

HealthSpringSM member ID cards

Member ID cards provide easy-to-scan information that helps you serve your patients efficiently. Refer to this key on sample ID cards to know where to find important information.

Key

- 1 ID number to use for all claims and inquiries
 - 2 Effective date of coverage
 - 3 Copayment due at the time of service
 - 4 Dental coverage
 - 5 Prescription drug coverage
 - 6 Address for claims submission
 - 7 Customer service number(s) (Some plans have dedicated numbers for accessing information. Always check the card for the correct number.)
- HMO ID cards no longer include the name of the member's primary care provider or PCP phone number.
 - All participating providers are responsible for verifying a member's eligibility for each visit. The following channels are available for verifying member eligibility, benefits and current PCP:
 - Provider portal: **Availity® Essentials**
 - HealthSpring Provider Customer Service: **800-238-6138**
 - Additional information is accessible in our provider manual at **HealthSpring.com/Providers**

MEDICARE PLANS

Network: HMO

<Plan Name>
<Plan Type>

<Contract/PBP/segment>

| | | | | | |
|----------------|----------------------|--|--|--|--|
| Name | <Customer Full Name> | | | | |
| ID | <Customer ID> 1 | | | | |
| Health Plan | <(80840)> | | | | |
| Effective Date | <Effective Date> 2 | | | | |
| Dental Plan | <Dental Benefit> 4 | | | | |

[No Referral Required]

3
COPAYS

MedicareRx
Prescription Drug Coverage

| | | | | | |
|-------------|--------|--|--|--|--|
| PCP | <\$xx> | | | | |
| Emergency | <\$xx> | | | | |
| Specialist | <\$xx> | | | | |
| Urgent care | <\$xx> | | | | |

Network: PPO

<Plan Name>
<Plan Type>

<Contract/PBP/segment>

| | | | | | |
|----------------|----------------------|--|--|--|--|
| Name | <Customer Full Name> | | | | |
| ID | <Customer ID> 1 | | | | |
| Health Plan | <(80840)> | | | | |
| Effective Date | <Effective Date> 2 | | | | |
| Dental Plan | <Dental Benefit> 4 | | | | |

[No PCP Required]
[No Referral Required]

3
COPAYS

MedicareRx
Prescription Drug Coverage

| | | | | | |
|-------------|--------------------|--|--|--|--|
| PCP | <\$xx/\$xx or xx%> | | | | |
| Emergency | <\$xx> | | | | |
| Specialist | <\$xx/\$xx or xx%> | | | | |
| Urgent care | <\$xx> | | | | |

This card does not guarantee coverage or payment.

<barcode>

[Services may require [a referral or] [an] authorization by the Health Plan.]

[Customer Service <--Toll Free Number --> (TTY 711)]

| | |
|----------------------------|--------------------------|
| [Provider Services] | <Phone Number> |
| [Authorization]/[Referral] | <Phone Number> |
| [Provider Medical Claims] | <Address> 6 |
| [Pharmacy Help Desk] | <Phone Number> |
| [Pharmacy Claims] | <Address> |
| [Dental Services] | <Phone Number> (TTY 711) |
| [Provider Dental Claims] | <Address> |

[<URL>]

This card does not guarantee coverage or payment.

<barcode>

[Services may require [a referral or] [an] authorization by the Health Plan.]

[Medicare limiting charges apply.]

[Customer Service <--Toll Free Number --> (TTY 711)]

| | |
|----------------------------|--------------------------|
| [Provider Services] | <Phone Number> |
| [Authorization]/[Referral] | <Phone Number> |
| [Provider Medical Claims] | <Address> 6 |
| [Pharmacy Help Desk] | <Phone Number> |
| [Pharmacy Claims] | <Phone Number> |
| [Dental Services] | <Phone Number> (TTY 711) |
| [Provider Dental Claims] | <Address> |

[<URL>]

