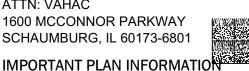
**OPTUMRX** ATTN: VAHAC **1600 MCCONNOR PARKWAY** SCHAUMBURG, IL 60173-6801





**U.S. Department of Veterans Affairs** 

Veterans Health Administration Office of Community Care

>000001 001 P51036 FIRSTNAME MI LASTNAME 123 STREET NAME APT 101

CITY. ST 60000



Enclosed is your pharmacy identification card, for use at pharmacies in the OptumRx pharmacy network. This card is to be used in addition to your CHAMPVA card. If we previously issued you a pharmacy card, please replace it with this new card.

If you do not have another health insurance plan that includes *pharmacy* coverage you will be responsible for paying your annual deductible, 25% co-payment/cost-share up to your catastrophic cap of \$3000 for covered medications. If you do have another health insurance plan that includes pharmacy coverage, including Medicare Part D, you may not pay a co-payment/cost-share as long as the medication is covered by your primary insurance and by CHAMPVA. You must tell your pharmacy about all types of prescription coverage you have.

If you are using Meds by Mail (MbM), rest assured that nothing has changed. You can continue to use your MbM benefit, which allows you to have your maintenance medications (such as blood pressure, asthma, or arthritis medications) delivered directly to your home, with no cost share or deductible requirements. Go to

https://www.va.gov/COMMUNITYCARE/programs/dependents/pharmacy/meds by mail.asp for further information on MbM.

Most pharmacies participate in the OptumRx network. For additional information, including a list of preferred pharmacies, go to https://vah.rxportal.sxc.com/rxclaim/VAH/index.html. If you have any questions, please contact OptumRx at 1-888-546-5502. We look forward to serving your health care needs.



PHARMACY Technical Help Desk 888-546-5503 BENEFICIARY VHA OCC Beneficiary Services 800-733-8387 OptumRx Beneficiary Help Desk 888-546-5502

https://vah.rxportal.sxc.com/rxclaim/VAH/index.html https://www.va.gov/COMMUNITYCARE/

Notice to Card Holder

This card is for identification purposes only and is not a guarantee of coverage. At the time of service, you must pay any co-payment/co-insurance or other charges as required by the Plan Sponsor.

> Please forward prescription drug claims to: Veterans Health Administration Office of Community Care PO BOX 469064 Denver, CO 80246-9064