

## Member

North Carolina Health Insurance Risk Pool, Inc.  
**Group #: 5040**

**Member Name: INCLUSIVE HEALTH**  
**Member ID: 09063462C**

## Medical Plan

**INCLUSIVE  
HEALTH**

[www.inclusivehealth.org](http://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: 10001365

**MEDTRAK**  
*Pharmacy & Services*

[www.medtrakrx.com](http://www.medtrakrx.com)  
Member: 800.771.4648  
Pharmacist: 800.771.4648

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(NCRP) D(V) 018D

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## Medical Claims Submission

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

Services outside North Carolina:  
The plan will consider charges at the  
applicable Medicare reimbursement rate.  
You may be responsible for the  
difference between the Inclusive Health  
payment and the provider's billed  
amount.

## 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](http://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.