

Sample Member Cards

Member

CHIP

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

Medical & Prescription Drug Card

PPO Network

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

Medical Copays:
Non-Walk Vials: \$5; Inpatient Services: \$0 per
admt; Outpatient Surgical Services: \$0 per
service; Emergency Room: \$0 per visit; Dental
Services: \$0; Preventive: \$0

Pharmacy Plan

RxBIN: 004336
RrPCN: ADV
RxGRP: RX0243

CVS/caremark

www.caremark.com
Pharmacy use only: 800-364-6331
Member Customer Service: 800-241-3290

\$0 for generic; \$5 for brand

20160616T09 Sh: 0 Bin 1
JT16 Env [1] C Sets 1 of 1

Member

CHIP

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

Medical & Prescription Drug Card

PPO Network

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

Medical Copays:
Non-Walk Vials: \$15; Inpatient Services: \$25
per admt; Outpatient Surgical Services: \$25
per service; ER: \$25 per visit (unless if
admitted); Dental Services: \$0; Preventive: \$0

Pharmacy Plan

RxBIN: 004336
RrPCN: ADV
RxGRP: RX0243

CVS/caremark

www.caremark.com
Pharmacy use only: 800-364-6331
Member Customer Service: 800-241-3290

\$0 for generic; \$10 for brand

20160616T09 Sh: 0 Bin 1
JT16 Env [1] C Sets 1 of 1

WVCHIP Gold

WVCHIP Blue

Member

CHIP

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

Medical & Prescription Drug Card

PPO Network

No Copayments

Pharmacy Plan

RxBIN: 004336
RrPCN: ADV
RxGRP: RX0243

CVS/caremark

www.caremark.com
Pharmacy use only: 800-364-6331
Member Customer Service: 800-241-3290

20160616T09 Sh: 0 Bin 1
JT16 Env [1] C Sets 1 of 1

Member

CHIP

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

Medical & Prescription Drug Card

PPO Network

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

Medical Copays:
Non-Walk Vials: \$20; Inpatient Services: \$25
per admt; Outpatient Surgical Services: \$25
per service; ER: \$25 per visit (unless if
admitted); Dental Services: \$25 most non-
conventional services; Preventive Services: \$0

Pharmacy Plan

RxBIN: 004336
RrPCN: ADV
RxGRP: RX0243

CVS/caremark

www.caremark.com
Pharmacy use only: 800-364-6331
Member Customer Service: 800-241-3290

\$0 for generic; \$15 for brand

20160616T09 Sh: 0 Bin 1
JT16 Env [1] C Sets 1 of 1

WVCHIP Exempt

WVCHIP Premium

20160616T09 Sh: 0 Bin 1
JT16 Env [1] C Sets 1 of 1

<p>Medical Claims Submission</p> <p>Please submit claims to: Mail: Molina Medicaid Solutions PO Box 3732 Charleston, WV 25337</p> <p>Please submit Pharmacy claims to: CVS Caremark P.O. Box 52136 Phoenix, AZ 85072-2136</p> <p>Process Pharmacy Claims as Dependents</p>	<p>Customer Service</p> <p>This card does not guarantee coverage. For assistance with eligibility, benefits, claim questions, or locating a provider, contact:</p> <p style="text-align: center;">Molina Medicaid Solutions 800-479-3310 www.wvmmis.com</p> <p>Contact the WVCHIP HelpLine at 877-982-2447 to report suspected fraud.</p> <p>For assistance with prior authorizations and speciality drugs contact:</p> <p>HealthSmart Benefit Solutions 800-356-2392 www.healthsmart.com</p>
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WVCHIP Back of Cards for All Plans