

IMPORTANT INFORMATION REGARDING

Submitting Medicare Part D Claims

Effective 01/01/2015

Beginning January 1, 2015, please submit all Part D claims with the appropriate Bank Identification Number (BIN), Processor Control Number (PCN) and Submitted Group (Group) code information as listed below and on our member identification (ID) cards.

PLAN	BIN	PCN	Group
AARP MedicareRx Plans insured through UnitedHealthcare AARP MedicareRx Preferred PDP AARP MedicareRx Saver Plus PDP	610097	9999	PDPIND
UnitedHealthcare MedicareRx for Group <i>Note: The Submitted Group code and PCN varies. Refer to each member's ID Card.</i>	610097	8888 9999	WRAPGR PDPIND
UnitedHealthcare Group Medicare Advantage UnitedHealthcare MedicareComplete (Plans 1 and 2) UnitedHealthcare MedicareComplete Choice	610097	9999	COS
Erickson Advantage	610097	9999	COS
UnitedHealthcare Chronic Complete	610494	9999	COS
UnitedHealthcare Community Plan Coordination of Long-Term Services (CoLTS)	610094	9999	COS
UnitedHealthcare Community Plan CoLTS for Dual Eligibles	610494	2222	COS
UnitedHealthcare Dual Complete (HMO SNP) UnitedHealthcare Dual Complete LP (HMO SNP) UnitedHealthcare Dual Complete (PPO SNP) UnitedHealthcare Dual Complete LP1 (HMO SNP) UnitedHealthcare Dual Complete Focus (HMO SNP) UnitedHealthcare Dual Complete RP (Regional PPO SNP)	610097	9999 8888	COS
UnitedHealthcare Nursing Home Plan	610097	9999	COS
UnitedHealthcare Medicaid Supplemental Plan	610494	2222	COS
Florida Share of Cost	610494	2222	COS
Pennsylvania Public School Employees' Retirement System (PSERS)	610097	9999	PSR
UnitedHealthcare MedicareDirect Rx (PFFS)	610097	9999	COS
AARP MedicareComplete insured through UnitedHealthcare AARP MedicareComplete SecureHorizons AARP MedicareComplete SecureHorizons Premier AARP MedicareComplete SecureHorizons Value Sharp SecureHorizons Plan by UnitedHealthcare UnitedHealthCare Chronic Complete UnitedHealthCare Dual Complete UnitedHealthcare MedicareComplete UnitedHealthCare Nursing Home Plan	610097	9999	SHAZ SHCA SHCO SHW SHOR SHTX SHWA SHNV COS



November 25, 2014

PLAN	BIN	PCN	Group
Note: The Submitted Group code varies. Refer to each member's ID card.			
UnitedHealthcare Group Medicare Advantage	610097	9999 8888	COS
IBT Teamster Plus	610097	9999	L436W PIB PIB TMSTW AKTG
Local 436			
Local 400			
IBT TEAMStar			
Teamsters Misc. Alaska Teamsters			
United Healthcare Dual Complete (HMO SNP) in Tennessee	610097	9999	AMCTN
UnitedHealthcare Dual Complete (HMO SNP) in New York	610097	9999	MPDACUNY
UnitedHealthcare Dual Complete (HMO SNP)	610097	9999	MPDACUAZ
UnitedHealthcare Dual Complete ONE (HMO SNP)	610097	9999	MPDACUMI
UnitedHealthcare Dual Complete (HMO SNP) in Michigan	610097	9999	MPDACUWI
United Healthcare Dual Complete (HMO SNP) in Wisconsin	610097	9999	MPDACUWI
UnitedHealthcare Connected™ for MyCare Ohio (Medicare-Medicaid Plan)	610097	8500	MMPOH
UnitedHealthcare Senior Care Options in Massachusetts	610097	8500	ACUMA
United Healthcare Dual Complete (HMO SNP) in New Jersey	610097	8500	MPDACUNJ
United Healthcare Medicare Complete (HMO) in New Jersey	610097	8500	MPDACUNJ
Maryland Senior Prescription Drug Assistance Program SPDAP (2013 claims)	610097	8888	WRAPGR
Maryland Senior Prescription Drug Assistance Program SPDAP (2014/2015 claims)	610097	9999	PDPIND
U.S. Virgin Islands Senior Citizens Affairs Pharmaceutical Assistance Program	610097	8888	WRAPGR
Sierra Medicare Advantage Prescription Drug MAPD – Health Plan of Nevada	610097	9999	SIE
Senior Dimensions Greater Nevada (HMO)			
Senior Dimensions Southern Nevada (HMO)			
Sierra Spectrum (PPO)			
Golden State Medicare Health Plan	610097	9999	GSM
Citrus Total	610097	9999	PHC
Citrus Plus			
Non-Part D Plans (MA and Retiree Drug Subsidy [RDS] only)	610494	9999	COS
AARP MedicareComplete Choice Essential (PPO)			
AARP MedicareComplete Essential (HMO)			
AARP MedicareComplete Focus Essential			

