



Sample Health Plan ID Card Legend


Aetna Select Open Access
ID W1234 56789
01 JOHN SMITH
PCP: INVALID CHOICE


Health Savings Plan HDHP


ADVENTHEALTH
PAYER NUMBER 60054 0062
GRP: 863800-051-00201

Aetna Life Insurance Company
Submit Claims To: PO BOX 981106
EL PASO TX 79998 1106

MEDICAL	INDIVIDUAL	Tier 1	Tier 2	FAMILY	Tier 1	Tier 2
INN DED		\$ 2000	\$ 4000		N/A	N/A
INN OOP MAX		\$ 4000	\$ 6000		N/A	N/A
OON DED		N/A			N/A	
OON OOP MAX		N/A			N/A	

MEDICAL MEMBER SERVICES	1-855-262-0788
PROVIDERS CALL/PRECERT	1-888-632-3862
Pharmacy Member Services:	1-866-943-4535
Pharmacist Help Desk:	1-800-364-6331
MENTAL/BEHAVIORAL HEALTH	1-800-424-4047

See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.
www.aetna.com


RxBIN: 004336 RxPCN: ADV
RxGRP: RX2166
RxPlus.Pharmacy@AdventHealth.com

1 Member/Subscriber Name:
Identifies you or a covered family member

2 Member/Subscriber ID #:
Your unique identification number

3 Member ID numbers can vary in length and can contain letters, numbers and dashes

4 Group ID #:
Identifies your insurance plan and benefits

5 In market deductible (Primary Care, Specialists, ER): Your out-of-pocket costs after insurance pays its portion

6 Rx Group Number:
Prescription plan identification