

## KY Medicaid English Card

### Humana | Healthy Horizons™ in Kentucky

A Medicaid product of Humana Health Plan, Inc.

#### ENROLLEE NAME

**Enrollee ID: HXXXXXXXXX**

Medicaid ID#: XXXXXXXX

Date of Birth: XX/XX/XX

Effective Date: XX/XX/XX

PCP Name: XXXXXXXXX

PCP Phone: (XXX) XXX-XXXX

Group #: XXXXX

RxBIN: 610649

RxPCN: 03191501

Enrollee/Provider Service: 1-800-444-9137

Enrollee Behavioral Health Crisis Line: 1-833-801-7355

Pharmacist Rx Inquiries: 1-800-865-8715

24 Hour Nurse Line: 1-800-648-8097

Please visit us at [Humana.com/HealthyKentucky](https://www.humana.com/HealthyKentucky)

**For online provider services, go to [www.availability.com](https://www.availability.com)**

Please mail all claims to:

**Humana Medical  
P.O. Box 14601  
Lexington, KY 40512-4601**

**Note: As of today this PDF meets State/Compliance guidelines and could be subject to change at any time. Notification will be communicated if Compliance guidelines change.**