



NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**  
Division of Health Benefits


# Health Plan Comparison Chart

## For Phase 1 members who live in Regions 2 and 4

All plans are required to have the same type of Medicaid services you get now. These include:

- Doctor visits
- Hospital visits
- Behavioral health care
- Prescriptions
- Eye care
- Medical supplies
- Lab tests and X-rays
- Therapies
- Hospice

To see the full list of NC Medicaid covered services provided by the plans, go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov). Use this chart to learn more about your plan choices.




**WellCare**  
Beyond Healthcare. A Better You.

**1-866-799-5318**  
TTY 711  
[wellcare.com/nc](http://wellcare.com/nc)

7 a.m. to 6 p.m.,  
Monday through Saturday


Statewide (all 100 counties)



Member: **SAMPLE E SAMPLE**  
Member ID: **9999999** Medicaid #: **1234567**  
Plan Name: **Sample Plan**

Primary Care Provider (PCP):  
**Sally Smith**  
WATSON CLINIC  
1234 MAIN ST  
STE ABC  
MOORESVILLE, NC 33618  
PCP Phone: 1-555-555-1235

RxBIN: **004336**  
RxPCN: **MCAIDADV**  
RxGRP: **RX8775**




**UnitedHealthcare**  
Community Plan

**1-800-349-1855**  
TTY 711  
[uhcommunityplan.com/nc.html](http://uhcommunityplan.com/nc.html)


7 a.m. to 6 p.m.,  
Monday through Saturday

Statewide (all 100 counties)



Health Plan (80840) 911-87726-04  
Member ID: **A999999991** Group Number: **NCMMC**


Member: **MEMBER NAME** Payer ID: **87726**



Rx Bin: **610494**  
Rx Grp: **ACUNC**  
Rx PCN: **4949**

AMH/PCP Name: **PROVIDER NAME**  
AMH/PCP Phone: (000)000-0000  
PROVIDER STREET ADDRESS  
CITY, STATE, ZIP

0501 Administered by UnitedHealthcare Community Plan of North Carolina, Inc.




**HealthyBlue**

**1-844-594-5070**  
TTY 711  
[HealthyBlueNC.com](http://HealthyBlueNC.com)

7 a.m. to 6 p.m.,  
Monday through Saturday

Statewide (all 100 counties)




Member Name: \_\_\_\_\_  
Member ID: \_\_\_\_\_

Primary Care Provider (PCP):  
PCP Telephone #: \_\_\_\_\_  
PCP Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

RxBIN: **XXXXXX**  
RxPCN: **XX**  
RxGRP: **XXXX**




**AmeriHealth Caritas**  
North Carolina

**1-855-375-8811**  
TTY 1-866-209-6421  
[amerihealthcaritasnc.com](http://amerihealthcaritasnc.com)

24 hours a day,  
7 days a week

Statewide (all 100 counties)



Member name  
**[John L Doe]**

AmeriHealth Caritas North Carolina ID  
**[XXXXXXXXXX]**

State ID: **[XXXXXXXXXXXXXX]**

Copays  
ER: **[\$]** PCP: **[\$]** SPEC: **[\$]**

Primary doctor  
**[PCP first name, PCP last name]**  
**[Group name]**

PCP/Group address  
**[Street Address]**  
**[City, State ZIP]**

PCP/Group phone number  
**[X-XXX-XXX-XXXX]**

Effective date  
**[MM/DD/YYYY]**

Limits may apply to some services. Not transferable.

MEDICAID EB COMP CHART ENG 190429

**Questions?** Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov). Or call us at **1-833-870-5500** (TTY: 1-833-870-5588). We can speak with you in other languages.

You can get this information in other languages or formats, such as large print or audio.