



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits

Health Plan Comparison Chart

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. Use this chart to learn more about your plan choices.



1-866-799-5318

TTY 711

wellcare.com/nc

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

Statewide (all 100 counties)



1-800-349-1855

TTY 711

uhcommunityplan.com/nc.html

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

Statewide (all 100 counties)



1-844-594-5070

TTY 711

HealthyBlueNC.com

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

Statewide (all 100 counties)



1-855-375-8811

TTY 1-866-209-6421

amerihealthcaritasnc.com

24 hours a day,
7 days a week

Statewide (all 100 counties)

WellCare
Beyond Healthcare. A Better You.

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

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

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

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

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

HealthyBlue

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

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. 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.