


Sample Member Cards

Medical & Prescription Drug Card

Member



Group #: WVCHIP
WVCHIP GOLD
Member: JOHN SAMPLE
Member ID: SMPL0001


PPO Network

WVCHIP Network
Out of State Providers, please contact wvchip@wv.gov

Medical Copays:
Non-Well Visits: \$5; Inpatient Services: \$0 per admit; Outpatient Services: \$0 per service; Emergency Room: \$0 per visit; Dental Services: \$0; Preventive: \$0

Pharmacy Plan

RxBIN: 003858
RxPCN: A4
RxGRP: WVCA
Relationship Code = 3




Express-Scripts.com
Pharmacist use only: 800-824-0898
Member Customer Service: 800-922-1557

\$0 for generic \$5 for brand

20160310T15 Sh: 0 Bin 1
J132 Env [1] CSets 1 of 1

Medical & Prescription Drug Card

Member



Group #: WVCHIP
WVCHIP BLUE
Member: JOHN SAMPLE
Member ID: SMPL0001


PPO Network

WVCHIP Network
Out of State Providers, please contact wvchip@wv.gov

Medical Copays:
Non-Well Visits: \$15; Inpatient Services: \$25 per admit; Outpatient Services: \$25 per service; ER: \$35 per visit (waived if admitted); Dental Services: \$0; Preventive: \$0

Pharmacy Plan

RxBIN: 003858
RxPCN: A4
RxGRP: WVCA
Relationship Code = 3



Express-Scripts.com
Pharmacist use only: 800-824-0898
Member Customer Service: 800-922-1557

\$0 for generic \$10 for brand

20160310T15 Sh: 0 Bin 1
J131 Env [1] CSets 1 of 1

Medical Claims Submission

Please submit claims to:
Mail: Molina Medicaid Solutions
PO Box 3732
Charleston, WV 25337

Please submit Pharmacy claims to:
Express Scripts
Attn: Pharmacy/UCF Claims
P.O. Box 2849
Clinton, IA 52733-2849

Process Pharmacy Claims as Dependents.

Customer Service

This card does not guarantee coverage. For assistance with eligibility, benefits, claim questions, or locating a provider, contact:

Molina Medicaid Solutions
800-479-3310
www.wvmmis.com

Contact the WVCHIP HelpLine at 877-982-2447 to report suspected fraud.

For assistance with prior authorizations and speciality drugs contact:

HealthSmart Benefit Solutions
800-356-2392
www.healthsmart.com

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J131 Env [1] CSets 1 of 1

Medical Claims Submission

Please submit claims to:
Mail: Molina Medicaid Solutions
PO Box 3732
Charleston, WV 25337

Please submit Pharmacy claims to:
Express Scripts
Attn: Pharmacy/UCF Claims
P.O. Box 2849
Clinton, IA 52733-2849

Process Pharmacy Claims as Dependents.

Customer Service

This card does not guarantee coverage. For assistance with eligibility, benefits, claim questions, or locating a provider, contact:

Molina Medicaid Solutions
800-479-3310
www.wvmmis.com

Contact the WVCHIP HelpLine at 877-982-2447 to report suspected fraud.

For assistance with prior authorizations and speciality drugs contact:

HealthSmart Benefit Solutions
800-356-2392
www.healthsmart.com


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J131 Env [1] CSets 1 of 1

WVCHIP GOLD PLAN

WVCHIP BLUE PLAN

Medical & Prescription Drug Card

Member



Group #: WVCHIP
WVCHIP PREMIUM
Member: JOHN SAMPLE
Member ID: SMPL0001


PPO Network

WVCHIP Network
Out of State Providers, please contact wvchip@wv.gov

Medical Copays:
Non-Well Visits: \$20; Inpatient Services: \$25 per admit; Outpatient Services: \$25 per service; ER: \$35 per visit (waived if admitted); Dental Services: \$25 most non-preventive services; Preventive Services: \$0

Pharmacy Plan

RxBIN: 003858
RxPCN: A4
RxGRP: WVCA
Relationship Code = 3



Express-Scripts.com
Pharmacist use only: 800-824-0898
Member Customer Service: 800-922-1557

\$0 for generic \$15 for brand

20160310T15 Sh: 0 Bin 1
J130 Env [1] CSets 1 of 1

Medical Claims Submission

Please submit claims to:
Mail: Molina Medicaid Solutions
PO Box 3732
Charleston, WV 25337

Please submit Pharmacy claims to:
Express Scripts
Attn: Pharmacy/UCF Claims
P.O. Box 2849
Clinton, IA 52733-2849

Process Pharmacy Claims as Dependents.

Customer Service

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800-356-2392
www.healthsmart.com

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J130 Env [1] CSets 1 of 1

WVCHIP PREMIUM PLAN