



# PRODUCTION VIEW

Member Name **John Doe**  
 Member ID **095901109**  
 Job ID **8465167**  
 Design Name H6910\_004\_New\_withoutRx, H6910\_004\_New\_withoutRx

Processed Date **11/13/2024**  
 Expected Mail Date  
 Actual Mail Date


Mail to Address  
**John Doe**  
**123 Main Street**  
**MIDDLETON, ID 83644**


Card Front

Card Back

Card Slab 1 of 1

XF47750300024





**Saint Alphonse Health Plan**  
A Member of Trinity Health

Saint Alphonse Health Plan (80840)  
**Glory No Rx (HMO)**  
 Member ID  
**095901109**  
 Member Name  
**John Doe**

Benefits  
 Effective: 01/01/2025  
 RXBIN 004336  
 RXPCN PARTBADV  
 RXGRP RX4095  
 Payor ID: 95655

PCP: \$0 URG: \$30  
 SPC: \$25 ER: \$110  
 IP HOSP: \$275 per day (days 1-5)

Carrier: 1912555319  
 CMS - H6910; 004 000

XF47750300024



**Saint Alphonse Health Plan  
 is a Medicare Advantage Plan**

**Members Services:** 800-240-3851 (TTY 711)  
**Drug Questions:** 866-785-5714


**Prior Authorization:**  
 800-240-3870

**24-hour nurse line:**  
 855-638-5842

3100 Easton Square Place  
 Suite 300  
 Columbus, OH 43219

**Provider Use Only:**  
 Provider Service Center:  
 800-991-9907  
 Pharmacy Technical Help Desk:  
 1-866-693-4620  
 Electronic Billing: 800-356-0092  
Mail Paper Claims To:  
 PO Box 219273  
 Kansas City, MO 64121-9273

**www.thpmedicare.org/saint-alphonse**



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1F47750300024



John Doe  
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MIDDLETON, ID 83644

### Saint Alphonsus Health Plan ID Cards Enclosed

Congratulations on selecting Saint Alphonsus Health Plan as your trusted health care partner! We are honored to have the opportunity to provide you with the best health care experience possible.

For your convenience, we have enclosed two identification cards (you may save one as a spare). Once you receive confirmation of your enrollment, please store your red, white and blue Original Medicare card in a safe place. You can start using your new Saint Alphonsus Health Plan ID card on the first day of your effective date.

Should Medicare decline your request for enrollment with Saint Alphonsus Health Plan, you will be notified in writing and you should destroy the Saint Alphonsus Health Plan ID cards.

If you have any questions, please call Member Services. We'll be happy to assist you. We can be reached at 1-800-240-3851 (TTY 711), 8 a.m. – 8 p.m., 7 days a week. On certain holidays, your call will be handled by our automated phone system. You can also visit our website at [www.thpmedicare.org/saint-alphonsus/](http://www.thpmedicare.org/saint-alphonsus/) for more information.

Thank you for placing your trust in Saint Alphonsus Health Plan. We value your membership and look forward to serving you!

In good health,

Saint Alphonsus Health Plan

Saint Alphonsus Health Plan (HMO/PPO) is a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on contract renewal. Saint Alphonsus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, sex (defined as sex at birth, legal sex and/or sex stereotyping), and gender (includes gender identity, gender expression and/or pregnancy). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-240-3851 (TTY: 711). 注意：如果使用繁體中文，可以免費獲得語言援助服務。請致電 1-800-240-3851 (TTY: 711).

Y0164\_NewMbrIDCardID25C

25\_MS\_ID\_NEWMEM\_02496



**Multi-Language Insert**  
**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-240-3851 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-240-3851 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-240-3851 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-240-3851 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-240-3851 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-240-3851 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-240-3851 (TTY 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-240-3851 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-240-3851 (TTY 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-240-3851 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-240-3851 (TTY 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-240-3851 (TTY 711). पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-240-3851 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-240-3851 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-240-3851 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-240-3851 (TTY 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-800-240-3851 (TTY 711). にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



