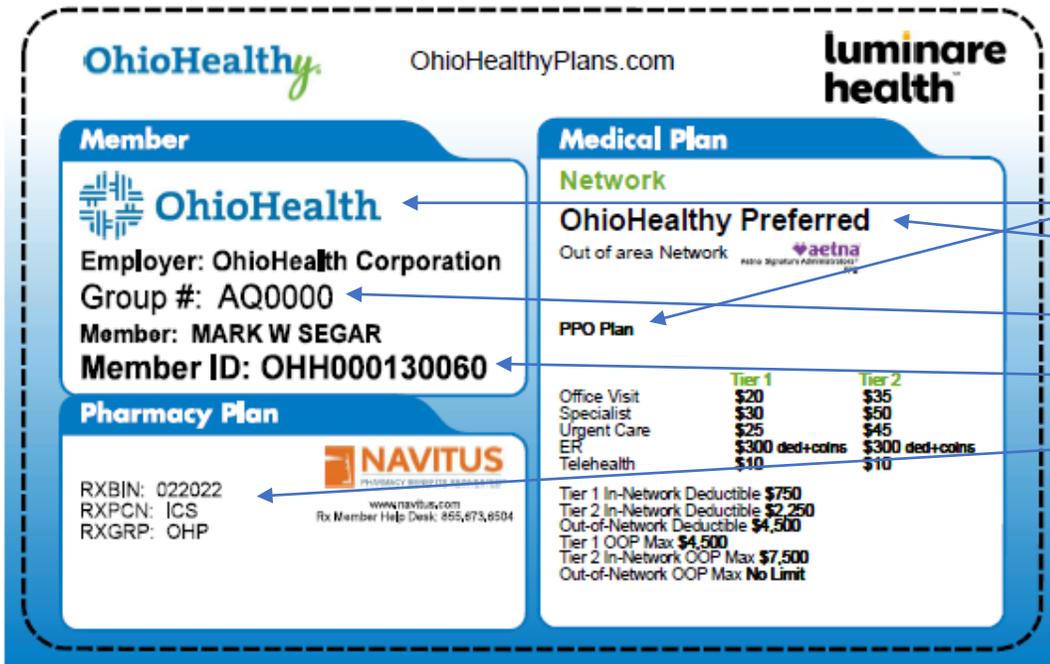


OhioHealth ID Cards (Front)



