

Member

North Carolina Health Insurance Risk Pool, Inc.
Group #: 5340

Member Name: TEST PLAN FOUR
Member ID: 00987859C

Medical Plan

**INCLUSIVE
HEALTH**
FEDERAL OPTION

www.inclusivehealth.org
Member: 866-665-2117

Pharmacy Plan

RxBIN: 800004
PCN: 008126
RxGRP: 10001418

MEDTRAK
Pharmacy & Services

www.medtrakrx.com
Member: 800.771.4648
Pharmacist: 800.771.4648

1006 1006 CH-5340-004--00001- M(NCRF) D() V() 018D

0 20100622T14J0230000000020002000110 Env
[2] 2 of 1 Carrier [1]



Medical Claims Submission

EDI: Payer ID 35182
Mail: INCLUSIVE HEALTH
P.O. Box 2920
Clinton, IA 52733-2920

Eligibility

To confirm eligibility, verify benefits or check the status of a claim, contact us at 866.665.2117 or visit our website at www.inclusivehealth.org.

This card does not guarantee eligibility or payment.

Care Management

PRE-CERTIFICATION REQUIRED

Call 800.480.6658 for authorization.

You or your physician are responsible to call:

- 15 days prior to all non-urgent care elective admissions
 - Within 48 hours or the next business day of an urgent care admission
 - Prior to home healthcare services
- Failure to call may result in a reduction of benefits.

Member

North Carolina Health Insurance Risk Pool, Inc.
Group #: 5340

Member Name: TEST PLAN ONE
Member ID: 11325024C

Medical Plan

**INCLUSIVE
HEALTH**
FEDERAL OPTION

www.inclusivehealth.org
Member: 866-665-2117

Copays: OV \$20/Spec \$40/ER \$150/UC \$40
In-Net Ded \$1,000/Coins \$2,000

Pharmacy Plan

RxBIN: 800004
PCN: 008126
RxGRP: 10001415

MEDTRAK
Pharmacy & Services

www.medtrakrx.com
Member: 800.771.4648
Pharmacist: 800.771.4648

1006 1006 CH-5340-001--00001- M(NCRF) D() V() 018D

0 20100622T14J0230000000030002000110 Env
[3] 2 of 1 Carrier [1]



Medical Claims Submission

EDI: Payer ID 35182
Mail: INCLUSIVE HEALTH
P.O. Box 2920
Clinton, IA 52733-2920

Eligibility

To confirm eligibility, verify benefits or check the status of a claim, contact us at 866.665.2117 or visit our website at www.inclusivehealth.org.

This card does not guarantee eligibility or payment.

Care Management

PRE-CERTIFICATION REQUIRED

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Member

North Carolina Health Insurance Risk Pool, Inc.
Group #: 5340

Member Name: TEST PLAN THREE
Member ID: 13157839C

Medical Plan

**INCLUSIVE
HEALTH**
FEDERAL OPTION
www.inclusivehealth.org
Member: 866-665-2117

Copays: OV \$20/Spec \$40/ER \$150/UC \$40
In-Net Ded \$3,500/Coins \$6,000

Pharmacy Plan

RxBIN: 800004
PCN: 008126
RxGRP: 10001417

MEDTRAK
Pharmacy & Services

www.medtrakrx.com
Member: 800.771.4648
Pharmacist: 800.771.4648

1006 1006 CH-5340-003--00001- M(NCRF) D()
V() 018D

0 20100622T14J0230000000040002000110 Env
[4] 2 of 1 Carrier [1]



Medical Claims Submission

EDI: Payer ID 35182
Mail: INCLUSIVE HEALTH
P.O. Box 2920
Clinton, IA 52733-2920

Eligibility

To confirm eligibility, verify benefits or check the status of a claim, contact us at 866.665.2117 or visit our website at www.inclusivehealth.org.

This card does not guarantee eligibility or payment.

Care Management

PRE-CERTIFICATION REQUIRED

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You or your physician are responsible to call:

- 15 days prior to all non-urgent care elective admissions
 - Within 48 hours or the next business day of an urgent care admission
 - Prior to home healthcare services
- Failure to call may result in a reduction of benefits.

Member

North Carolina Health Insurance Risk Pool, Inc.
Group #: 5340

Member Name: TEST PLAN TWO
Member ID: 31964513C

Medical Plan

**INCLUSIVE
HEALTH**
FEDERAL OPTION

www.inclusivehealth.org
Member: 866-665-2117

Copays: OV \$20/Spec \$40/ER \$150/UC \$40
In-Net Ded \$2,500/Coins \$4,000

Pharmacy Plan

RxBIN: 800004
PCN: 008126
RxGRP: 10001416

MEDTRAK
Pharmacy & Services

www.medtrakrx.com
Member: 800.771.4648
Pharmacist: 800.771.4648

1006 1006 CH-5340-002--00001- M(NCRF) D() V() 018D

0 20100622T14J0230000000050002000110 Env
[5] 2 of 1 Carrier [1]



Medical Claims Submission

EDI: Payer ID 35182
Mail: INCLUSIVE HEALTH
P.O. Box 2920
Clinton, IA 52733-2920

Eligibility

To confirm eligibility, verify benefits or check the status of a claim, contact us at 866.665.2117 or visit our website at www.inclusivehealth.org.

This card does not guarantee eligibility or payment.

Care Management

PRE-CERTIFICATION REQUIRED

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- Prior to home healthcare services

Failure to call may result in a reduction of benefits.

Expectant Mothers/Special Delivery:

Call 888.785.2229