



CareSource Member ID Cards

This sheet can be used as a quick reference guide of CareSource ID cards. Please ensure that you review members' ID cards and check their eligibility on each visit.

Hoosier Healthwise Member ID Card

Member Name: John M Doe
Member RID #: RID 123456789000
Member Services Phone Number **Rx BIN** 004336
1-844-607-2829 or (TTY 1-800-743-3333 or 711) **RxPCN** MCAIDADV
 8 am to 8 pm, Monday through Friday **Rx Grp** RX6421

Log onto My.CareSource.com check for eligibility, co-pays and Primary Medical Provider (PMP) IN-MMED-0173

EMERGENCIES
For Emergencies call 911 or go to nearest ER
 For non-emergency visits to ER, a copay may apply. If your health event is not life-threatening and you are not sure about going to the ER, call the RNs at CareSource24® for help.


CareSource24® Phone Number 1-844-206-5947 (TTY 1-800-743-3333 or 711)

PHARMACY
 CVS CareMark, P.O. Box 52066, Phoenix AZ 85072-2066



PHARMACY PRIOR AUTHORIZATION 1-844-607-2831

PROVIDER SERVICES 1-844-607-2831

CLAIMS ADDRESS PO Box 3607, Dayton 45401



Hoosier Healthwise + Maternity ID Card

Member Name: Jane M Doe
Member RID #: RID 123456789000
Member Services Phone Number **Rx BIN** 004336
1-844-607-2829 or (TTY 1-800-743-3333 or 711) **RxPCN** MCAIDADV
 8 am to 8 pm, Monday through Friday **Rx Grp** RX6421

Log onto My.CareSource.com check for eligibility and Primary Medical Provider (PMP) IN-MMED-0440

EMERGENCIES
For Emergencies call 911 or go to nearest ER


CareSource24® Phone Number 1-844-206-5947 (TTY 1-800-743-3333 or 711)

PHARMACY
 CVS CareMark, P.O. Box 52066, Phoenix AZ 85072-2066



PHARMACY PRIOR AUTHORIZATION 1-844-607-2831

PROVIDER SERVICES 1-844-607-2831

CLAIMS ADDRESS PO Box 3607, Dayton 45401



Healthy Indiana Plan Member ID Card

Member Name: John M Doe
Member RID #: RID 123456789000
Member Services Phone Number **Rx BIN** 004336
1-844-607-2829 or (TTY 1-800-743-3333 or 711) **RxPCN** MCAIDADV
 8 am to 8 pm, Monday through Friday **Rx Grp** RX6421
Deductible \$2500

Log onto My.CareSource.com check for eligibility, and Primary Medical Provider (PMP) IN-MMED-0174

EMERGENCIES
For Emergencies call 911 or go to nearest ER
 For non-emergency visits to ER, a copay may apply. If your health event is not life-threatening and you are not sure about going to the ER, call the RNs at CareSource24® for help.


CareSource24® Phone Number 1-844-206-5947 (TTY 1-800-743-3333 or 711)

PHARMACY
 CVS CareMark, P.O. Box 52066, Phoenix AZ 85072-2066



PHARMACY PRIOR AUTHORIZATION 1-844-607-2831

PROVIDER SERVICES 1-844-607-2831

CLAIMS ADDRESS PO Box 3607, Dayton 45401



Healthy Indiana Plan Maternity Member ID Card

Member Name: Jane M Doe
Member RID #: RID 123456789000
Member Services Phone Number **Rx BIN** 004336
1-844-607-2829 or (TTY 1-800-743-3333 or 711) **RxPCN** MCAIDADV
 8 am to 8 pm, Monday through Friday **Rx Grp** RX6421
Deductible \$2500

Log onto My.CareSource.com check for eligibility and Primary Medical Provider (PMP) IN-MMED-0176

EMERGENCIES
For Emergencies call 911 or go to nearest ER


CareSource24® Phone Number 1-844-206-5947 (TTY 1-800-743-3333 or 711)

PHARMACY
 CVS CareMark, P.O. Box 52066, Phoenix AZ 85072-2066


PHARMACY PRIOR AUTHORIZATION 1-844-607-2831

PROVIDER SERVICES 1-844-607-2831

CLAIMS ADDRESS PO Box 3607, Dayton 45401



CareSource's Marketplace Plans Member ID Card (sample)

Silver Dental and Vision		IN		2018
Member: John Doe	Dependents:			
Member ID: 14800000000-00	01 Jane Doe	02 John Doe	03 Mike Doe	04 Ron Doe
Health Plan (XXXXX) XXX-XX-XXXX	05 Susan Doe	06 Sara Doe	07 Joe Doe	08 Sam Doe
Payer ID: INCS1				
Office: \$0.00 ER: \$0.00 Spec: \$0.00 UrgCare: \$0.00				

CareSource.com/marketplace

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.

Members: 1-877-806-9284 (TTY: 1-800-743-3333 or 711)

24/7 Nurseline: 1-866-206-7880	Providers: 1-866-286-9949	Pharmacy: 1-866-286-9949
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Medical Claims:
P.O. Box 3607
Dayton, OH 45401-3607


Benefits Manager:
CVS Caremark

Pharmacy Claims:
CVS Caremark
P.O. Box 52136
Phoenix, AZ 85072-2136

Pharmacy Numbers:
RxBin: 004336
RxPCN: ADV
RxGrp: RX3159

CareSource is a Qualified Health Plan Issuer on the Health Insurance Marketplace.

CareSource's Hoosier Choice Marketplace Plans Member ID Card (sample)

Hoosier Choice Silver Dental & Vision		IN		2018
Member: John Doe	Dependents:			
Member ID: 14800000000-00	01 Jane Doe	02 John Doe	03 Mike Doe	04 Ron Doe
Health Plan (XXXXX) XXX-XX-XXXX	05 Susan Doe	06 Sara Doe	07 Joe Doe	08 Sam Doe
Payer ID: INCS1				
Office: \$0.00 ER: \$0.00 Spec: \$0.00 UrgCare: \$0.00				

CareSource.com/marketplace

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.

Members: 1-877-806-9284 (TTY: 1-800-743-3333 or 711)

24/7 Nurseline: 1-866-206-7880	Providers: 1-866-286-9949	Pharmacy: 1-866-286-9949
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Medical Claims:
P.O. Box 3607
Dayton, OH 45401-3607

Benefits Manager:
CVS Caremark

Pharmacy Claims:
CVS Caremark
P.O. Box 52136
Phoenix, AZ 85072-2136

Pharmacy Numbers:
RxBin: 004336
RxPCN: ADV
RxGrp: RX3159

CareSource is a Qualified Health Plan Issuer on the Health Insurance Marketplace.