



**ELAINE J SAMPLE**

**ID: 900000000-00**

**Group ID: 10003**

**Plan name: PriorityMedicare Thrive Plus (PPO)**

**PCP: \$0**

**Specialist: \$40**

**ER: \$120**

**Prescription: Yes**

**MedicareRx**  
Prescription Drug Coverage X

**Rx BIN: 003858**

**Rx PCN: MD**

**Rx Group #: PHMEDCR**

**Issuer: 80840**

**HPID#: 7962405198**

CMS H4875-018

**Customer Service: 833.415.4381, (TTY 711).  
8 a.m. to 8 p.m., seven days a week.  
*prioritymedicare.com***

**For mental health, substance abuse benefits and assistance call 800.673.8043.**

**Important contact information:**

**Delta Dental:** 800.330.2732

**EyeMed:** 844.366.5127

**TruHearing:** 833.714.5356

**One Pass:** 866.756.9732

**For prescription reimbursement:**

Priority Health (Medicare Part D)  
1231 East Beltline NE, MS1260  
Grand Rapids, MI 49525-4501

*priorityhealth.com/rx-claims*



**For provider claims: Priority Health, P.O. Box 232, Grand Rapids, MI 49501-0232**  
**Providers: Visit *priorityhealth.com/provider* or call 800.942.4765.**  
Medicare limiting charges apply.