

TEST INSURANCE COMPANY		PPO
MEMBER NAME: Diana Feelgood MEMBER NUMBER: MIB123456789-01		EFFECTIVE DATE: 01-01-2011
GROUP #: 987654-321-1234	PRESCRIPTION GROUP#: 12345	
PCP CO-PAY: \$15.00 SPECIALIST CO-PAY: \$25.00 ER CO-PAY: \$100.00	PRESCRIPTION CO-PAY: \$15 GENERIC \$20 NAME BRAND	
MEMBER SERVICES: 1-800-555-2222 CLAIMS/BENEFITS: 1-800-555-5555 ONLINE BENEFITS VERIFICATION: www.testbenefits.com		

TEST INSURANCE COMPANY
<p>To the Cardholder: This is your Test Insurance identification card identifying you as a subscriber and is valid as long as your coverage is in effect. If you or any eligible dependent(s) require services, present this card to the medical provider. For a complete list of covered services, please refer to your certificate/benefit booklet.</p> <p>Important: This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit or call the numbers on the front of the card.</p> <p>Submit all claims to: Test Insurance Company PO Box 111 Testing, GA 12345</p>