

**We ACCEPT the following insurance cards ONLY:**  
If you do not have the accepted insurance: You may pay with Cash, Credit Card or Check.

**Anthem BlueCross**  
Anthem Bronze DirectAccess withSA each

John Q. Member  
Identification Number: 123X45678

|                |          |                  |                      |
|----------------|----------|------------------|----------------------|
| Effective Date | 06/01/18 | Ded In Network   | 4500 Ind - 9000 Fam  |
| Contract Code  | 003858   | Deductible Out   | 9000 Ind - 18000 Fam |
| Rx Bin         | 003858   | Co-insurance In  | 60%                  |
| PCN            | A4       | Co-insurance Out | 40%                  |
| Rx Group       | WLIA     |                  |                      |
| Plan           | 840      |                  |                      |

Select Rx List  
Dental Program: Prime Pathway X PPO

**Anthem**

**BlueCross BlueShield**

Member Name: XYZ  
Member ID: 1456789

|                |          |                  |      |
|----------------|----------|------------------|------|
| Plan No.       | 023457   | Plan             | PPO  |
| BIN            | 987654   | Office Visit     | \$15 |
| Benefit Plan   | HIOPT    | Specialist Copay | \$15 |
| Effective Date | 00/00/00 | Emergency        | \$75 |
|                |          | Deductible       | \$50 |

Dependents:  
Dependent One  
Dependent Two  
Dependent Three

Member Services: 1-888-343-3547 (TTY: 711)  
www.fideliscare.org

**BlueCross BlueShield**

**HIGHMARK myBlue Access**

MEMBER IDENTIFICATION  
FIRSTNAME M  
LASTNAME QDA109465762001

|              |            |                  |       |
|--------------|------------|------------------|-------|
| Group        | 09876543   | Medical Copays   |       |
| Cov Eff Date | 01-01-2016 | Office Visit     | \$40  |
| BC/BS Plan   | 363/865    | Specialist Visit | \$60  |
| RxGrp        | HMRK001    | Emergency Room   | \$150 |
| RxBin        | 610014     |                  |       |

Group: GOLD

**BlueShield Northeastern (BSNENY)**

**Highmark**

**HIGHMARK WESTERN NEW YORK**

Subscriber: 01 John Q. Public  
ABC 880123456  
Group#: 00123456

Formulary: National Preferred  
Rx Group: HNRK5  
Rx Bin: 610014

Members:  
02 Suzy Public  
03 Brian Public

PCP/Specialist \$10/\$10  
Urgent Care \$10  
Rx Copay \$5/\$10/\$25  
ER \$50  
IN OOP Max \$6,600/\$13,200  
OON OOP Max \$2,000/\$4,000

Network PPO/EPO

**BlueShield Western NY (BSWNY)**

**Highmark**

**CDPHP**  
CDPHP Universal Benefits, Inc.  
500 Paterson Creek Blvd., Albany, NY 12206-1957  
518-641-3140 1-877-259-3114 www.cdphp.com

Member ID: 123456789  
SUFFIX (2 digits): 00 Jane Doe

PLAN TYPE: EPO National  
MEMBER ID (9 characters): 123456789  
EXTENDED NETWORK: MAGNACARE Direct Plus

Office Visit \$  
Specialist \$  
IP Hospital \$  
OP Hosp \$  
Urgent ER \$

**CDPHP**

**Cigna SureFit** Market-specific network name

Administered by Cigna Health and Life Insurance Company  
Coverage effective date: MM/DD/YYYY

Group: 00699999  
Issue: 006869  
ID: 12222222  
Name: John Doe  
PCP: Jeremiah B Johnson MD

Primary Care \$25  
Specialist \$50  
Urgent Care \$15  
ER \$150

PCP phone: 888.999.1234  
ID card acct name: RxBIN 600425 R/PCN 00000000  
DOI

**Cigna**

**Empire BlueCross BlueShield**  
An Anthem Company

Member Name: >  
ID #: <Subscriber ID>  
Group #: <Group/POS ID>

RxBIN #: 003658  
R/PCN #: MA  
R/GRP #: W00KA

Program ID #: <XXXXXXXXXX>  
Effective Date: <XX/XX/XXXX>  
DOB: <XX/XX/XX>

Primary Care Provider (PCP):  
<PCP Name>  
PCP Phone #: <XXX-XXX-XXXX>

**Empire BCBS or Empire BC**

**THE EMPIRE PLAN NYSHIP**  
Copy Code A

123456789

JEANNIE EMPIRE PLAN ENROLLEE  
JANE EMPIRE PLAN ENROLLEE  
JOHN EMPIRE PLAN ENROLLEE  
MICHAEL EMPIRE PLAN ENROLLEE  
JAMES EMPIRE PLAN ENROLLEE

NEW YORK STATE HEALTH INSURANCE PROGRAM

**The Empire Plan (NYSHIP)**

**MVP HEALTH CARE** Subscriber ID: 81234567800 New York

JOSEPH SAMPLE  
Member #: 81234567801 Member Name: EDIE SAMPLE  
81234567802 JULIAN SAMPLE

Plan Type: Indemnity  
Group #: 245803 Effective Date: 06/01/2009  
Insurance: 20%

medco Rx Group #: MVPCOMM Bin #: 610014

**MVP**

DATE PRINTED: 01/23/0123 01:23:45 PM  
NEW YORK STATE  
**BENEFIT IDENTIFICATION CARD**

ID NUMBER: XX01234X CARD NUMBER: 012345 6789 0123 456 78

SEX: X DOB: 01/23/0123

LAST NAME: XXXXXX  
FIRST NAME: XXXXXXXX

Signature

012345 ACCESS NUMBER: 0123 4567 890 SEP: 01

**Medicaid**

DATE PRINTED: 08/21/2016 02:30:03 PM  
NEW YORK STATE

ID NUMBER: XX00000X CARD NUMBER: 000000 0000 0000 000 00

DOB: 05/03/2007

LAST NAME: LSTN  
FIRST NAME: FRST

ACCESS NUMBER: 0000 0000 000 00

**Medicaid**

**MEDICARE HEALTH INSURANCE**

Name/Nombre: JOHN L SMITH

Medicare Number/Número de Medicare: 1EG4-TE5-MK72

Entitled to/Con derecho a: HOSPITAL (PART A) 03-01-2016  
MEDICAL (PART B) 03-01-2016

Coverage starts/Coertura empieza

**MEDICARE**

**aetna**

GRP: 123456-010-78910 CHOICE POS II

ID: W1234 56789 -01  
JANE DOE

PCP:

MEMBER SERVICES: 1-800-123-4567  
PROVIDERS CALL: 1-800-123-4567

**Aetna**

Member ID#: 123456789-00  
Member Name: John Sample

PCP Name: Samuel Young MD  
PCP Telephone: (123) 456-7890

Davis Vision: 1-800-601-3383  
DentaQuest: 1-800-516-9615

Member Services: 1-888-343-3547 (TTY: 711)  
www.fideliscare.org

CIN#: AB12345C

**Fidelis**

**Excelsius Blue Choice Option**

Subscriber Name: TEST, THERESA  
Subscriber ID: VYT 999999999

CIN #: E9999999

Effective Date: 01/01/2017  
Plan Code: 302/802  
RxBIN: 003858  
RxPCN: MA  
RxGRP: EXLSNRX

Member # Name: 00 Theresa  
Date of Birth: 02/01/2000  
Provider / Phone: Sample, J / 1-555-555-5555

**Excelsius**

Rx

**Subject to Change**