

INSURANCE COMPANY NAME

COVERAGE TYPE

MEMBER NAME: JOHN DOE
MEMBER NUMBER: XXX-XX-XXXX

EFFECTIVE DATE: XX-XX-XXXX

GROUP #: XXXXXX-XXX-XXX

PRESCRIPTION GROUP #: XXXXX

PCP CO-PAY: \$15.00
SPECIALIST CO-PAY: \$25.00
EMER. ROOM CO-PAY: \$75.00

PRESCRIPTION CO-PAY:
\$15 GENERIC
\$20 NAME BRAND

MEMBER SERVICES: 1-800-XXX-XXXX
CLAIMS/INQUIRIES: 1-800-XXX-XXXX