PPO Plan

Plan type

Employer group logo

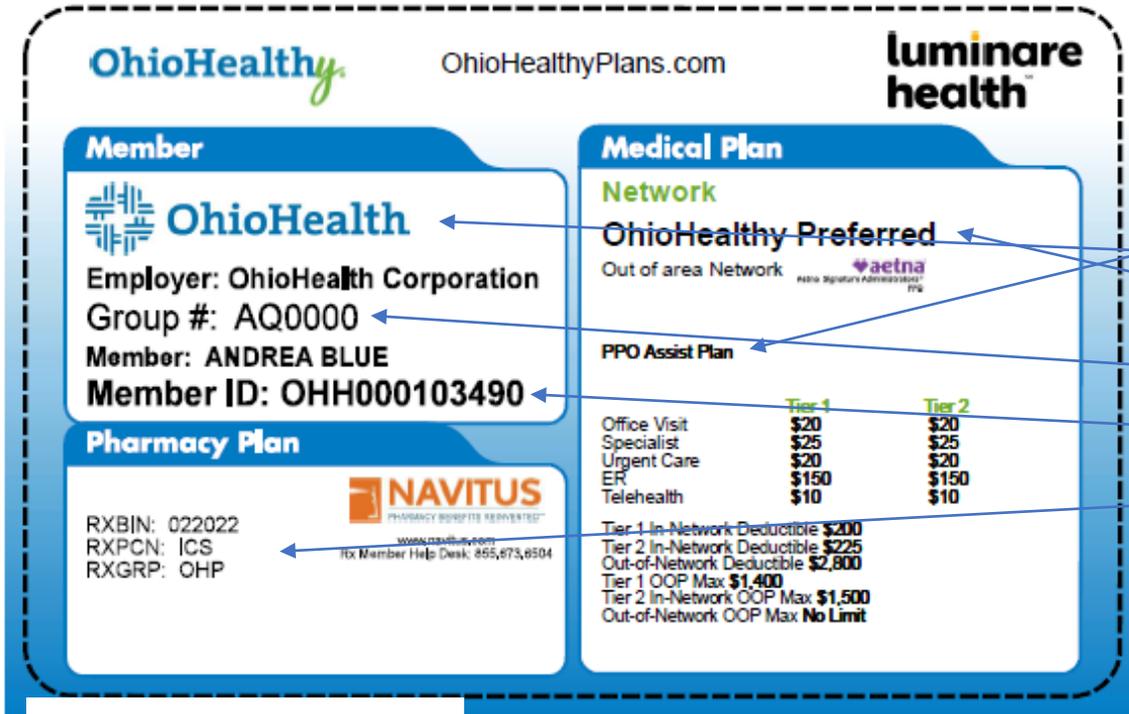
Network

Group number

Member ID number

RX benefit and details

OhioHealth ID Cards (Front)



PPO Assist Plan

Plan type

Employer group logo

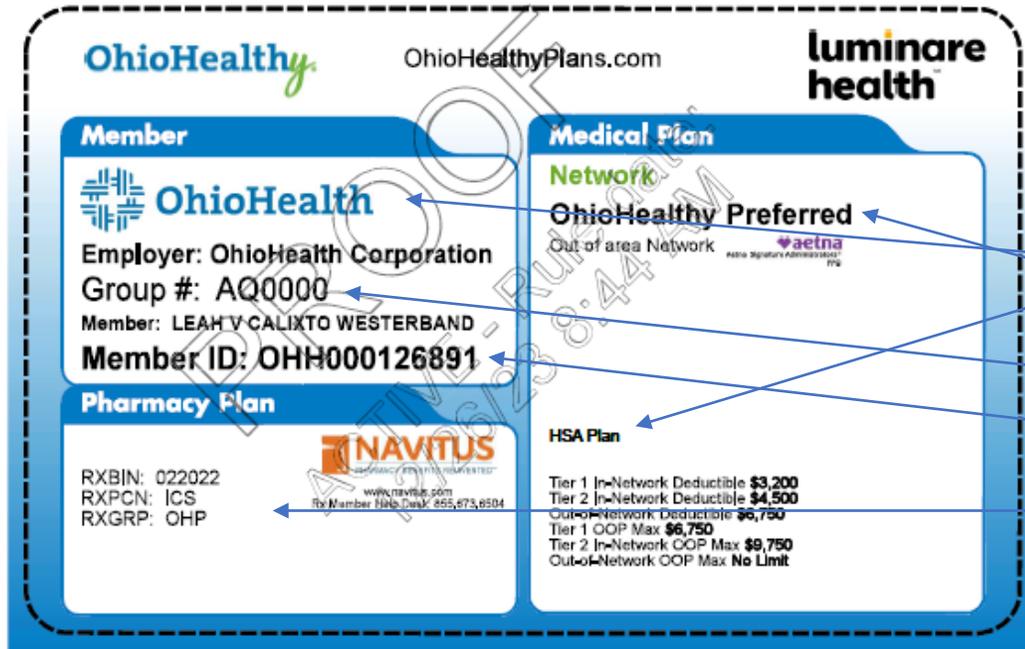
Network

Group number

Member ID number

RX benefit and details

OhioHealth ID Cards (Front)



