

# How Do You Recognize a AdventHealth Advantage Plans Member?

## Medicare Advantage

**Health First**  
Health Plans

**Haskell Doe**  
AdventHealth SunSaver Plan (HMO)

**Your plan information**


|                     |                 |
|---------------------|-----------------|
| Member ID           | OSC012345678-01 |
| Coverage start date | 01/01/2022      |

**Mental health**

Call Optum at 877-890-6970

**Care Team**

Message us: myAHplan.com/login  
Call: 877-535-8278 (TTY: 800-955-8771)

 Prescription Drug Coverage

**Provider & pharmacist services**

|                  |              |
|------------------|--------------|
| Providers call   | 844-522-5278 |
| Pharmacists call | 866-693-4620 |

**For your doctors & pharmacy**

|       |         |          |       |
|-------|---------|----------|-------|
| RxBIN | 004336  | Payer ID | RP039 |
| RxPCN | MEDDADV |          |       |
| RxGRP | 21AY    |          |       |

**Where to send claims**

|               |                           |
|---------------|---------------------------|
| Mental health | Optum                     |
| Vision        | Davis Vision              |
| Dental        | Liberty Dental            |
| Medical       | Health First Health Plans |

Health First Health Plans  
PO Box 66490, Phoenix, AZ 85082-6490

H1099-016

## Individual and Family Plans

**Advent Health**  
Advantage Plans  
Underwritten by Health First Commercial Plans

**Haskell Doe**  
Silver HMO 70

**Your plan information**

|                     |                 |
|---------------------|-----------------|
| Member ID           | OSC012345678-01 |
| Coverage start date | 01/01/2022      |

**Mental health**

Call Optum at 866-323-4077

**Care Team**

Send us a message by logging into your account at myAHplan.com/login  
Or call us at 844-522-5279

**Provider & pharmacist services**

|                  |              |
|------------------|--------------|
| Providers call   | 844-522-5278 |
| Pharmacists call | 800-364-6331 |


**For your doctors & pharmacy**

|       |        |          |       |
|-------|--------|----------|-------|
| RxBIN | 004336 | Payer ID | RP039 |
| RxPCN | ADV    |          |       |
| RxGRP | 21CU   |          |       |

**Where to send claims**

|                  |                           |
|------------------|---------------------------|
| Mental health    | Optum                     |
| Pharmacy         | CVS Caremark              |
| Pediatric vision | Davis Vision              |
| Pediatric dental | Liberty Dental            |
| Medical          | Health First Health Plans |

Health First Health Plans  
PO Box 66490, Phoenix, AZ 85082-6490

 **First Health Network**  
Complementary

Primary subscriber: None

## Small/Large Group Plans\*

**Advent Health**  
Advantage Plans  
Underwritten by Health First Commercial Plans

[myAHplan.com](http://myAHplan.com)

 EXPRESS SCRIPTS®

RxBIN: 003858  
PCN: A4  
RxGRP: HLTHFST

Subscriber: MARY SAMPLE  
Plan: SMALL  
Group: NEW YORK AVE LLC  
Group #: 500196

|               |                 |
|---------------|-----------------|
| <b>Member</b> | <b>Member #</b> |
| MARY SAMPLE   | 8004800000      |
| PAUL SAMPLE   | 8004800001      |
| JIM SAMPLE    | 8004800002      |


For benefits, refer to plan documents, visit our website or call customer service.


**Customer Service:**  
Members 1-844-522-5279  
Providers 1-844-522-5278  
TDD relay 1-800-955-8771  
24/7 Nurse Line 1-855-647-3795  
Pharmacists 1-800-922-1557

**Send claims to:**  
Health First Health Plans  
PO Box 830698  
Birmingham, AL 35283-0698  
Electronic Claim Routing ID 95019

- This card is for identification purposes only and does not guarantee coverage.
- Prior authorization** is required for all non-emergency hospital stays and certain outpatient services. Call for details or to request authorization.
- First Health: 1-800-226-5116 or [www.firsthealthcomplementary.com](http://www.firsthealthcomplementary.com)
- Magellan Behavioral Health: 24/7 1-800-424-4347, TTY/TDD 711 or [MagellanHealth.com/member](http://MagellanHealth.com/member)

 **Advent Health**  
Advantage Plans

 **First Health Network**  
Complementary

 **Magellan**  
HEALTHCARE.

## For plans beginning January 1, 2022

\*Small/Large Group Plans expiring in 2022 will have Member ID cards in the horizontal format

Health First Commercial Plans, Inc. is doing business under the name of AdventHealth Advantage Plans. Health First Health Plans and AdventHealth Advantage Plans do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.