

Navigating Your ID Card



Easy-to-read tabs on both the front and back of the card make it easy for you and your providers to quickly confirm key coverage details and dependent information.

Member

COMPANY
COMPANY

Employer: Your Company
Group #: XX0000
Member: JAMIE DOE
Member ID: XX1234567

Pharmacy Plan

RXBIN: XXXXXX
RXPCN: XXX
RXGRP: XXXX

Retail Copays: Generic \$10 / Preferred \$20 / Brand \$50
Mail Order: Generic \$20 / Preferred \$40 / Brand \$100
***Copays apply after \$100 deductible**

Medical Plan

Primary Network
Logo, Phone, Web

800.123.4567
www.mednetwork.com

800.123.4567
www.mednetwork.com

Deductible
Out-of-Pocket
Maximum

Medical Copays

Pharmacy Copays

The **Member** tab displays:

- Employer's name and group number
- Specific division/location and type of plan (optional)
- Employee's name and unique ID
- Covered dependents (optional)
- Employer logo (optional)
- Current and renewal rates

The **Medical Plan** tab displays:

- Contact information for the Primary PPO network
- Medical copay amounts
- Individual and family deductible amounts
- Individual and family out-of-pocket maximum amounts

The **Pharmacy Plan** tab displays:

- Contact information for the pharmacy benefits manager
- Rx bin, Rx Group, and PCN numbers
- Pharmacy copay amounts



Medical Claims	Eligibility & Benefits		
Claims Submission: Payer ID 12345 Mail: Your Claims Submission Address P.O. Box 1234 Anytown, US 12345-6789 Claim Status Inquiry: Payer ID 99999	EDI: Payer ID 99999 YOURURL.COM <i>This card does not guarantee eligibility or payment.</i> <tr><th>Care Management</th></tr> <tr><td> PRE-CERTIFICATION REQUIRED Call 800.123.4567 or visit our website for authorization. You or your physician are responsible to call: • 15 days prior to all non-urgent care elective admissions • Within 48 hours or the next business day of an urgent care admission • Prior to home healthcare services Failure to call may result in a reduction of benefits. </td></tr>	Care Management	PRE-CERTIFICATION REQUIRED Call 800.123.4567 or visit our website for authorization. You or your physician are responsible to call: • 15 days prior to all non-urgent care elective admissions • Within 48 hours or the next business day of an urgent care admission • Prior to home healthcare services Failure to call may result in a reduction of benefits.
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Miscellaneous Text Here

 MISC
MISCELLANEOUS

The **Medical Claims** tab displays the mailing address and electronic address where claims should be submitted.

The **Eligibility** tab lists contact information for verifying eligibility and benefits, and checking on the status of a claim.

The **Care Management** tab makes pre-certification fast and easy and includes:

- Pre-certification phone number
- Pre-certification guidelines
- Wrap network information