

# HMA



THE SUQUAMISH TRIBE

Member Name:

**JOHN SAMPLE**

Member ID: **SMPL0001**

RxID	SMPL0001	RxBIN	610749
RxPCN	PH	RxGRP	XXXX

Group Name:

**SUQUAMISH TRIBAL MEMBER PLAN**

Group Number:

**090583**

**SUPPLEMENTAL PLAN**

Benefits Limited to:  
Acupuncture - with visit limits  
Massage Therapy - with visit limits  
Chiropractic - with visit limits  
Vision Hardware  
Dental Prescriptions



1101-XX-6204-090583-A--M(D)(V)

20230720T51 Sh: 0 Bin 2  
J034 Env [1] CSets 1 of 1

# HMA



THE SUQUAMISH TRIBE

Member Name:

**JOHN SAMPLE**

Member ID: **SMPL0001**

RxID	SMPL0001	RxBIN	025953
RxPCN	PHX	RxGRP	200SUQU

Group Name:

**SUQUAMISH TRIBAL MEMBER PLAN**

Group Number:

**090583**



1101-XX-6204-090583-A--M(D)(V)

20230720T51 Sh: 0 Bin 2  
J034 Env [1] CSets 1 of 1



20230720T51 Sh: 0 Bin 2  
J034 Env [1] CSe1s 1 of 1

1101-XX-9864 09083-A--MIDU/0

**Healthcare Management Administrators, Inc. (HMA)**

Important - Preauthorization may be a plan requirement. To avoid potential benefit penalties, call Customer Care.

In accordance with Federal Indian Laws, American Indian/Alaska Native Plan participants may have Medicare Like Rates applied.

Please submit EDI claims to Availity, using payer ID: **HMA01**. Please submit paper claims to the address below:

HMA  
PO Box 85008  
Bellevue, WA 98015

This card is not an authorization for services or a guarantee of payment.



**Find a provider and access Customer Care at: [www.accesshma.com](http://www.accesshma.com)**

Customer Care: **888-450-4491**  
Prescriptive: **206-686-9016**  
MDLive Telehealth: **877-596-0967**

HMA Preferred provides network access in Washington, Oregon, Idaho, and Utah. PHCS provides network access in all other states.

Pharmacy benefits administrator



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J034 Env [1] CSe1s 1 of 1

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Pharmacy benefits administrator