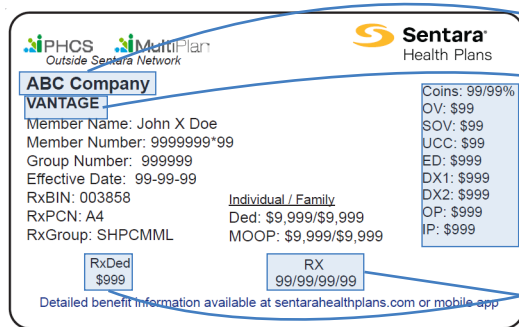


# 2024 Core Commercial Member ID Card Samples

(does not include custom cards for self-funded employer groups)

## HMO, POS, and PPO Product Lines

### Front of Card



#### Traditional Plan

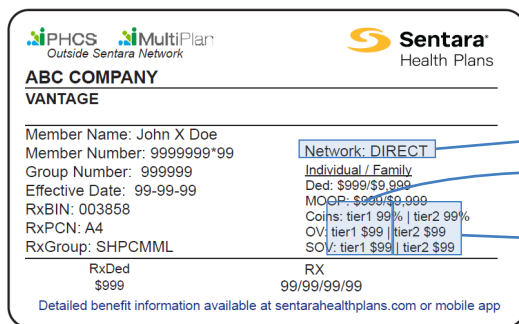
Company/group Name

Plan name

Benefit copay/coinsurance

Plan deductible

Rx benefit

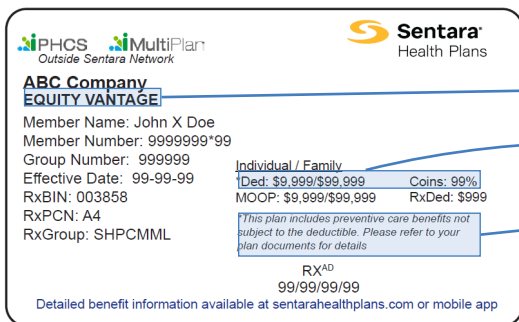


#### Direct Network Plan

Network name is on right on card

Tier 1 benefit copay/coinsurance

Tier 2 copay/coinsurance



#### Equity and Design Plans

Plan name has Equity or Design

Benefit deductible and coinsurance

Notice of preventive care services, if applicable (Equity plans only)

# 2024 Core Commercial Member ID Card Samples

(does not include custom cards for self-funded employer groups)

## Back of Card

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

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Member Services: <small>(Hearing Impaired/Virginia Relay: 711)</small>	X-XXX-XXX-XXXX
Provider Services: <small>(Including Pre-Authorization)</small>	1-800-229-5522
24/7 Nurse Advice Line:	1-800-394-2237
Pharmacist Help Desk:	1-800-922-1557
Employee Assistance Program (EAP):	1-800-899-8174
Behavioral Health Crisis:	1-833-717-2310

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**Submit paper claims to:**

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
PO Box 8203	PO Box 8204
Kingston, NY 12402-8203	Kingston, NY 12402-8204

An HMO plan Underwritten by Sentara Health Plans

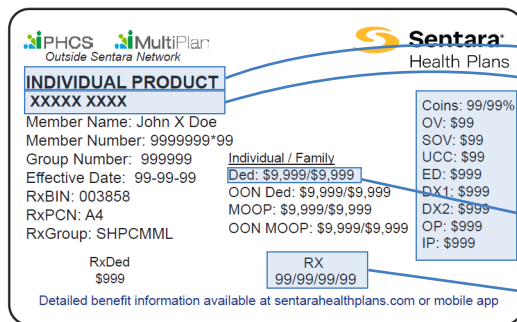
“Underwritten by...” for fully insured groups and “Administered by...” for self-funded groups

# 2024 Core Commercial Member ID Card Samples

(does not include custom cards for self-funded employer groups)

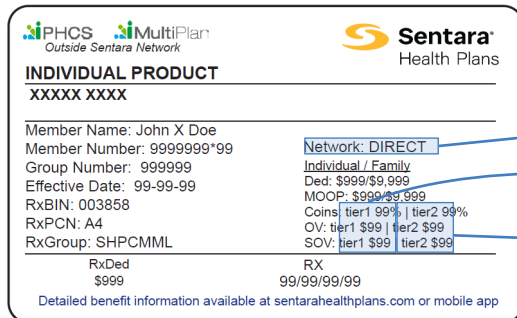
## Individual & Family Health Plans

### Front of Card



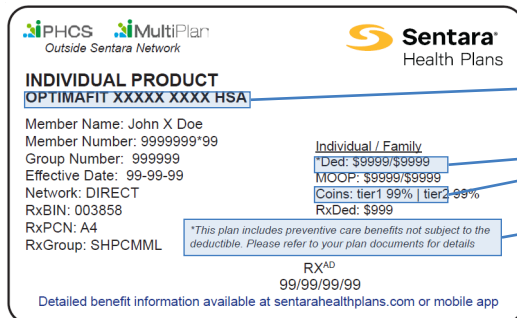
### Standard Plan

- Individual Product
- Plan name
- Benefit copay/coinsurance
- Plan deductible
- Rx benefit



