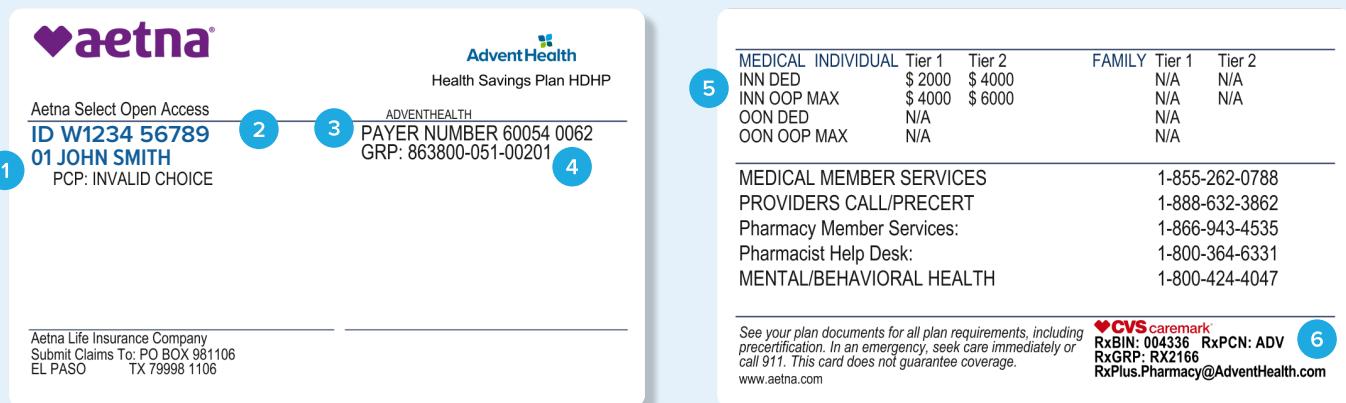


Sample Health Plan ID Card Legend



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

| 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 | N/A | |
| OON OOP MAX | N/A | | | 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

6 Rx Group Number: Prescription plan identification