

New Plan Announcement

Vibra Health Plan



Effective January 1, 2017

Effective January 1, 2017, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Vibra Health Plan.

Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2017.

Vibra Health Plan Part D

BIN: -----610455

PCN: -----PPOVB

Vibra Health Plan Part B

BIN: -----610455

PCN: -----VBPARTB

- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

For more information

- Medicare Part D and Part B claims with a fill date on or after January 1, 2017 must be submitted with the BIN/PCN outlined on the left
- If you have questions regarding claims processing, please contact Prime's Contact Center at 855.457.1209
- Prime's Medicare Part B and D payer specification sheets are available at: PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part B D.0 Payer Sheet and Medicare Part D D.0 Payer Sheet

Featured below is an example of the most common ID card used:

<Member Name>			
ID	RxBin	RxPCN	RxGroup
<VXXXXXXXX>	610455	PPOVB	VBPARTD
Plan		RxPREFERRED	
<Plan Name>		<Copay/Coinsurance>	
PCP	<copay>	Rx NON-PREFERRED	
SPEC	<copay>	<Copay/Coinsurance>	
ER	<copay>		
URG CARE	<copay>	Card is for ID purposes only; it is not proof of eligibility	
[DENTAL	<copay>]		
CMS H9408 <PBP ID>		Medicare limiting charges apply	

VIBRA HEALTH PLAN MEMBER SERVICES	
Toll Free: 1-844-388-8268 TTY Users Call: 711	
Member Claims: P.O. Box 60250, Harrisburg, PA 17106-0250	
Website and Member Portal: vibrahealthplan.com	

PHARMACY BENEFITS PRIME THERAPEUTICS	
Vibra Members Call: 1-855-457-1352 TTY Users Call: 711	
Pharmacy Help Desk: 1-855-457-1209 TTY Users Call: 711	
PrimeMail: 1-855-457-1345 TTY Users Call: 711	
Member Claims: P.O. Box 20970, Lehigh Valley, PA 18002-0970	

[DENTAL BENEFITS DELTA DENTAL]	
[Toll Free: 1-844-388-8268 TTY Users Call: 711]	
[CLAIM ADDRESS: P.O. Box 2105, Mechanicsburg, PA 17055]	