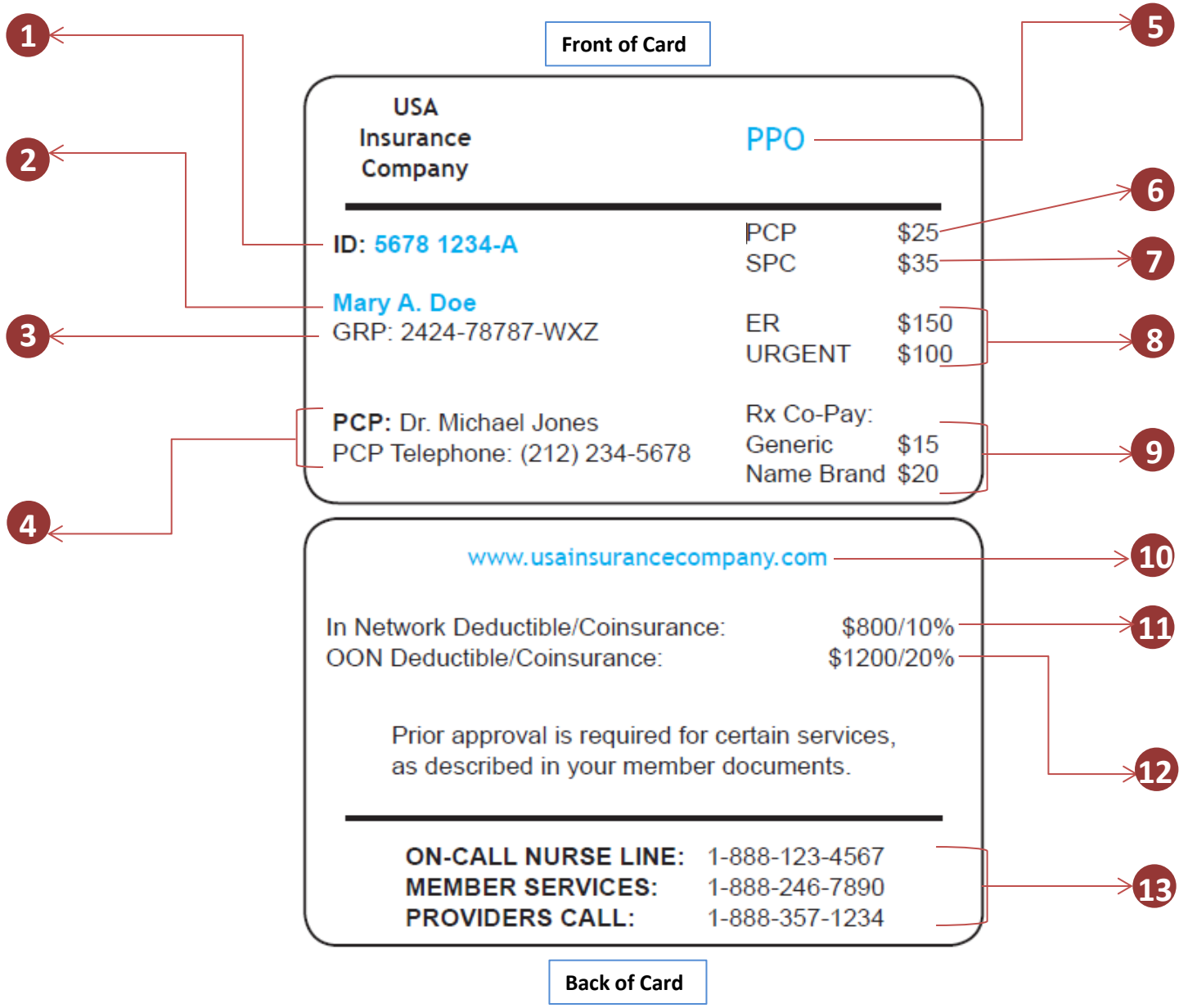


# Sample Health Insurance ID Card



Front of Card

USA Insurance Company

**PPO**

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**ID: 5678 1234-A**

**Mary A. Doe**

GRP: 2424-78787-WXZ

PCP	\$25
SPC	\$35
ER	\$150
URGENT	\$100

PCP: Dr. Michael Jones  
PCP Telephone: (212) 234-5678

Rx Co-Pay:  
Generic \$15  
Name Brand \$20

[www.usainsurancecompany.com](http://www.usainsurancecompany.com)

In Network Deductible/Coinsurance: \$800/10%

OON Deductible/Coinsurance: \$1200/20%

Prior approval is required for certain services,  
as described in your member documents.

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**ON-CALL NURSE LINE:** 1-888-123-4567

**MEMBER SERVICES:** 1-888-246-7890

**PROVIDERS CALL:** 1-888-357-1234

Back of Card

## Sample Health Insurance ID Card: Key

1. Member ID Number
2. Member Name
3. Group Number
4. Primary Care Provider (PCP) Name and Phone Number
5. Plan Type
6. Co-Pay for Visits to Primary Care Provider
7. Co-Pay for Specialty Care
8. Co-Pays for Emergency and Urgent Care
9. Prescription Drug Plan Information
10. Health Plan Website Address
11. In-Network Deductible and Coinsurance
12. Out-of-Network (OON) Deductible and Coinsurance
13. Plan Contact Information