



Member Name: **Jane Q. Sample**
 ID Number: **123456789-00**
 DOB: **08/15/1985** Sex: **F**
 Effective Date: **07/01/2008**



PCP Name: Samuel Young MD
PCP Telephone: (123) 456-7890
 Dental: **(DENTAQUEST)**
 Dental Telephone: **1-888-FIDELIS**
 Member Services: **1-888-FIDELIS**
 Mental Health/Substance Abuse Call:
Fidelis Care 1-888-FIDELIS

CIN #: ABC12345





<Member Name:>
ID #: <Subscriber ID>

Primary Care Provider (PCP):
[PCP Name/Select on website]
 PCP Phone #: **<XXX-XXX-XXXX>**

CIN: **<XXXXXXXXXX>**
 Effective Date: **<XX/XX/XX>**
 DOB: **XX/XX/XXXX**

Pharmacy Copays:
 Brand: **\$3/\$1** Generic: **\$1**
 OTC: **\$0.50**

RxBin 003858 RxPCN A4 RxGrp HEFA

Jane Doe
 Member ID: **XX00000X**

Group: **FH-XXX**
 DOB: **00/00/0000**

Provider Name: Dr. John Doe
Provider Phone: 212-000-0000
 Hospital: **Hospital**
 Dental: **123-555-5555**

Benefits	Copay
Physician	\$5
Specialist	\$5
Hospital	\$25
Brand-Name Drugs	\$6
Generic Drugs	\$3
Non Prescription (over the counter) Drugs	\$0.50

MKT11_11(c)



Restricted

Health Plan (80840) 911-87726-04



Member ID: **9999999999** Group Number: **XXXXX**
 Member: **SUBSCRIBER BROWN** Payer ID: **87726**

PCP Name:
BROWN, PROVIDER
PCP Phone: (999)999-9999



Rx Bin: **610494**
 Rx Grp: **ACUNY**
 Rx PCN: **9999**

0501 UnitedHealthcare Community Plan for Adults
 Administered by UnitedHealthcare of New York, Inc.

MEMBER IDENTIFICATION CARD

Subscriber Name: **ANDY SAMPLE**
 Member No: **M4K70RRFU0**
 RX BIN #004336 PCN ADV GRP RXMPHP
 Health Center: **Ellis Hospital**
Primary Care Physician: Doctor Whom
Telephone Number: (518) 862-3309
 Subscriber Effective Date: **02/08/2016**
 CALL 1-800-442-2560 FOR EMERGENCY MEDICAL CARE WHEN YOUR
 HEALTH CENTER IS CLOSED



CVS CAREMARK

1-866-247-5678
 Member: **Affinity Member20**
 Member ID: **001XXXX100**
 CIN#: **AA11111A**
 Date of Birth: **11/18/2003** Sex: **F**
Primary Care Provider:
Sample Doctor, MD
Office Phone#: 123-555-5555

Program: **ME**
 Rx Bin#: **004336**
 Rx PCN: **ADV**
 Rx Group: **RX4212**