

# New Look for Peach State Health Plan ID Cards

## New Design Launching January 16, 2026

Peach State Health Plan is implementing an update to our member ID card design, with a scheduled go-live of January 16, 2026. This update is part of an ongoing effort to improve clarity and consistency for members and providers.

### What's Changing

Beginning January 16, 2026, Peach State Health Plan will introduce a new ID card design.



New members enrolling on or after January 16, 2026, will receive the updated ID card.



Current members will receive the new design only if they request a replacement card.

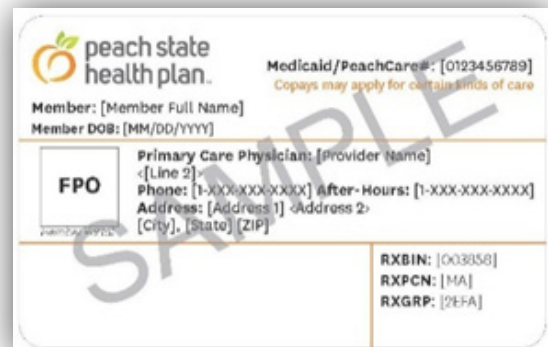
At this time, Peach State Health Plan will not automatically reissue ID cards to all existing members. As a result, you may continue to see the previous ID card design for members who enrolled in 2025 or earlier. -

### What's Staying the Same

- Member eligibility and benefits are not changing
- Both ID card designs remain valid
- Verification processes remain unchanged

### What Providers Should Know

- Members may present either the new or previous ID card design.
- Please continue to verify eligibility using your standard tools and workflows.
- No action is required from your office at this time.



### Supporting Your Patients

As members begin receiving updated cards, provider resources may be updated to reflect any additional guidance, as needed.

If you have questions or need assistance, please contact Provider Services at 1-866-874-0633 or reach out to your Provider Relations Representative.

Thank you for your continued partnership and the care you provide to our members.

## Medicaid & PC4K ID Cards

### Medical Only

	<b>Medicaid/PeachCare</b> # [0123456789] <small>Copays may apply for certain fills of care</small>
	Member: [Member Full Name] Member DOB: [MM/DD/YYYY]
<b>FPO</b> <small>Member Photo</small>	Primary Care Physician: [Provider Name] (Line 2) Phone: [1-XXX-XXX-XXXX] After-Hours: [1-XXX-XXX-XXXX] Address: [Address 1] Address 2: [City], [State] [ZIP]
RXBIN: [003858] RXPCN: [MA] RXGRP: [DEFA]	

<a href="http://www.pshpgeorgia.com">www.pshpgeorgia.com</a>	
Member Services/Nurse Advice Line [1-800-704-1484] Member Services TDD/TTY [1-800-255-0056] Community Connections Help Line [1-866-775-2192 (TTS: 711)] Pharmacy Help Desk [1-833-750-4403]	
<b>Providers Only:</b> Eligibility, Behavioral Claims [1-866-874-0633] Dental Claims [1-844-464-5632] Prior Authorization Fax [1-866-532-8824]	
Submit <b>Medical Claims</b> to: Peach State Health Plan, P.O. Box 3030, Farmington, MO 63640-3812 Submit <b>Dental Claims</b> to: P.O. Box 22085, Tampa, FL 33622 Submit <b>Vision Claims</b> to: P.O. Box 7548, Rocky Mount, NC 27804	
<b>FOR EMERGENCIES:</b> Dial 911 or go to the nearest Emergency Room.	

