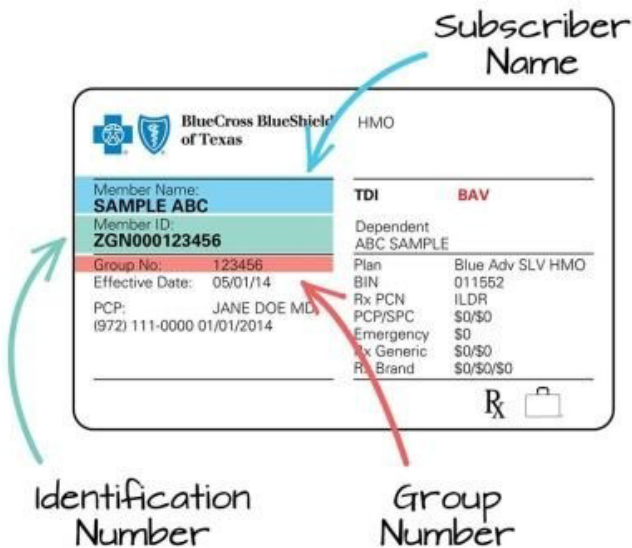


SAMPLE INSURANCE CARDS

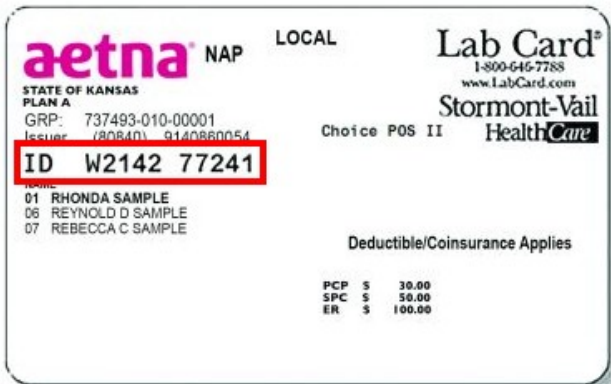
United Healthcare:



Blue Cross Blue Shield:



Aetna:

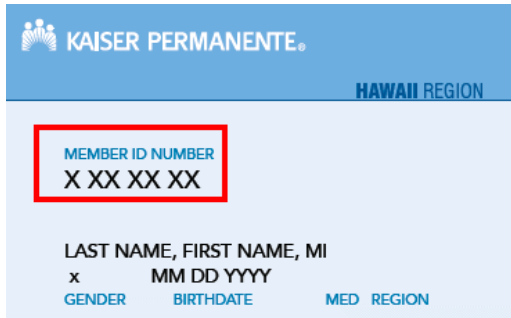


SAMPLE INSURANCE CARDS

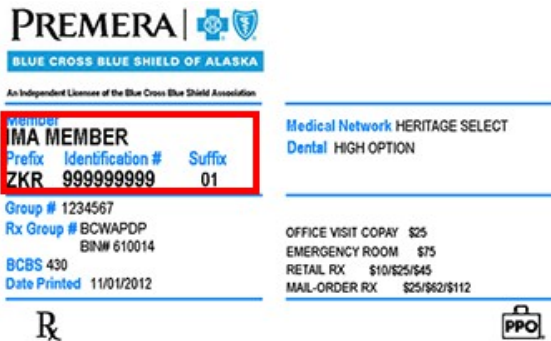
Emblem Health:



Kaiser Permanente:



Premera BCBS:



Tricare:



DoD ID Number – a 10-digit number that is NOT used for TRICARE
DoD Benefits Number (DBN) – an 11-digit number that may be used for TRICARE EDI claim submissions

SAMPLE INSURANCE CARDS

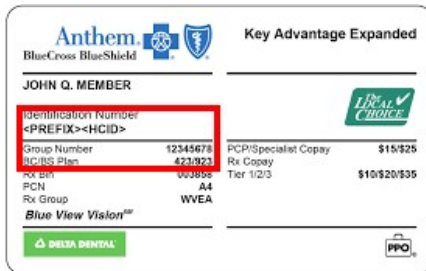
CDPHP:



Neighborhood Health Plan:



Anthem BCBS:




Tufts:



SAMPLE INSURANCE CARDS



Harvard Pilgrim:


Harvard Pilgrim Health Care
 PLAN NAME
 ID: **H00000000-01**
 Sample Name
 Eff. Date: 00/00/0000
 PCP: \$
 Specialist: \$
 Urgent Care: \$
 ER: \$
 RxBIN#: xxxxxx
 RxPCN#: xxxxxxxx
 RxGrp#: xxxxxx
 RxDID#: xxxxxx
 DentalGrp#: <xxxxx>

 Hxxxx - PBP - <xxxx>



Medical Claims: HPHC Claims Dept. P.O. Box 151288 Tampa, FL 33684 EDI Payer ID: 64245
 Behavioral Claims: UBH P.O. Box 30760 Salt Lake City, UT 84130
 Dental Claims: Dental Claims P.O. Box 30567 Salt Lake City, UT 84130
Member Services: 888-609-0692
 TTY/TDD: 711 www.harvardpilgrim.org
 Dental Customer Service: 000-000-0000 Dental Providers: 000-000-0000
 Behavioral Health: 000-000-0000 Provider Services: 000-000-0000
 Pharmacy Technical Support: 000-000-0000
 Part D Prior Authorization: 000-000-0000



Cigna:


Open Access Plus
 Administered by Cigna Health and Life Insurance Company
 Medical/Rx
 Group 00999999
 ID 11111111
 PCP: None Selected
 No Referral Required
 Co-ins/Coinsurance
 Primary Care 10%
 Specialist 10%
 Urgent Care 10%
 RxBIN 017010 RxPCN 05180000
 RxGrp 00999999 RxDID 11111111 00


Coventry Health Care:


PPO
 MEMBER NAME: xxxxxxxMEMBERxNAMExxxxxxx
 MEMBER NUMBER: xxMBRxBNR-x
 GROUP NUMBER: xxGRPxBNRx
 PLAN: xxxxxxPLANxTYPExxxxxx
 DATE OF BIRTH: xxx/xx/xxxx
 MEMBER RESPONSIBILITY:
 PRIMARY:OUTXX SPECIALTY:SPX DRUG:RXx
 ER:ERX HOSPITAL:INPOX UC:UCX
 Please refer to your Certificate of Coverage for coverage details.


Horizon Blue Cross



Product Name
 Horizon Blue Cross Blue Shield of New Jersey
 Member Name: **J DOE**
 Member ID Number: **HFM3HZN12345678**
 GROUP NUMBER: **76026-0100**
 EFFECTIVE DATE: **05/01/2008**
 BC/BS PLAN CODES: **280/780**
 CONTRACT TYPE: **FAMILY/TEFRA**
 PCP NAME: **JAMES JONES**
 OFFICE VISIT: \$15
 SPECIALIST: \$25
 EMERGENCY ROOM: \$100
 INPATIENT HOSP COPAY: \$500
 RXBIN: **004336**
 RXPCN: **HZRX ISSUER (80840)**
 RXGRP: **0760260100**
