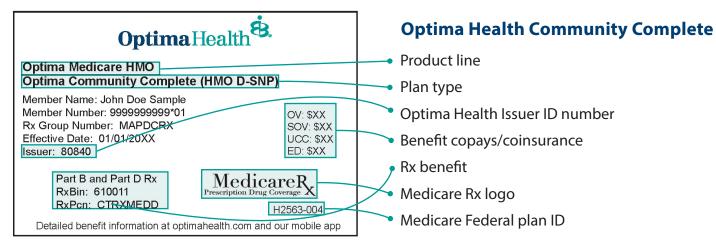
Member Services: (Hearing Impaired Wrightia Relay: 711) Provider Services: (Including Pre-Authorization) 24/7 Nurse Advice Line: OptumRx Pharmacist Help Desk: Behavioral Health Crisis:		X-XXX-XXX-XXXX 1-800-229-8822 1-800-394-2237 1-866-244-9113 1-833-717-2310				
				Submit paper o	laims to:	
				MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CL/ P.O. Box 1440 Troy, MI 48099-1440	AIMS PHCS
				An HMO HSA plan Undewritten by Optima Health Plan		Emergency Services Only

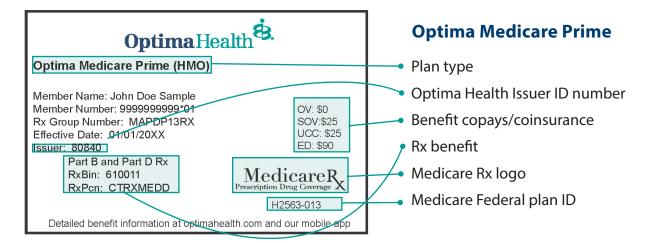
PHCS and MultiPlan logos **Emergency Services notice** 

### Optima Health B

#### **Medicare Plans**

#### FRONT OF CARD





#### BACK OF CARD

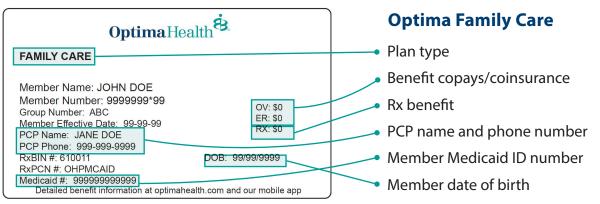
For emergency care, dial 911 or go to the nearest urgent/emergency facility.				
Member Services: (Hearing Impaired /Virginia Relay: 711)		1-800-927-6048		
Provider Services: (Including Pre-Authorization)		1-888-946-1167		
24/7 Nurse Advice Line:		1-800-394-2237		
Pharmacy Help Desk:		1-866-603-7514		
DentaQuest:		1-888-696-9549		
Submit	MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440		
claims to:	PHARMACY PAPER CLAIMS P.O. Box 968021 Schaumburg, IL 60196-8021	DENTAQUEST CLAIM8 Providers: 1-844-822-8109 Members: 1-888-696-9549		
An HMO plan offered by Optima Health Plan				

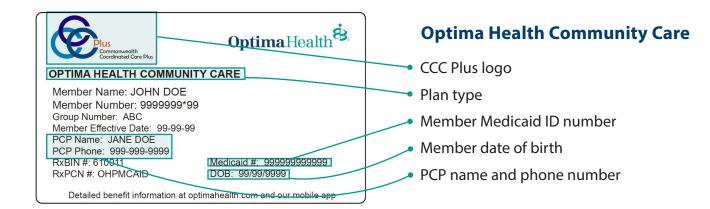
"Offered by..." for Medicare plans

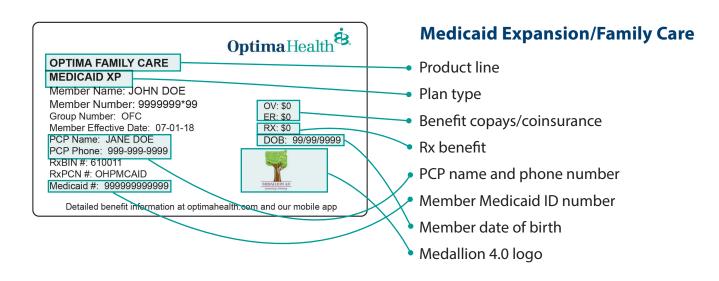
### Optima Health B

#### **Medicaid Plans**

#### FRONT OF CARD







# Optima Health &

#### **Medicaid Plans**

#### FRONT OF CARD

OptimaHealth	Medicaid Expansion/Community Care
OPTIMA HEALTH COMMUNITY CARE	Product line
Member Name: JOHN DOE Member Number: 9999999*99 OV: \$0	<ul> <li>Plan type</li> </ul>
Group Number: OHCC ER: SO Member Effective Date: 99-99-99 RX: SO	<ul> <li>Benefit copays/coinsurance</li> </ul>
PCP Name: 999999999999999999999999999999999999	• Rx benefit
RxBIN #: 610011 RxPCN #: OHPMCAID	PCP name and phone number
Medicaid #: 99999999999999999999999999999999999	Member Medicaid ID number
	Member date of birth
	Commonwealth Coordinated Care Plus logo

#### **BACK OF CARD**

Pre Authorization may be required for: hospitalization, outpatient surgery, 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.				
Member Services: (F	9-999-999-9999			
Behavioral Health/ARTS Crisis Line:		9-999-999-9999		
Provider Services: (Including Pre-Authorization)		9-999-999-9999		
Care Coordination:		9-999-999-9999		
24/7 Nurse Advice Line:		9-999-999-9999		
Pharmacist Help Desk: (Including Pre-Authorization)		9-999-999-9999		
Dental:		9-999-999-9999		
Transportation:		9-999-999-9999		
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	OPTIMA HEALTH 4417 Corporation Lane Virginia Beach, VA 23462-3162 Plan		