### Direct Network Plan

- Network name is on right on card
- Tier 1 benefit copay/coinsurance
- Tier 2 copay/coinsurance



### HSA Plans

- Plan name includes "HSA"
- Benefit deductible and coinsurance
- Notice of preventive care services

# 2024 Core Commercial Member ID Card Samples

(does not include custom cards for self-funded employer groups)

## Back of Card

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

Member Services: <i>(Hearing Impaired / Virginia Relay: 711)</i>	X-XXX-XXX-XXXX
Provider Services: <i>(Including Pre-Authorization)</i>	1-800-229-5522
24/7 Nurse Advice Line:	1-800-394-2237
Pharmacist Help Desk:	1-800-922-1557
Out-of-Area Provider Network:	1-888-817-7427
Behavioral Health Crisis:	1-833-717-2310

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**Submit paper claims to:**

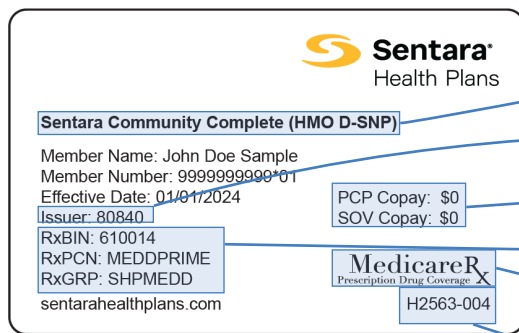
MEDICAL CLAIMS PO Box 8203 Kingston, NY 12402-8203	BEHAVIORAL HEALTH CLAIMS PO Box 8204 Kingston, NY 12402-8204
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A PPO plan Underwritten by Sentara Health Insurance Company

# 2024 Government Program Member ID Card Samples

## Medicare Plans

### Front of Card



### Sentara Community Complete

Plan type

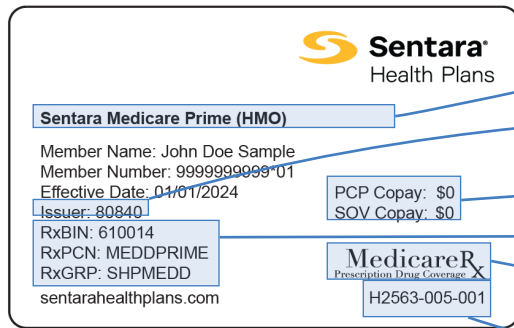
Sentara Health Plans Issuer ID number

Benefit copays/coinsurance

Rx benefit

Medicare Rx logo

Medicare Federal plan ID



### Sentara Medicare Prime

Plan type

Sentara Health Plans Issuer ID number

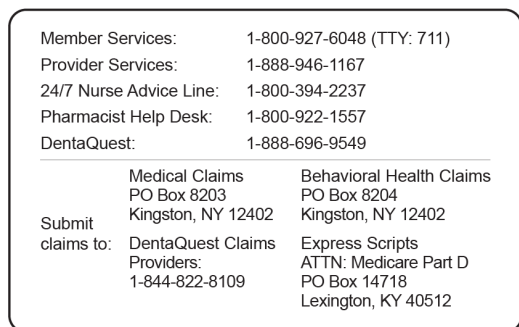
Benefit copays/coinsurance

Rx benefit

Medicare Rx logo

Medicare Federal plan ID

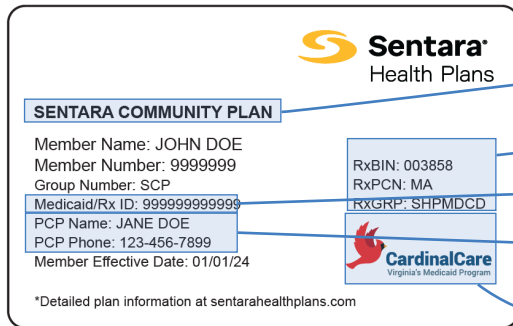
### Back of Card



# 2024 Government Program Member ID Card Samples

## Medicaid Plans

### Front of Card



### Sentara Community Plan

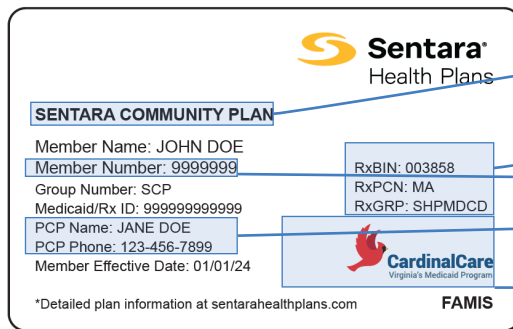
Plan type

Rx benefit

Member Medicaid ID number

PCP name and phone number

Cardinal Care logo



### Sentara Community Plan - FAMIS

Plan type

Rx benefit

Member Medicaid ID number

PCP name and phone number

Cardinal Care logo

### Back of Card