HDHP+HSA Plan

Plan type

Employer group logo

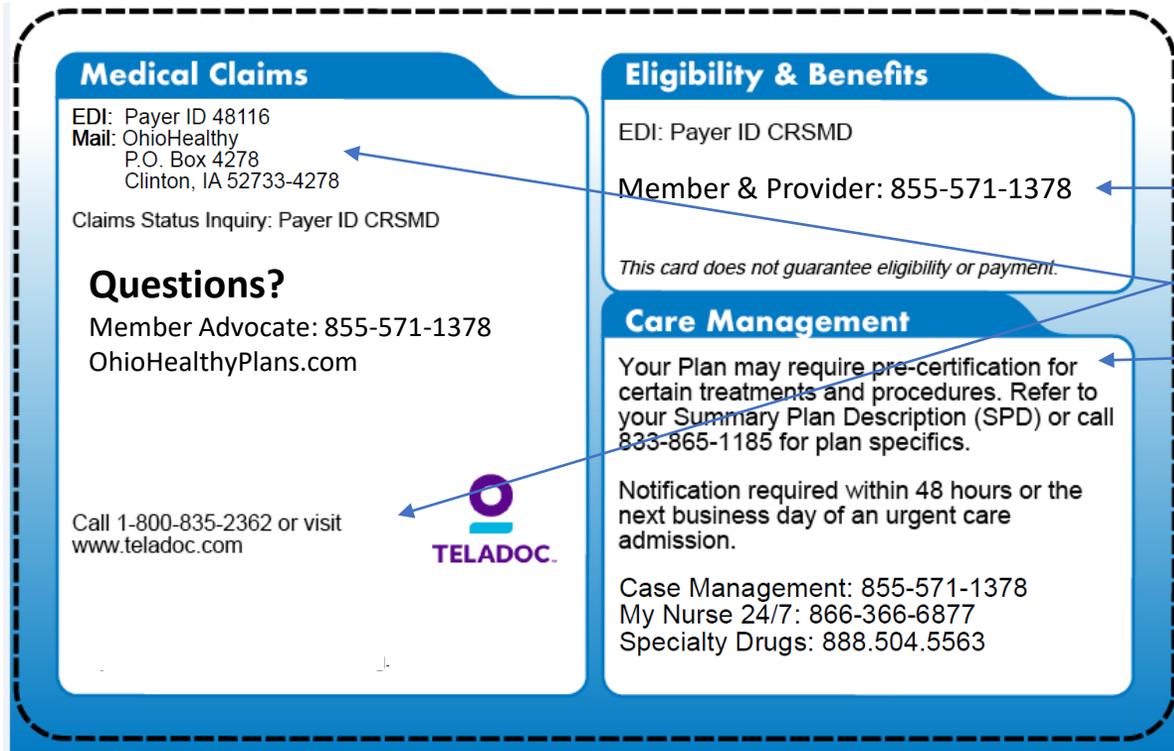
Network

Group number

Member ID number

RX benefit and details

OhioHealth ID Cards (Back)



Important phone numbers
Teladoc
Claims submission details
Precertification info

Otterbein University (Front)

OhioHealth OhioHealthyPlans.com **luminare health**

Member

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

Medical Plan

Network
OhioHealth Network
Out of area Network

HSA Plan

Tier 1

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

Pharmacy Plan

NAVITUS
PHARMACY BENEFITS REPRESENTATIVE
www.Navitus.com
Rx Help Desk: 855.873.8504

