

Your Insurance Card

Insurance Company Name



Plan Type

Member Name: Jane Doe

Effective Date

Member Number: XXX-XX-XXX

Prescription Group #XXXXXX

Prescription Copay:

Group Number: XXXXX-XXX

Generic: \$X.XX

Name Brand: \$XX.XX

Member Service Number: 800-XXX-XXX

PCP Co-pay: \$X.XX

Specialist Co-pay: \$XX.XX

Emergency Room Co-Pay: \$XXX.XX

