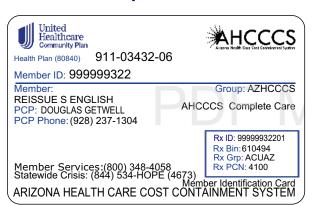
UnitedHealthcare Community Plan of Arizona sample member ID cards

Sample member ID card for illustration only; actual information varies depending on payer, plan and other requirements.

AHCCCS Complete Care



Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of law. This card is not a guarantee for services. To verify benefits visit myUHC.com/CommunityPlan.

Member Services:

1-800-348-4058 TTYTDD 711
NurseLine:

1-877-440-0255

For Providers:

UHCprovider.com

1-800-445-1638
Claims:

PO Box 5290, Kingston, NY, 12402-5290

Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334
For Pharmacists:

877-305-8952

Long Term Care



Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of law. This card is not a guarantee for services. To verify benefits visit myUHC.com/CommunityPlan.

Member Services:

1-800-293-3740 TTYTDD 711

NurseLine:

1-877-440-0255

For Providers:

UHCprovider.com
Claims:

PO Box 5290, Kingston, NY, 12402-5290
Notification: 1-800-377-2055

Eligibility: 1-800-293-3740

Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334

For Pharmacists: 877-305-8952



Division of Developmental Disabilities



Health Plan (80840) 911-03432-06

Member ID: 999993001

Member:

NEW O ENGLISH PCP: DOUGLAS GETWELL PCP Phone: (520) 281-1550

Member Services: (800) 348-4058 Statewide Crisis: (844) 534-HOPE(4673)

DDD: (844) 770-9500

Member Identification Card
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM



AZDDD

DDD Health Plan by UHCCP

Rx ID: 999999300101 Rx Bin: 610494

Rx Grp: ACUAZ Rx PCN: 4100

Printed: 11/07/24

Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of the law. This card is not a guarantee for services. To verify benefits visit myUHC.com/CommunityPlan.

Member Services: NurseLine:

1-800-348-4058 TTY\TDD 711 1-877-440-0255

For Providers:

UHCprovider.com 1-800-445-1638

PO Box 5290, Kingston, NY, 12402-5290

Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334 For Pharmacists: 877-305-8952

Dual Complete AZ-Y001







MEMBER A SAMPLE

 $\begin{array}{ll} \text{Member ID } 123456789 \text{ Medicaid ID } 123456789 \\ \text{UHC Dual Complete AZ-Y001 (HMO-POS D-SNP)} \end{array}$ With Dental

Group Number: AZMCARE H0321-004-000 Payer ID: 03432

RxPCN RxGRP 610097 9999 MPDCSP





Benefit Award Card #: 6102 3300 0000 0799 Printed: 10-29-2024

For Members: MyUHC.com/CommunityPlan 1-877-614-0623, TTY 711

Earned rewards expire 1 mo. after plan terminates Providers: UHCprovider.com 1-800-445-1638

Providers: UH-Cprovider: com 1-800-445-1638
Dental Providers: uhcdentalproviders.com 1-844-275-8750
For Pharmacists: 1-877-889-6510
Med Claims: P.O. Box 5290, Kingston, NY 12402-5290
Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287
Statewide Criss: 1-844-534-(HOPE)-4673)
Nurse Triage: 1-877-440-0255

See cardholder terms for fees and terms of use



Dual Complete AZ-S001





MEMBER A SAMPLE

Member ID 123456789 UHC Dual Complete AZ-S001 (HMO-POS D-SNP) With Dental

Group Number: AZMCARE H0321-002-000 Payer ID: 03432

RxPCN RxGRP 610097 9999 MPDCSP





Benefit Award Card #: 6102 3300 0000 0799 Printed: 10-29-2024 For Members: MyUHC.com/CommunityPlan

1-877-614-0623, TTY 711

Earned rewards expire 1 mo. after plan terminates Providers: UHCprovider.com 1-800-445-1638 Dental Providers: uhcdentalproviders.com 1-844-275-8750

For Pharmacists: 1-877-889-6510 Med Claims: P.O. Box 5290, Kingston, NY 12402-5290 Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287 See cardholder terms for fees and terms of use



