

SecurityHealth PlanSM

Medicare Advantage

Medical Card

Ally Rx (HMO-SNP)

Subscriber # 180012345600

Member: John Doe

DOB: 06/16/1977

Effective Date: 11/01/2017

Member Customer Service: 1-877-998-0998

For Hearing Impaired: TTY 711

24-hour Nurse Line: 1-800-549-3174

Date Issued: 10/25/2017

Member must obtain prior approval for some services. Security Health Plan will pay for covered services under in-network cost sharing if you receive them from an **affiliated provider**. Emergency and urgently needed services are covered worldwide. If you receive emergency services from a nonaffiliated provider, please call Security Health Plan within 48 hours or as soon as reasonably possible. This card and your ForwardHealth card, **NOT** your Medicare card, must be presented at the time of service.

Security Health Plan Provider Line

Providers may call:

1.800.548.1224

Send paper claims to:

Attn: Claims Department

Security Health Plan

PO Box 8000

Marshfield, WI 54449-8000

Providers: Dual-eligible member - copays/coinsurance may not be collected by provider; bill Medicaid as secondary payer

www.securityhealth.org/medicareadvantage

SecurityHealth PlanSM

Promises kept, plain and simple.®

Pharmacy Card

RxBin: 012345

RxPCN: 06789012

RxGrp: 881234

Issuer: 80123

ID: 180012345600

Name: John Doe

Date Issued: 10/25/2017

MedicareRx
Prescription Drug Coverage

CMS-H5211 010

Pharmacy Information

To maximize your retail prescription drug benefit or discount, present this card and your prescription(s) to a participating pharmacy.

Only the person named on this card may use this card to obtain drug benefits; however, this card does **NOT** guarantee coverage. Contact Security Health Plan in regards to prior authorizations, claims or benefits.

Security Health Plan Pharmacy Services

Pharmacies may call:

1.877.873.5611

Send paper claims to:

Attn: Pharmacy Claims

Security Health Plan

PO Box 8000

Marshfield, WI 54449-8000