



## 2018 PLAN ID CARD SAMPLE IMAGES

Peoples Health Choices 65 #14 New Orleans (HMO)

<b>PEOPLES HEALTH</b>		<b>Peoples Health Choices 65 #14 (HMO)</b>
PCP Name	NAMENAME NAMENAME	
PCP Phone	XXX-XXX-XXXX	
RxBin	004336	
RxPCN	MEDDADV	
RxGrp	RX5050	
Plan	(80840)	
RxID/Policy #	<b>G1234567890</b>	
		<b>MedicareRx</b> Prescription Drug Coverage
<b>MEMBER NAMENAMENAMENAMENAME</b>		H1961 014 1

<b>Member Services:</b> 504-849-4685, 225-346-5704 or toll-free 1-800-222-8600 (TTY: 711)	
<b>Providers Submit Claims To:</b>	
Peoples Health	504-849-4690
P.O. Box 7890	225-346-5705
Metairie, LA 70010	1-866-553-5705
<b>PEOPLES HEALTH</b> Your <b>Medicare Health Team</b> www.peopleshealth.com	
<i>Peoples Health Network is the administrator for Peoples Health, Inc.</i>	

Peoples Health Choices 65 #14 for St. Tammany (HMO)

<b>PEOPLES HEALTH</b>		<b>Peoples Health Choices 65 #14 (HMO) for St. Tammany Parish</b>
PCP Name	NAMENAME NAMENAME	
PCP Phone	XXX-XXX-XXXX	
RxBin	004336	
RxPCN	MEDDADV	
RxGrp	RX5050	
Plan	(80840)	
RxID/Policy #	<b>G1234567890</b>	
		<b>MedicareRx</b> Prescription Drug Coverage
<b>MEMBER NAMENAMENAMENAMENAME</b>		H1961 014 2

<b>Member Services:</b> 504-849-4685, 225-346-5704 or toll-free 1-800-222-8600 (TTY: 711)	
<b>Providers Submit Claims To:</b>	
Peoples Health	504-849-4690
P.O. Box 7890	225-346-5705
Metairie, LA 70010	1-866-553-5705
<b>PEOPLES HEALTH</b> Your <b>Medicare Health Team</b> www.peopleshealth.com	
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Peoples Health Choices Select (HMO)

<b>PEOPLES HEALTH</b>		<b>Peoples Health Choices Select (HMO)</b>
PCP Name	NAMENAME NAMENAME	
PCP Phone	XXX-XXX-XXXX	
RxBin	004336	
RxPCN	MEDDADV	
RxGrp	RX5050	
Plan	(80840)	
RxID/Policy #	<b>G1234567890</b>	
		<b>MedicareRx</b> Prescription Drug Coverage
<b>MEMBER NAMENAMENAMENAMENAME</b>		H1961 007

<b>Member Services:</b> 504-849-4685, 225-346-5704 or toll-free 1-800-222-8600 (TTY: 711)	
<b>Providers Submit Claims To:</b>	
Peoples Health	504-849-4690
P.O. Box 7890	225-346-5705
Metairie, LA 70010	1-866-553-5705
<b>PEOPLES HEALTH</b> Your <b>Medicare Health Team</b> www.peopleshealth.com	
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Peoples Health Secure Health (HMO SNP)

<b>Peoples Health Secure Health (HMO SNP)</b>		<b>PEOPLES HEALTH</b>
PCP Name	NAMENAME NAMENAME	
PCP Phone	XXX-XXX-XXXX	
RxBin	004336	
RxPCN	MEDDADV	
RxGrp	RX5050	
Plan	(80840)	
RxID/Policy #	<b>G1234567890</b>	
		<b>MedicareRx</b> Prescription Drug Coverage
<b>MEMBER NAMENAMENAMENAMENAME</b>		H1961 003

<b>Member Services:</b> 504-849-4685, 225-346-5704 or toll-free 1-800-222-8600 (TTY: 711)	
<b>Providers Submit Claims To:</b>	
Peoples Health	504-849-4690
P.O. Box 7890	225-346-5705
Metairie, LA 70010	1-866-553-5705
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### Peoples Health Secure Choice #011 (HMO SNP)