PLAN	BIN	PCN	Group
Erickson Advantage Signature without Drugs (HMO-POS) UnitedHealthcare Medicare Complete Essential (HMO) UnitedHealthcare MedicareComplete Choice Essential (Regional PPO) UnitedHealthcare MedicareDirect Essential (PFFS) Note: Please confirm the processing information on the member's ID card.			
AARP MedicareComplete SecureHorizons Essential (HMO) Note: Please confirm the processing information on the member's ID card.	610494	9999	SHAZ SHCA SHCO SHW SHOR SHTX SHWA SHNV
John Deere Company	610097	9999	DER
AARP Welfare Plan	610097	9999	AWP
Suffolk School Employer Health Plan	610097	9999	SUF
Hewlett Packard	610097	9999	MHPA
Care Improvement Plus Dual Advantage Care Improvement Plus Gold Rx Care Improvement Plus Medicare Advantage Care Improvement Plus Silver Rx Medica HealthCare Plans MedicareMax Medica HealthCare Plans MedicareMax Plus	610097 610494 610097 610494	9999	CIP MED
AARP MedicareComplete Focus Preferred Choice Broward Preferred Choice Dade Preferred Complete Care Preferred Medicare Assist Preferred Secure Option Preferred Special Care Miami-Dade UnitedHealthcare The Villages MedicareComplete	610097	9999	COS
State Health Plan of North Carolina (SHPNC)	610097	8888	COS
CalPERS	610097	8888	SHCA
Symphonix	610097	9999	SHII
City of Milwaukee	610097	8888	PCMIL2
Milwaukee County	610097	8888	PMILC1 MMILC1
Transit Employees Health and Welfare Plan	610097	9999	TEHWP
NYCTA (2014 claims only)	610097	8888	NYCTA
NYCTA (2015 claims only)	610097	9999	NYCTA
TBT	610097	8888	WRAPGR
Diocesan Priests	610097	8888	WRAPGR

TO REDUCE PROCESSING ERRORS, PLEASE CONFIRM THE INFORMATION ON MEMBER'S ID CARD PRIOR TO SUBMITTING PRESCRIPTION CLAIMS.

Should you have any questions or require assistance, please contact the OptumRx Help Desk, 24 hours a day, 7 days a week:

OptumRx Help Desk phone numbers:

- AARP® Medicare Complete® and UnitedHealthcare Medicare Complete: **1-877-889-6510**
- UnitedHealthcare Community Plan and UnitedHealthcare Community Plan CHIP: **1-877-305-8952**
- Preferred Care Partners: **1-800-591-6144**
- Medica Healthcare Plans: **1-866-273-9444**
- All other plans: **1-800-788-7871**

Thank you for your continued support. Please distribute immediately.