




Health Choice Value Plans Member ID Card Layout



HEALTH CHOICE  **PREFERRED**

PCP Copay: \$10
Individual Deductible: \$1,000
Family Deductible: \$3,000
Group#: 15081
Payer ID: 46221

Name: John Q Patient
ID #: E000001 01
Member Since: 00/00/0000
Network: Health Choice Value
Plan: Health Choice Total Wellness Silver
Provider Line/ PA: 1-855-452-4242
Nurse Advice Line: 1-855-354-9006
Pharmacists and Providers Call: 1-800-361-4542
Member Services: 1-855-452-4242 TTY: 711



RxBin: 009893
RxPCN: ROIRX

Possession of this card does not guarantee eligibility for benefits. Certain health services may require prior authorization. See your Schedule of Benefits for information on deductibles, copay, and coinsurance. You must verify your provider is in network at <http://healthchoiceessential.com/members/FindProvider.aspx>. Use of this card constitutes acceptance of the terms. Claims should be filed with Health Choice Insurance Co.

Submit Medical and Pharmacy Claims to:
Health Choice Insurance Co.
410 N. 44th St. Ste.#927
Phoenix, AZ 85008
www.HealthChoiceEssential.com

Outside your service area contact
1-800-922-4362 or MultiPlan.com for a
PHCS provider or, if not available,
a MultiPlan provider.



outside of AZ



Complementary network
PT HCV10192015