

## 2022 Longevity Health Plan ID Cards

### 1. NY 2022 Front of card

 <b>LONGEVITY</b> HEALTH PLAN	Print Date: 11/8/2021
<b>LONGEVITY HEALTH PLAN OF NEW YORK, INC.</b>	
<b>Health Plan:</b> (80840) <b>Member ID:</b> Y00000004 <b>Member Name:</b> TEST4 MI TEST4	<b>MedicareRx</b> Prescription Drug Coverage <b>RxBIN:</b> 610014 <b>RxPCN:</b> MEDDPRIME <b>RxGRP:</b> LHPRX
CMS H8457 001	

### 2. NY 2022 Back of card

<b>For Members</b>	
Member Services:	888-885-7337 (TTY/TDD: 711)
<b>For Providers</b>	
<b>Provider Services:</b> 888-885-7337	<b>Pharmacists:</b> 800-922-1577
<b>Medical Claims:</b> LONGEVITY HEALTH PLAN OF NEW YORK, INC. PO BOX 16170 Lubbock, TX 79490-6170 EDI# LNY01	<b>Pharmacy Claims:</b> Express Scripts ATTN: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718
www.longevityhealthplan.com	

### 3. NJ 2022 Front of card

 <b>LONGEVITY</b> HEALTH PLAN	Print Date: 11/8/2021
<b>LONGEVITY HEALTH PLAN OF NEW JERSEY INSURANCE COMPANY, INC.</b>	
<b>Health Plan:</b> (80840) <b>Member ID:</b> J00000004 <b>Member Name:</b> TEST4 MI TEST4	<b>MedicareRx</b> Prescription Drug Coverage <b>RxBIN:</b> 610014 <b>RxPCN:</b> MEDDPRIME <b>RxGRP:</b> LHPRX
CMS H9942 001	Medicare limiting charges apply.

4. NJ Back of card

For Members	
Member Services:	888-899-8490 (TTY/TDD: 711)
For Providers	
<b>Provider Services:</b> 888-899-8490	<b>Pharmacists:</b> 800-922-1577
<b>Medical Claims:</b> LONGEVITY HEALTH PLAN OF NEW JERSEY INSURANCE COMPANY, INC. PO BOX 16170 Lubbock, TX 79490-6170 EDI# LNJ01	<b>Pharmacy Claims:</b> Express Scripts ATTN: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718
<a href="http://www.longevityhealthplan.com">www.longevityhealthplan.com</a>	

5. NC Front of card

	Print Date: 11/8/2021
LONGEVITY HEALTH PLAN OF NORTH CAROLINA, INC	
<b>Health Plan:</b> (80840) <b>Member ID:</b> N00000004 <b>Member Name:</b> TEST4 MI TEST4	<b>MedicareRx</b> Prescription Drug Coverage <b>RxBIN:</b> 610014 <b>RxPCN:</b> MEDDPRIME <b>RxGRP:</b> LHPRX
CMS H5374 001	

6. NC Back of card

For Members	
Member Services:	888-312-5196 (TTY/TDD: 711)
For Providers	
<b>Provider Services:</b> 888-312-5196	<b>Pharmacists:</b> 800-922-1577
<b>Medical Claims:</b> LONGEVITY HEALTH PLAN OF NORTH CAROLINA, INC PO BOX 16170 Lubbock, TX 79490-6170 EDI# LNC01	<b>Pharmacy Claims:</b> Express Scripts ATTN: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718
<a href="http://www.longevityhealthplan.com">www.longevityhealthplan.com</a>	

7. MI Front of card

 **LONGEVITY**  
HEALTH PLAN

Print Date: 11/8/2021

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**LONGEVITY HEALTH PLAN OF MICHIGAN, INC.**

**Health Plan:** (80840)  
**Member ID:** M00000003  
**Member Name:** TEST3 MI TEST3

**MedicareRx**  
Prescription Drug Coverage

**RxBIN:** 610014  
**RxPCN:** MEDDPRIME  
**RxGRP:** LHPRX

CMS H7557 001

8. MI Back of card

**For Members**

Member Services: 888-312-8825 (TTY/TDD: 711)

