PAGE 1 - COLOR PRINTERS ONLY

Use this page with a color printer. Text and logos retain their intended colors.

CHAMPVA wallet card

Left panel: front - Right panel: back - Cut around the outer rounded border, fold at center line, then laminate

VA U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Integrated Veteran Care
CHAMPVA

Open Access
No Referral Required

Beneficiary Name
LASTNAME, FIRSTNAME MIDDLENAME

Include this Member Number on all claims and letters
Patient SSN

For Medical Claims the Payor ID number is 84146

Effective Date	Expiration Date	CHAMPVA
01/01/2001	**01/01/2001**	**1-800-733-8387**

CHAMPVA pays second (after) most other health plans. Include an explanation of benefits from other insurers when filing a claim. CHAMPVA pays primary (before) Medicaid.

Once you become eligible for Medicare Part A, you MUST obtain and maintain Medicare Part B to remain eligible for CHAMPVA.

For Electronic Claims Filing, please follow the instructions at:
https://www.va.gov/communitycare/programs/dependents/champva/champva-claim.asp

For questions about pre-authorizations please call
833-930-0816.

VA Form 10-7959-1 Base. Jan. 2025

Optum Rx prescription card

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VA U.S. Department of Veterans Affairs
Veterans Health Administration
Veteran and Family Member Programs
CHAMPVA

Optum Rx®

Veterans Health Administration (VHA)

PHARMACY

RxBIN 610593
RxPCN VA
RxGRP HAC
ID Refer to Patient SSN
Name FIRSTNAME MI LASTNAME

Present this card with your CHAMPVA ID Card when you fill a prescription at a Participating network pharmacy.

	Individual	Family
Deductible	$50	$100
Max out of pocket	$3000	$3000

Annual Deductible May Apply
Copay - 25%

PHARMACY
Technical Help Desk 1-888-546-5503
BENEFICIARY
VHA Beneficiary Services 1-800-733-8387
Optum Rx Beneficiary Help Desk 1-888-546-5502
https://www.optumrx.com/oe_vah/landing
https://www.va.gov/COMMUNITYCARE/programs/dependents/pharmacy.asp

Notice to Card Holder

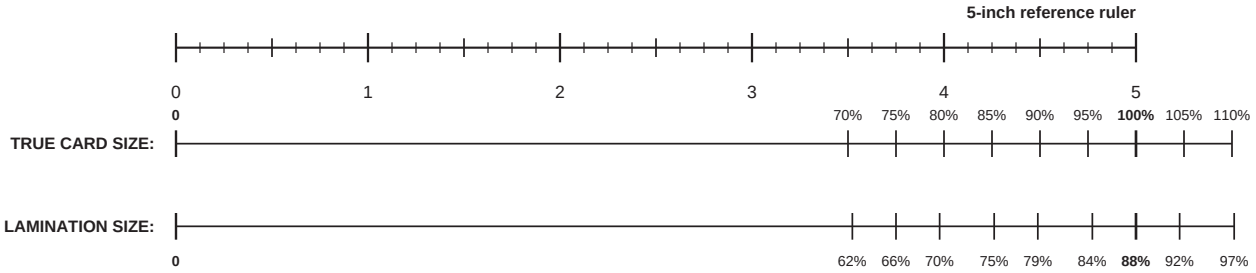
This card is for identification purposes only and is not a guarantee of coverage. At the time of service, you must pay any co-payment/co-insurance or other charges as required by the Plan Sponsor. Plan dollar limits subject to change. Go online for full benefit information.

Please forward prescription drug claims to:
Veterans Health Administration
PO BOX 469064 - Denver, CO 80246-9064

Choose TRUE CARD SIZE or LAMINATION SIZE using the calibration guide below.

PRINT-SIZE CALIBRATION - MEASURE FROM 0 TO 5 INCHES

Align a real ruler at 0. At the real ruler's 5-inch mark, read the nearest percentage on the guide you want.
Reprint using that percentage in the PDF print dialog. Leave printer-driver scaling at 100% and disable Fit/Shrink.



True card size prints each card at 3.375 x 2.125 in. Lamination size prints each card at 88% so a clear sealed border can fit around it.
Example: if the 5-inch mark lands on 105% in the TRUE row, print at 105%. If it lands on 92% in the LAMINATION row, print at 92%.

PAGE 2 - BLACK-AND-WHITE PRINTERS ONLY

Use this page with a monochrome printer. All text, rules, and logos are optimized for solid black printing.

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CHAMPVA

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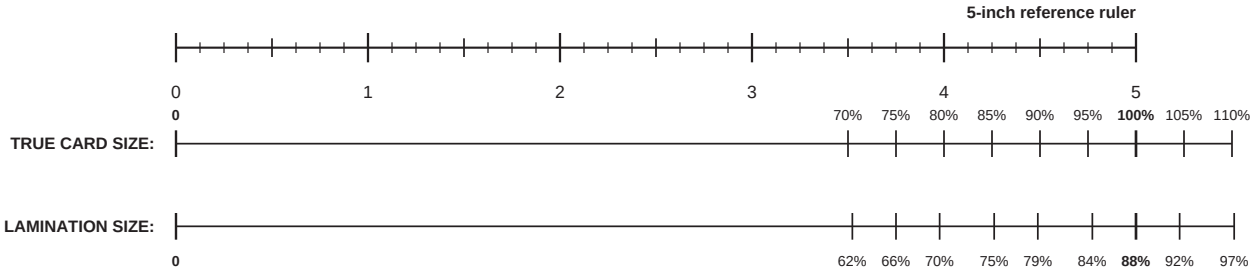
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