

OPTUMRX  
ATTN: VAHAC  
1600 MCCONNOR PARKWAY  
SCHAUMBURG, IL 60173-6801



VA



U.S. Department of Veterans Affairs

Veterans Health Administration  
Office of Community Care

IMPORTANT PLAN INFORMATION

>000001 001 P51036  
FIRSTNAME MI LASTNAME  
123 STREET NAME  
APT 101  
CITY, ST 60000



Enclosed is your pharmacy identification card, for use at pharmacies in the OptumRx pharmacy network. This card is to be used *in addition* to your CHAMPVA card. If we previously issued you a pharmacy card, please replace it with this new card.

If you do not have another health insurance plan that includes *pharmacy* coverage you will be responsible for paying your annual deductible, 25% co-payment/cost-share up to your catastrophic cap of \$3000 for covered medications. If you do have another health insurance plan that includes pharmacy coverage, including Medicare Part D, you may not pay a co-payment/cost-share as long as the medication is covered by your primary insurance and by CHAMPVA. You must tell your pharmacy about all types of prescription coverage you have.

If you are using Meds by Mail (MbM), rest assured that nothing has changed. You can continue to use your MbM benefit, which allows you to have your maintenance medications (such as blood pressure, asthma, or arthritis medications) delivered directly to your home, with no cost share or deductible requirements. Go to [https://www.va.gov/COMMUNITYCARE/programs/dependents/pharmacy/meds\\_by\\_mail.asp](https://www.va.gov/COMMUNITYCARE/programs/dependents/pharmacy/meds_by_mail.asp) for further information on MbM.

Most pharmacies participate in the OptumRx network. For additional information, including a list of preferred pharmacies, go to <https://vah.rxportal.sxc.com/rxclaim/VAH/index.html>. If you have any questions, please contact OptumRx at 1-888-546-5502. We look forward to serving your health care needs.



VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Community Care  
CHAMPVA



**Veterans Health Administration  
Office of Community Care (VHA OCC)**

**PHARMACY**

**RxBIN:** 610593

Copay - 25%

**RxPCN:** VA

Annual Deductible May Apply

**RxGRP:** HAC

**ID:** Refer to Patient's SSN

**Name:** FIRSTNAME MI LASTNAME

9999999999

Present this card with your CHAMPVA ID Card when you fill a prescription at a participating network pharmacy.

**PHARMACY**

Technical Help Desk 888-546-5503

**BENEFICIARY**

VHA OCC Beneficiary Services 800-733-8387

OptumRx Beneficiary Help Desk 888-546-5502

<https://vah.rxportal.sxc.com/rxclaim/VAH/index.html>

<https://www.va.gov/COMMUNITYCARE/>

**Notice to Card Holder**

This card is for identification purposes only and is not a guarantee of coverage. At the time of service, you must pay any co-payment/co-insurance or other charges as required by the Plan Sponsor.

Please forward prescription drug claims to:

Veterans Health Administration Office of Community Care

PO BOX 469064

Denver, CO 80246-9064