



**IN NETWORK
COVERAGE ONLY**

Subscriber:	[Jane Doe]	Effective Date of Coverage:	[XX/XX/XX]
Member:	[John Doe]	RXBIN:	004336
Policy #:	[XXXXXXXXXX]	RXPCN:	ADV
Member ID #:	[XXXXXXXXXXXXXX]	RXGROUP:	RX5463
Plan:	[Ambetter Balanced Care 1] [Line 2 if needed]		

COPAYS	PCP: [\$10 coin. after ded.]	Deductible (Med/Rx):	[\$250/\$500]
	Specialist: [\$25 coin. after ded.]	Coinsurance (Med/Rx):	[50%/30%]
	Rx (Generic/Brand): [\$5/\$25 after Rx ded.]		
	Urgent Care: [20% coin. after ded.]		
	ER: [\$250 copay after ded.]		

AZcompletehealth.com

Member/Provider Services:	Medical Claims:
1-888-926-5057	Arizona Complete Health
TTY/TDD: 1-888-926-5180	Attn: CLAIMS
24/7 Nurse Line: 1-888-926-5057	PO Box 9040
	Farmington, MO
	63640-9040
Numbers below for providers:	
Pharmacy Help Desk: 1-844-345-2829	
EDI Payor ID: 68069	
EDI Help Desk: Ambetter.AZcompletehealth.com	

Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit Ambetter.AZcompletehealth.com.