

# Sample ID Card

**Our ID Cards contain the information needed to access your Health Plan Benefits.**

The **GROUP NUMBER** is a unique ID for your Employer's Plan

The **INSURED** is normally the Employee

The **ID NUMBER** is a unique ID we assign to each Employee

**MEDICAL** and/or **DENTAL COVERAGE** shows the employee's election for the plan year.

**HEALTHCARE PROVIDER PPO** info is normally in this section

**PHARMACY BENEFIT** info is normally in this section

**CLAIMS** info is normally in this section

## FRONT OF CARD

**ABC Co.  
LOGO**

### EMPLOYEE BENEFIT PLAN

Group Number: **ZZZ00**

Insured: **HOMER SIMSON**

ID Number: **ZZZ00001**

Medical Coverage: **FAMILY**

Dental Coverage: **FAMILY**



For HealthSpan Provider Information:  
513-551-1400 or 1-888-914-7726  
[www.healthspannetwork.com](http://www.healthspannetwork.com)



**EXPRESS SCRIPTS**

RxBIN 003858

RxPCM A4

RxGroup AJHE

Pharmacy Help Desk 1-800-235-4357

ESI Customer Service 1-800-451-6245

[www.express-scripts.com](http://www.express-scripts.com)



Custom Design Benefits

Submit Claims to:  
Custom Design Benefits  
3737 West Fork Road  
Cincinnati, OH 45247

## BACK OF CARD

Contact for **QUESTIONS & INFO** is normally located here

**Directions for Use:** Please present your ID Card to your **HEALTHCARE PROVIDER** at each visit – especially if you receive a new card. **New info** is often included on new ID cards.

Contact for **CARE MANAGEMENT** which includes: **Prior Authorization for Certain Services** (determined by your Plan) and **Case Management** for extra support during health issues.

**WHEN TRAVELING** here in the U.S. and abroad, you can call **Global Care** toll free to help you find a healthcare provider or assist with an emergency.

To Verify **BENEFITS, ELIGIBILITY** or **CLAIM STATUS** Contact: Custom Design Benefits.  
513-598-2929 or 800-598-2929  
[www.CustomDesignBenefits.com](http://www.CustomDesignBenefits.com)

### TO EMPLOYEE

This is your Benefit Identification Card. Carry it with you at all times and present it to the hospital or doctor whenever you or one of your eligible dependents plan to receive medical services. See your employee booklet for a list of services your coverage provides.

All inpatient admissions must be authorized by **HEALTHSPAN** at (513)551-1400 (Local) or 800-972-7726. Check your plan document for other authorizations required.

**TRAVELING** outside your **NETWORK** service area – Contact **GLOBAL CARE** to locate a Provider or speak to a Registered Nurse at 866-807-6193.

Networks Available Outside Your Network Service Area

THE EMERALD HEALTH NETWORK, INC.



Secondary  
In OH



IN

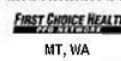


MI

All Other States  
Beech Street



A Nationwide PPO and Affiliated Networks:



LA, MS

MT, WA

IA, NE

WV