RXBIN: 022022
RXPCN: ICS
RXGRP: OHS

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

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

HDHP+HSA Plan

Plan type

Employer group logo

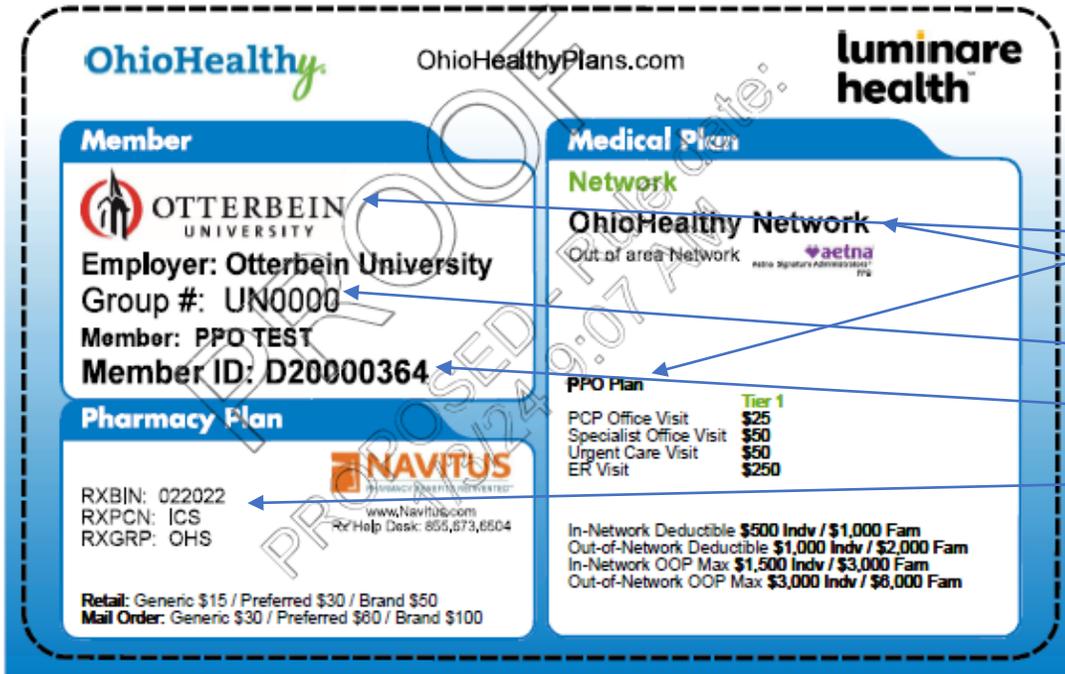
Network

Group number

Member ID number

RX benefit and details

Otterbein University (Front)



PPO Plan

Plan type

Employer group logo

Network

Group number

Member ID number

RX benefit and details

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
Teledoc
Claims submission details
Precertification info

Huntington (Front)

The image shows the front of a Huntington Member ID Card. The card is blue and white with a dashed border. It features the OhioHealth logo and website at the top. The card is divided into several sections: Member, Medical Plan, Pharmacy Plan, and a bottom section with contact and retail information. Blue arrows point from various fields on the card to a list of labels on the right.

OhioHealth OhioHealthyPlans.com

Member

Huntington

Employer: Huntington Bancshares Incorporated

Group #: BA0000

Member: JULIA M BOHN

Member ID: D20041416

Medical Plan

Network

OhioHealth Network

Pharmacy Plan

EXPRESS SCRIPTS[®]

RXBIN: 003858
RXPCN: A4
RXGRP: HNBRX01

Member: 877-265-5880
Pharmacist: 800-922-1557

Retail: Generic 20%/Formulary 20% max \$80/Non-Formulary 30% max \$110 **Mail Order:** Generic 20%/Formulary 20% max \$200/Non-Formulary 30% max \$270 **Specialty:** Generic 20%/Formulary 20% max \$80/Non-Formulary 30% max \$110

Medical Plan Details:

Coinsurance: **CIN/COPC 18%** **Non-CIN Providers 20%**

In-Network Deductible **\$3,200**
Out-of-Network Deductible **\$6,400**
In-Network OOP Max **\$6,700**
Out-of-Network OOP Max **\$13,400**

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

Huntington(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: 833-865-1190
OhioHealthyPlans.com

800-678-7427
www.multiplan.com

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

PHCS
Out of Area

MultiPlan
Complementary Network

TELADOC

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

Important phone numbers
Teledoc
Claims submission details
Precertification info