Plan name (see list)

**EmblemHealth**

VIP Value (HMO)

**MEMBER ID NUMBER:** K0000000000

**Network:** VIP Prime

**PCP Name:** Dr. SAMPLE CARD

PCP Phone: 800-447-8255

Copay: PCP $15 SPEC $50

Urgent: $55 ER $90

Rx $4/ $20/ $47/$100/ 28%

Preventive Dental

Rx Bin#: 400023

Rx PCN#: 0020050403

Issuer#: (80840)

CMS#: H3330-036-000

Reduced Rx cost-sharing at Preferred Pharmacies

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**BACK**

**emblemhealth.com/medicare**

MEMBERS AND PROVIDERS: Network providers must provide or arrange nonemergency care. Call 1-866-447-9717 to request prior approval and confirm eligibility.


Emblem Behavioral Health Services: 1-888-447-2526

EmblemHealth Pharmacy Services: 1-877-444-7097

Dental (DentaQuest): 1-844-776-8749


Behavioral Health claims to: Emblem Behavioral Health Services, PO Box 1850, Hicksville, NY 11802

All other claims to: EmblemHealth, PO Box 2845, New York, NY 10116-2845

Underwritten by HIP Health Plan of New York
John Q. Sample
ID: 123456789
CATEGORY: ABC
HEALTH PLAN: MEDICAL
GHI CBP
NETWORK: GHI CBP

- Preventive Care Copay: $0
- Preventive Care Rx Copay: $0
- ACPNY* Copay:
- PCP $0 SPEC $0
- Other Providers Copay:
- PCP $15 SPEC $30
- Lab/Radiology Copay: $20
- MRI/CT Hi-Tech Radiology: $50
- Urgent Care Copay: $50
- Physical Therapy Copay: $20
- Rx BIN#: 003856
- Rx PCN: MD
- CMS-SS966-503
- RxBGP: GH3A

Managing Entity or Extended Network:
The above Copays do not apply to Medicare beneficiaries.

*AdvantageCare Physicians

Underwritten by Group Health Incorporated.

EmblemHealth Member Services: 212-501-4444
Express Scripts Customer Service: 1-800-585-5786
TTY/TDD: 1-800-899-2114
Submit Medical Claims To:
EmblemHealth (Payer ID No. 13551)
P.O. Box 3000, New York, NY 10116-3000

RX PLAN: Express Scripts
Submit Part D Claims to:
EmblemHealth Medicare
P.O. Box 1520 JAF Station
New York, NY 10116-1520