

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



Optum Rx[®]



U.S. Department of Veterans Affairs
Veterans Health Administration
Veteran and Family Member Programs

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



Keep your card in a safe place

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

No benefit changes are being made to your Spina Bifida plan.

If you are using Meds by Mail (MbM), rest assured that nothing has changed. You can continue to use MbM which allows you to have your maintenance medications (such as blood pressure, asthma or arthritis medications) delivered directly to your home. Go to <https://www.va.gov/COMMUNITYCARE/programs/dependents/pharmacy.asp> for further information on MbM.

Most pharmacies participate in the Optum Rx network. For additional information, including a list of preferred pharmacies, go to https://www.optumrx.com/oe_vah/landing.

If you have any questions, please contact Optum Rx at **1-888-546-5502**.

We look forward to serving your health care needs.

Sincerely,

The Optum Rx Team

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Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译员对话。欲寻求帮助，请拨打您的 ID 卡上列出的免费电话号码。

Optum Rx®

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Veteran and Family Member Programs
Spina Bifida Health Care Benefits Program

Optum Rx®

Veterans Health Administration (VHA)

PHARMACY

RxBIN 610593

RxPCN VA

RxGRP HAC

ID Refer to Patient's SSN

Name FIRSTNAME MI LASTNAME

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

	Individual	Family
Deductible	\$ DEDIND	\$ DEDFAM
Max out of pocket	\$ OOPIND	\$ OOPFAM

9999999999

PHARMACY

Technical Help Desk 1-888-546-5503

BENEFICIARY

VHA Beneficiary Services 1-800-733-8387

Optum Rx Beneficiary Help Desk 1-888-546-5502

https://www.optumrx.com/oe_vah/landing

<https://www.va.gov/COMMUNITYCARE/programs/dependents/pharmacy.asp>

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. Plan dollar limits subject to change. Go online for full benefit information.

Please forward prescription drug claims to:

Veterans Health Administration
PO BOX 469064
Denver, CO 80246-9064