

**INCLUSIVE
HEALTH****Questions?**
866.665.2117
www.inclusivehealth.org**Member**North Carolina Health Insurance Risk Pool, Inc.
Group #: 5040**Member Name: BIG BIRD**
Member ID: 03463445C**Medical Plan****Plan C****INCLUSIVE
HEALTH**
www.inclusivehealth.org
Member: 866.665.2117

In-Net Ded \$5,000/Coins \$5,000

Pharmacy PlanRXBIN: 004336
PCN: CS2213
RXGRP: CS2213**CVS
CAREMARK**
www.caremark.com
Member: 866.644.7527
Pharmacist: 800.364.6331**RED card**
PAPER ALLIANCE**INCLUSIVE
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PAPER ALLIANCE**INCLUSIVE
HEALTH**5200 77 Center Drive, Suite 400
Charlotte, NC 28217BIG BIRD
4 CARDINAL BLVD
RALEIGH, NC 28212

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.

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.

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**INCLUSIVE
HEALTH****Questions?**
866.665.2117
www.inclusivehealth.org**Member**North Carolina Health Insurance Risk Pool, Inc.
Group #: 5040**Member Name: BLUE BIRD**
Member ID: 17752528C**Medical Plan****Plan B****INCLUSIVE
HEALTH**
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: 004336
PCN: CS2213
RxGRP: CS2213**CVS
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www.caremark.com
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Group #: 5040**Member Name: BLUE BIRD**
Member ID: 17752528C**Medical Plan****Plan B****INCLUSIVE
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PCN: CS2213
RxGRP: CS2213**CVS
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HEALTH**5200 77 Center Drive, Suite 400
Charlotte, NC 28217BLUE BIRD
2 CARDINAL BLVD
RALEIGH, NC 28212

Medical Claims Submission

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

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Expectant Mothers/Special Delivery:
Call 888.795.2229

Medical Claims Submission

EDI: Payer ID 35182
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P. O. Box 2920
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Member

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

Member Name: CROW BIRD
Member ID: 15978331C

Medical Plan

Plan C
In-Net Ded \$5,000/Coins \$5,000
www.inclusivehealth.org
Member: 866.665.2117

Pharmacy Plan

RxBIN: 004336
PCN: CS2213
RxGRP: CS2213
www.caremark.com
Member: 866.644.7527
Pharmacist: 800.364.6331



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Member ID: 15978331C

Medical Plan

Plan C
In-Net Ded \$5,000/Coins \$5,000
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Pharmacy Plan

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Pharmacist: 800.364.6331



**INCLUSIVE
HEALTH**

5200 77 Center Drive, Suite 400
Charlotte, NC 28217

CROW BIRD
3 CARDINAL BLVD
RALEIGH, NC 28212

Medical Claims Submission

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

Services outside North Carolina:
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Eligibility

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Member

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

Member Name: RED C BIRD
Member ID: 62909569C

Medical Plan**Plan A**

**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: 004336
PCN: CS2213
RxGRP: CS2213

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Medical Plan**Plan A**

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

Pharmacy Plan

RxBIN: 004336
PCN: CS2213
RxGRP: CS2213

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RED card
PAPER ALLIANCE

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5200 77 Center Drive, Suite 400
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RED C BIRD
1 CARDINAL BLVD
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