

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

CLAIMS info is normally in this section

PHARMACY BENEFIT info is normally in this section



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.

FRONT OF CARD

| | | | |
|---|--|---|--|
| ABC Co. LOGO | | EMPLOYEE BENEFIT PLAN | |
| | | Group Number: ZZZ00 | |
| | | Insured: HOMER SIMSON | |
| | | ID Number: ZZZ00001 | |
| | | Medical Coverage: FAMILY | |
| | | Dental Coverage: FAMILY | |
| PPO | | For HealthSpan Provider Information: 513-551-1400 or 1-888-914-7726 www.healthspannetwork.com | |
|  | | | |
| CLAIMS | | Submit Claims to: Electronic Payer ID: 3737 West Fork Road # 82056 Cincinnati, OH 45247 | |
|  | | | |
| RX | | RxBIN 003858 Pharmacy Help Desk 1-800-235-4357 RxPCM A4 ESI Customer Service 1-800-451-6245 RxGroup AJHE www.express-scripts.com | |
|  | | | |

BACK OF CARD





To Verify **BENEFITS, ELIGIBILITY** or **CLAIM STATUS** Contact: Custom Design Benefits.
513-598-2929 or 800-598-2929
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.



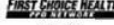


TRAVELING outside your **NETWORK** service area – Contact **GLOBAL CARE** to locate a Provider or speak to a Registered Nurse at 866-807-6193.

Networks Available Outside Your Network Service Area

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|--|---|---|---|
|  |  |  |  |
|--|---|---|---|

All Other States
Beech Street

A Nationwide PPO and Affiliated Networks:

| | | | | |
|---|---|---|---|---|
|  |  |  |  |  |
| A CONCENTRA COMPANY | LA, MS | MT, WA | IA, NE | WV |