PRIOR AUTHORIZATION
Phone: (702) 570-5420
Fax: (702) 570-5419
Portal: EZ NET

CARE MANAGEMENT
Phone: (702) 570-5582
Fax: (702) 570-5519
E-mail: caremanagement@p3hp.org

PHARMACY PRIOR AUTHORIZATION
MED IMPACT
Phone: (800) 788-2949
Fax: (858) 790-7100
24 hours a day / 7 days a week

CLAIM/ENCOUNTER SUBMISSION
P3 Health Partners - Nevada
PO Box 211083
Eagan, MN 55121

ELECTRONIC CLAIMS SUBMISSION
EDI Payer ID: P3HNV
Professional, Institutional and Hospital Claims

CLAIMS STATUS
Call to check claims status if claim has not been processed within 30 days of the initial submission.
Phone: (702) 570-5119
E-mail: claims@p3hp.org
MON - FRI | 8:00 A.M. - 5:00 P.M.

CLAIMS STATUS / CORRESPONDENCE
Requests for review must be submitted within 180 days of the Remittance Advice for denials, underpayment, etc.
P3 Health Partners - Nevada
PO Box 211083
Eagan, MN 55121

TRANSPORTATION
Phone: 1-844-923-0760
MON - FRI | 7:15 A.M. - 5:00 P.M.

MEMBER SERVICES
For any questions related to claims, benefits, eligibility or any patient related question, provide this number to the patient.
Phone: (844) 469-1759

ANY QUESTIONS?
CONTACT P3 PROVIDER RELATIONS
Phone: (702) 444-0412
Email: P3Networksolutions@P3HP.org

Effective January 1, 2020
<table>
<thead>
<tr>
<th>Plan</th>
<th>Anthem MediBlue Plus (HMO)¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>H4346-017</td>
</tr>
<tr>
<td>PREMIUM</td>
<td>$0</td>
</tr>
<tr>
<td>MAX OUT-OF-POCKET</td>
<td>$1,250</td>
</tr>
<tr>
<td>PCP</td>
<td>$0 copay</td>
</tr>
<tr>
<td>SPECIALIST</td>
<td>$0 copay</td>
</tr>
<tr>
<td>INPATIENT HOSPITAL</td>
<td>$0 copay</td>
</tr>
<tr>
<td>RX DEDUCTIBLE</td>
<td>$0</td>
</tr>
<tr>
<td>RX STANDARD COST SHARE</td>
<td>$0 / $5 / $42 / $95 / 33%</td>
</tr>
<tr>
<td>T1/T2/T3/T4/T5/T6</td>
<td>5 tier plan</td>
</tr>
<tr>
<td>MARKET SERVICE AREA</td>
<td>Clark</td>
</tr>
<tr>
<td>DENTAL</td>
<td>$0 copay - 1 oral exam and 1 cleaning per year</td>
</tr>
<tr>
<td>FITNESS</td>
<td>SilverSneakers®</td>
</tr>
<tr>
<td>HEARING</td>
<td>$0 copay - 1 hearing exam, fitting &amp; evaluation per year</td>
</tr>
<tr>
<td></td>
<td>$3,000 maximum plan benefit per year</td>
</tr>
<tr>
<td>MCRS</td>
<td>Covered</td>
</tr>
<tr>
<td>OVER THE COUNTER</td>
<td>$30 per quarter</td>
</tr>
<tr>
<td>PERS</td>
<td>Covered</td>
</tr>
<tr>
<td>PODIATRY</td>
<td>$0 copay – 24 visits</td>
</tr>
<tr>
<td>TRANSPORTATION</td>
<td>$0 copay – 12 one-way trips</td>
</tr>
<tr>
<td>VISION</td>
<td>$0 copay - 1 routine eye exam per year; $125 allowance - eye glasses or contact lenses per year</td>
</tr>
</tbody>
</table>

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.
**Plan** | **Anthem MediBlue Coordination Plus (HMO)\(^1,2\) H4346-018**
--- | ---
**MEDICAID STATUS** | Medicare & Full Medicaid Eligibility | With Medicare Only
--- | ---
**PREMIUM** | $0 | $22.70
**MAX OUT-OF-POCKET** | $6,700 | $6,700
**PCP** | $0 copay | 20% coinsurance
**SPECIALIST** | $0 copay | 20% coinsurance
**INPATIENT HOSPITAL** | $0 copay | Medicare Fee For Service
**RX DEDUCTIBLE** | $0 | $435 (T2 – T5)
**RX STANDARD COST SHARE** | $0 / $0-$3.60 / $0-$8.95 / $0-$8.95 / $0-$8.95 / $0 | 25% coinsurance
**MARKET SERVICE AREA** | Clark
**ACUPUNCTURE** | $0 copay – 24 visits
**CHIROPRACTIC** | $0 copay – 20 visits
**DENTAL** | $0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; $275 comprehensive allowance per quarter
**FITNESS** | SilverSneakers®/ Nifty After Fifty
**HEARING** | Covered
**OVER THE COUNTER** | $137 per quarter
**POST DISCHARGE MEALS** | Covered
**TRANSPORTATION** | $0 copay – 48 one-way trips
**VISION** | $0 copay - 1 routine eye exam per year; $200 allowance - eye glasses or contact lenses per year

\(^1\)NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium

\(^2\)CareMore Included in Network

**Effective January 1, 2020**
<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Services</td>
<td>(833) 341-4605</td>
</tr>
<tr>
<td>Help for Pharmacists</td>
<td>(833) 377-4266</td>
</tr>
<tr>
<td>Dental Customer Service</td>
<td>(888) 700-0992</td>
</tr>
<tr>
<td>24/7 Nurse Line</td>
<td>(855) 658-9249</td>
</tr>
<tr>
<td>Health &amp; Fitness Partner</td>
<td>Silver and Fit</td>
</tr>
<tr>
<td></td>
<td>(855) 626-4667</td>
</tr>
<tr>
<td></td>
<td>MON - FRI</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.silverandfit.com">www.silverandfit.com</a></td>
</tr>
</tbody>
</table>
**CVS**
*Affiliates include:* CVS Pharmacy, CVS Pharmacy at Target, Longs Drug Stores, and Navarro Discount Pharmacies

**Health Mart Atlas**
*This is a pharmacy service administration organization (PSAO) that has more than 5,000 independent pharmacies.*

**Walmart**
*Affiliates include:* Neighborhood Market, and Sam’s Club

**Kroger**
*Affiliates include:* Fred Meyer, King Soopers, City Market, Fry’s Food Stores, Smith’s Food & Drug Centers, Dillon Companies, Ralphs, Quality Food Centers, Baker, Owen, Payless, Gerbes, Jay-C, Mariano’s, Metro Market, Copps, and Pick ‘n Save

**Giant Eagle**

**Roundy’s**

**Hannaford**

**Harris Teeter**

**H-E-B**

**Food Lion**

**Bartell Drugs**