**For Providers**

**Provider Services:** 888-312-8825      **Pharmacists:** 800-922-1577

**Medical Claims:** LONGEVITY HEALTH PLAN OF MICHIGAN, INC.  
PO BOX 16170  
Lubbock, TX 79490-6170  
ED# LMI01

**Pharmacy Claims:** Express Scripts  
ATTN: Medicare Part D  
P.O. Box 14718  
Lexington, KY 40512-4718

[www.longevityhealthplan.com](http://www.longevityhealthplan.com)

9. IL Front of card

 **LONGEVITY**  
HEALTH PLAN

Print Date: 11/8/2021

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**LONGEVITY HEALTH PLAN OF ILLINOIS, INC.**

**Health Plan:** (80840)  
**Member ID:** I00000003  
**Member Name:** TEST3 MI TEST3

**MedicareRx**  
Prescription Drug Coverage

**RxBIN:** 610014  
**RxPCN:** MEDDPRIME  
**RxGRP:** LHPRX

CMS H9590 001

10. IL Back of card

For Members	
Member Services:	888-886-9770 (TTY/TDD: 711)
For Providers	
<b>Provider Services:</b> 888-886-9770	<b>Pharmacists:</b> 800-922-1577
<b>Medical Claims:</b> LONGEVITY HEALTH PLAN OF ILLINOIS, INC. PO BOX 16170 Lubbock, TX 79490-6170 ED# LIL01	<b>Pharmacy Claims:</b> Express Scripts ATTN: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718
<a href="http://www.longevityhealthplan.com">www.longevityhealthplan.com</a>	

11. CO Front of card

	Print Date: 11/8/2021
<b>LONGEVITY HEALTH PLAN OF COLORADO, INC.</b>	
<b>Health Plan:</b> (80840) <b>Member ID:</b> C00000003 <b>Member Name:</b> TEST3 MI TEST3	<b>MedicareRx</b> Prescription Drug Coverage <b>RxBIN:</b> 610014 <b>RxPCN:</b> MEDDPRIME <b>RxGRP:</b> LHPRX
CMS H0363 001	

12. CO Back of card

For Members	
Member Services:	888-313-3609 (TTY/TDD: 711)
For Providers	
<b>Provider Services:</b> 888-313-3609	<b>Pharmacists:</b> 800-922-1577
<b>Medical Claims:</b> LONGEVITY HEALTH PLAN OF COLORADO, INC. PO BOX 16170 Lubbock, TX 79490-6170 ED# LCO01	<b>Pharmacy Claims:</b> Express Scripts ATTN: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718
<a href="http://www.longevityhealthplan.com">www.longevityhealthplan.com</a>	

13. FL Front of card

 **LONGEVITY**  
HEALTH PLAN

Print Date: 11/8/2021

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**LONGEVITY HEALTH PLAN OF FLORIDA, INC.**

**Health Plan:** (80840)  
**Member ID:** F00000003  
**Member Name:** TEST3 MI TEST3

**MedicareRx**  
Prescription Drug Coverage

**RxBIN:** 610014  
**RxPCN:** MEDDPRIME  
**RxGRP:** LHPRX

CMS H1644 001

14. FL Back of card

**For Members**

Member Services: 866-224-9499 (TTY/TDD: 711)

**For Providers**

**Provider Services:** 866-224-9499      **Pharmacists:** 800-922-1577

**Medical Claims:**  
LONGEVITY HEALTH PLAN OF  
FLORIDA, INC.  
PO BOX 16170  
Lubbock, TX 79490-6170  
EDI# LFL01

**Pharmacy Claims:**  
Express Scripts  
ATTN: Medicare Part D  
P.O. Box 14718  
Lexington, KY 40512-4718

[www.longevityhealthplan.com](http://www.longevityhealthplan.com)