### Medical & Dental Only

	<b>Medicaid/PeachCare</b> # [0123456789] <small>Copays may apply for certain fills of care</small>
	Member: [Member Full Name] Member DOB: [MM/DD/YYYY]
<b>FPO</b> <small>Member Photo</small>	Primary Care Physician: [Provider Name] (Line 2) Phone: [1-XXX-XXX-XXXX] After-Hours: [1-XXX-XXX-XXXX] Address: [Address 1] Address 2: [City], [State] [ZIP]
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## GA Pathways ID Cards

### Medical Only

	<b>Georgia Pathways to Coverage</b> GAPATH ID #: [0123456789] Effective Date: [MM/DD/YYYY]
	Member: [Member Full Name] Member DOB: [MM/DD/YYYY]
<b>FPO</b> <small>Member Photo</small>	Primary Care Physician: [Provider Name] (Line 2) Phone: [1-XXX-XXX-XXXX] After-Hours: [1-XXX-XXX-XXXX] Address: [Address 1] Address 2: [City], [State] [ZIP]
RXBIN: [003858] RXPCN: [MA] RXGRP: [DEFA]	

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Submit <b>Medical Claims</b> to: Peach State Health Plan, P.O. Box 3030, Farmington, MO 63640-3812 Submit <b>Dental Claims</b> to: P.O. Box 22085, Tampa, FL 33622 Submit <b>Vision Claims</b> to: P.O. Box 7548, Rocky Mount, NC 27804	
<b>FOR EMERGENCIES:</b> Dial 911 or go to the nearest Emergency Room.	

### Medical & Dental Only

	<b>Georgia Pathways to Coverage</b> GAPATH ID #: [0123456789] Effective Date: [MM/DD/YYYY]
	Member: [Member Full Name] Member DOB: [MM/DD/YYYY]
<b>FPO</b> <small>Member Photo</small>	Primary Care Physician: [Provider Name] (Line 2) Phone: [1-XXX-XXX-XXXX] After-Hours: [1-XXX-XXX-XXXX] Address: [Address 1] Address 2: [City], [State] [ZIP]
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## P4HB ID Cards

### Family Planning

	<b>FAMILY PLANNING</b> P4HB ID #: [0123456789] Effective Date: [MM/DD/YYYY]
	Member: [Member Full Name] Member DOB: [MM/DD/YYYY]
<b>FPO</b> <small>Member Photo</small>	Primary Care Physician: [Provider Name] (Line 2) Phone: [1-XXX-XXX-XXXX] After-Hours: [1-XXX-XXX-XXXX] Address: [Address 1] Address 2: [City], [State] [ZIP]
RXBIN: [003858] RXPCN: [MA] RXGRP: [DEFA]	
	*Member is eligible for Family Planning Services ONLY

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<b>Providers Only:</b> Eligibility [1-866-874-0633]	
Submit <b>Medical Claims</b> to: Peach State Health Plan, P.O. Box 3030, Farmington, MO 63640-3812	
<b>FOR EMERGENCIES:</b> Dial 911 or go to the nearest Emergency Room.	

### Family Planning & Inter-Pregnancy Care -

	<b>IPC &amp; FP</b> P4HB ID #: [0123456789] Effective Date: [MM/DD/YYYY]
	Member: [Member Full Name] Member DOB: [MM/DD/YYYY]
<b>FPO</b> <small>Member Photo</small>	Primary Care Physician: [Provider Name] (Line 2) Phone: [1-XXX-XXX-XXXX] After-Hours: [1-XXX-XXX-XXXX] Address: [Address 1] Address 2: [City], [State] [ZIP]
RXBIN: [003858] RXPCN: [MA] RXGRP: [DEFA]	
	*Member is eligible for Family Planning Services ONLY

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<b>Providers Only:</b> Eligibility [1-866-874-0633]	
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### Resource Mother

	<b>RESOURCE MOTHER</b> P4HB ID #: [0123456789] Effective Date: [MM/DD/YYYY]
	Member: [Member Full Name] Member DOB: [MM/DD/YYYY]
<b>FPO</b> <small>Member Photo</small>	Primary Care Physician: [Provider Name] (Line 2) Phone: [1-XXX-XXX-XXXX] After-Hours: [1-XXX-XXX-XXXX] Address: [Address 1] Address 2: [City], [State] [ZIP]
RXBIN: [003858] RXPCN: [MA] RXGRP: [DEFA]	
	*Emergency care services are not available under the Resource program. They are available under your Medicaid or Georgia Families <sup>SM</sup> benefit.

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[pshpgeorgia.com/providers](http://pshpgeorgia.com/providers) -