**Peoples Health Secure Choice #011 (HMO SNP)** **PEOPLES HEALTH**

PCP Name NAMENAME NAMENAME  
PCP Phone XXX-XXX-XXXX

RxBin 004336  
RxPCN MEDDADV  
RxGrp RX5050  
Plan (80840)  
RxID/Policy # **G1234567890**

**MedicareRx**  
Prescription Drug Coverage

**MEMBER NAMENAMENAMENAMENAME** H1961 011

**Member Services:**  
504-849-4685, 225-346-5704 or toll-free 1-800-222-8600 (TTY: 711)

**Providers Submit Claims To:**

Peoples Health	504-849-4690
P.O. Box 7890	225-346-5705
Metairie, LA 70010	1-866-553-5705

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### Peoples Health Choices Gold (HMO)

**PEOPLES HEALTH** **Peoples Health Choices Gold (HMO)**

PCP Name NAMENAME NAMENAME  
PCP Phone XXX-XXX-XXXX

RxBin 004336  
RxPCN MEDDADV  
RxGrp RX5050  
Plan (80840)  
RxID/Policy # **G1234567890**

**MedicareRx**  
Prescription Drug Coverage

**MEMBER NAMENAMENAMENAMENAME** H1961 017

**Member Services:**  
504-849-4685, 225-346-5704 or toll-free 1-800-222-8600 (TTY: 711)

**Providers Submit Claims To:**

Peoples Health	504-849-4690
P.O. Box 7890	225-346-5705
Metairie, LA 70010	1-866-553-5705

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### Peoples Health Group Medicare (HMO POS)

**PEOPLES HEALTH** **Peoples Health Group Medicare (HMO-POS)**

PCP Name NAMENAME NAMENAME  
PCP Phone XXX-XXX-XXXX

RxBin 004336  
RxPCN MEDDADV  
RxGrp RX5050  
Plan (80840)  
RxID/Policy # **G1234567890**

**MedicareRx**  
Prescription Drug Coverage

**MEMBER NAMENAMENAMENAMENAME** H1961 801

**Member Services:**  
504-836-8308, ext. 1, or toll-free 1-866-616-8308, ext. 1 (TTY: 711)

**Providers Submit Claims To:**

Peoples Health	504-849-4690
P.O. Box 7890	225-346-5705
Metairie, LA 70010	1-866-553-5705

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### Peoples Health Group Medicare for OGB (HMO POS)

**PEOPLES HEALTH** **Peoples Health Group Medicare (HMO-POS)**

PCP Name NAMENAME NAMENAME  
PCP Phone XXX-XXX-XXXX

RxBin 004336  
RxPCN MEDDADV  
RxGrp RX5050  
Plan (80840)  
RxID/Policy # **G1234567890**

**MedicareRx**  
Prescription Drug Coverage

**MEMBER NAMENAMENAMENAMENAME** H1961 801

**Member Services:**  
504-836-8308, ext. 1, or toll-free 1-866-616-8308, ext. 1 (TTY: 711)

**Providers Submit Claims To:**

Peoples Health	504-849-4690
P.O. Box 7890	225-346-5705
Metairie, LA 70010	1-866-553-5705

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## 2018 PLAN ID CARD SAMPLE IMAGES

PHN Employee Plan administered through Gilsbar

	
<b>Member</b>  <b>Group #: S2790</b> <b>Member: John Sample</b> <b>Member ID: 2790000000</b>	<b>Medical Plan</b> Effective:  <b>Pharmacy Plan</b> BIN: PCN: RxGRP:  www.caremark.com 800-334-6134 800-364-6331
<b>Medical Claims Submission</b> Emdeon Payer ID# 07205 Mail: Gilsbar, L.L.C. PO Box 2947 Covington, LA 70434	<b>Claims &amp; Benefit Information</b> Providers Call: 888-215-9841 Members Call: 888-472-4352 Or logon to <a href="http://www.mygilsbar.com">www.mygilsbar.com</a> <b>Utilization</b> <b>Notification of Admissions &amp; Precertification:</b> MedCom Care Management, L.L.C. Call 800-643-4416 or logon to <a href="http://www.mygilsbar.com">www.mygilsbar.com</a> Scheduled Outpatient Services or Admissions - check for prior notification Emergency Admissions - within 48 hours or 1st business day