


[ Separate along perforations to remove cards. ]




Health Care Administrators

**PHARMACY**




**NAME:** Sue Subscriber  
**ID #:** P54397821  
**PLAN TYPE:** Pharmacy Plan  
**RxBIN#:** 12345  
**RxPCN#:** 44567  
**RxGrp#:** PCAS

**Copays:**  
 Generic: \$10.00      Brand: \$20.00



Health Care Administrators

**VISION**



**NAME:** Sue Subscriber  
**ID #:** V65493278  
**PLAN TYPE:** Vision Plan  
**VISION GROUP NUMBER:** 7784  
**PROVIDER NAME:** XYZ VISION CLINIC  
**PROVIDER PHONE:** 589-423-1786  
**PROVIDER ADDRESS:** 758 Someplace Drive  
**Coverage:**  
 Glasses 40%      Contacts 60%      Eye Exam \$0.00


# 4-up Personalized Medical Identification Cards

Features include...

- Perfect design for a card per member or a card per benefit layout
- Very economical cards – as low as 7¢
- Laser-printed on two sides with Highlight Color to emphasize important information and enhance readability.
- Printed member address on front or back side for mailing in a window envelope
- Quick response and timely delivery


**Call LaserMark at 651-675-1211 or visit our website at [LaserMarkPrinting.com](http://LaserMarkPrinting.com)**

[ Separate along perforations to remove cards. ]



Health Care Administrators


**MEDICAL**



**NAME:** Sue Subscriber  
**ID #:** M39752164  
**GROUP NAME:** Health Care Administrators  
**GROUP #:** PKT4  
**PLAN TYPE:** Medical Plan


**Effective Date:**  
 12-12-2012

**Office Visit Copay: \$25.00      ER Copay: \$50.00**  
**Urgent Care Copay: \$30.00**



Health Care Administrators

**DENTAL**



**NAME:** Sue Subscriber  
**ID #:** D70439852  
**PLAN TYPE:** Dental Plan  
**DENTAL GROUP NUMBER:** 6046  
**PCP NAME:** ABC DENTAL CLINIC  
**PCP PHONE:** 800-789-1234  
**PCP ADDRESS:** 456 Any Lane  
**Office Visit Copay: \$10.00**

**VISION CLAIMS ADMIN SERVICES**

Present this card at each visit. This card is for identification only and is not a guarantee of benefits or eligibility. For claim submission purposes, use the subscriber's identification number.

**Forward claims to:**  
Vision Claims Admin Services  
P.O. Box 456  
Somewhere, ST 78901-2345

**For Vision Customer Service, Inquiries, please call:**  
(888) 456-7890 or (800) 123-4567  
If you have lost or need a new id card, please call VCAM  
132-456-7891 or 1-888-123-4567.



**PHARMACY CLAIMS ADMIN SERVICES**

Present this card at each visit. This card is for identification only and is not a guarantee of benefits or eligibility. For claim submission purposes, use the subscriber's identification number.

**Forward claims to:**  
Pharmacy Claims Admin Services  
P.O. Box 789  
Somewhere, ST 45678-9123

**For Vision Customer Service, Inquiries, please call:**  
(888) 567-8901 or (800) 556-4578  
If you have lost or need a new id card, please call PCAM  
132-456-7891 or 1-888-123-4567.

Health Care Administrators  
1234 Anystreet Lane  
Somewhere,ST 12345-6789

226310 1

Sue Subscriber  
123 Any Street  
City, ST 99999

**DENTAL CLAIMS ADMIN SERVICES**

Present this card at each visit. This card is for identification only and is not a guarantee of benefits or eligibility. For claim submission purposes, use the subscriber's identification number.

**Forward claims to:**  
Dental Claims Admin Services  
P.O. Box 123  
Somewhere, ST 12345-6789

**For Dental Customer Service, Inquiries, please call:**  
(888) 123-4567 or (800) 456-7891  
If you have lost or need a new id card, please call DCAM  
132-456-7891 or 1-888-123-4567.

**Member Services:** 1-888-999-9999  
**Member Services TTY:** 1-888-999-9999  
**Transportation:** 1-877-999-9999  
**Behavioral Health:** 1-887-999-9999

**In case of Emergency Call 911 or go to your local  
Emergency Room**

**Submit claims to:**  
HCAS, P.O. Box 999, Town, SS 11111

