

## Member

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

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

## Medical Plan

**INCLUSIVE  
HEALTH**

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  
Member: 800.771.4648  
Pharmacist: 800.771.4648

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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.