

# 2026 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

PHCS MultiPlan  
Outside Sentara Network

Sentara Health Plans

**ABC Company**

**Sentara POS Gold 500 Ded 200 Rx Ded**

Member Name: John X Doe  
Member Number: 9999999\*99  
Group Number: 999999

Effective Date: 01-01-25  
RxBIN: 003858  
RxPCN: A4  
RxGroup: SHPCMML

Individual / Family	Ded: \$500/\$1,000	OV: \$25
	OON Ded: \$1,000/\$2,000	SOV: \$50
	MOOP: \$7,500/\$15,000	UCC: \$50
	OON MOOP: \$15,000/\$30,000	ED: 30%AD

RxDed: \$200

RX: \$15/\$50AD/20%AD/20%AD

Detailed benefit information available at [sentarahealthplans.com](http://sentarahealthplans.com) or mobile app

### Traditional plan

Company/group name

Plan name

Benefit copayment/coinsurance

Plan deductible

Rx benefit

PHCS MultiPlan  
Outside Sentara Network

Sentara Health Plans

**ABC Company**

**Vantage HSA**

Member Name: John X Doe  
Member Number: 9999999\*99  
Group Number: 999999

Effective Date: 01-01-26  
RxBIN: 003858  
RxPCN: A4  
RxGroup: SHPCMML

Individual / Family	*Ded: \$9,999/\$99,999	Coins: 99%
	MOOP: \$9,999/\$99,999	RxDed: \$999

*\*This plan includes preventive care benefits not subject to the deductible. Please refer to your plan documents for details*

RX<sup>AD</sup>: 99/99/99/99

Detailed benefit information available at [sentarahealthplans.com](http://sentarahealthplans.com) or mobile app

### HSA and HRA plans

Plan name has HSA or HRA

Benefit deductible and coinsurance

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

### Back of card

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

Member Services: (Hearing Impaired /Virginia Relay: 711)	1-800-275-3755
Provider Services: (Including Pre-Authorization)	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
PHCS/Multiplan Network Assistance:	1-888-817-7427
Behavioral Health Crisis:	1-833-717-2310

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 POS plan Underwritten by Sentara Health Plans

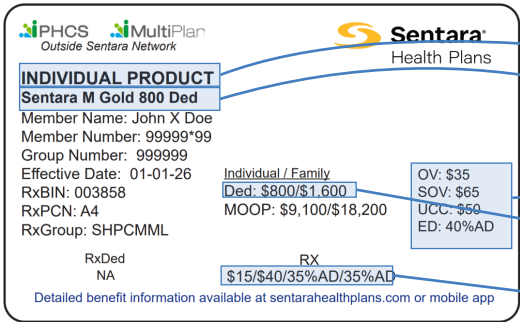
"Underwritten by..." for fully insured groups and "Administered by..." for self-funded groups

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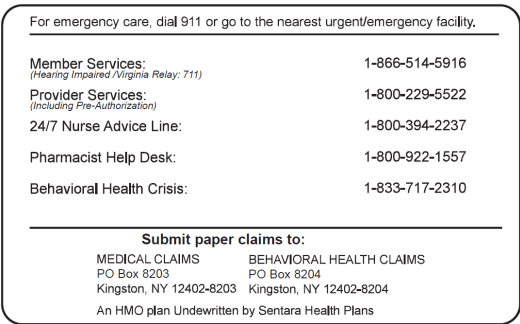
## Individual & Family Health Plans

### Front of card



- Standard plan
- Individual Product
- Plan name
- Benefit copayment/coinsurance
- Plan deductible
- Rx benefit



### Back of card



# 2026 Government Program Member ID Card Samples

## Medicare plans

### Front of card



Sentara Community Complete (HMO D-SNP)

Member Name: John Doe Sample  
Member Number: 9999999999\*01  
Effective Date: 01/01/2024  
Medicaid ID: 999999999999

RxBIN: 610014  
RxPCN: MEDDPRIME  
RxGRP: SHPMEDD  
sentarahealthplans.com

Issuer: 80840  
PCP Copay: \$0  
SOV Copay: \$0

MedicareRx  
Prescription Drug Coverage

H4499-001

Sentara Community Complete

Plan type

Sentara Health Plans issuer ID number

Benefit copayments/coinsurance

Rx benefit

Medicare Rx logo

Medicare federal plan ID

### Back of card

Pro-Authorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

**IN CASE OF AN EMERGENCY:** Call 911 or go to the nearest emergency room. Always call your Primary Care Physician for non-emergent care.


Member Services; (Hearing Impaired/Virginia Relay: 711)	1-866-650-1274
Behavioral Health/ARTS Crisis Line:	1-833-686-1595
Transportation:	1-866-650-1274
24/7 Nurse Advice Line:	1-800-394-2237
Pharmacist Help Desk:	1-800-992-1557
Dental:	1-888-696-9549

<b>Medical Claims</b> PO Box 8203 Kingston, NY 12402	<b>Behavioral Health Claims</b> PO Box 8204 Kingston, NY 12402	<b>Sentara Health Plans</b> PO Box 66189 Virginia Beach, VA 23466
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# 2026 Government Program Member ID Card Samples

## Medicare plans

### Front of card



**Sentara**  
Health Plans

**Sentara Community Complete Select (HMO D-SNP)**

Member Name: <Member Name>  
Member Number: <XXXXXXXXXX>  
Effective Date: <MM/DD/YYYY>  
Issuer: 80840

RxBIN: 610014  
RxPCN: MEDDPRIME  
RxGRP: SHPMEDD  
sentarahealthplans.com

PCP Copay: <\$>  
SOV Copay: <\$>

**MedicareRx**  
Prescription Drug Coverage

H2563-020

**Sentara Community Complete Select**  
Plan type

Sentara Health Plans issuer ID number

Benefit copayments/coinsurance

Rx benefit

Medicare Rx logo

Medicare federal plan ID

### Back of card

Member Services: 1-800-927-6048 (TTY: 711)

Provider Services: 1-888-946-1167

24/7 Nurse Advice Line: 1-800-394-2237

Pharmacist Help Desk: 1-800-922-1557

DentaQuest: 1-888-696-9549

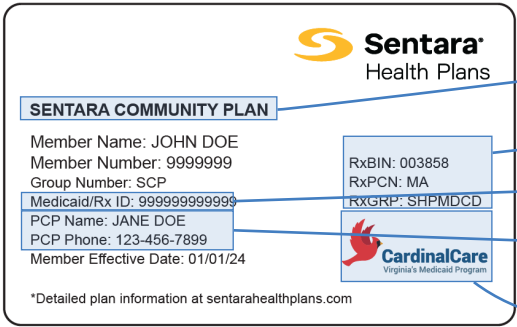
Submit claims to:

Medical Claims PO Box 8203 Kingston, NY 12402	Behavioral Health Claims PO Box 8204 Kingston, NY 12402
DentaQuest, LLC - VA Claims PO Box 2906 Milwaukee, WI 53201-2906	Express Scripts ATTN: Medicare Part D PO Box 14718 Lexington, KY 40512

# 2026 Government Program Member ID Card Samples

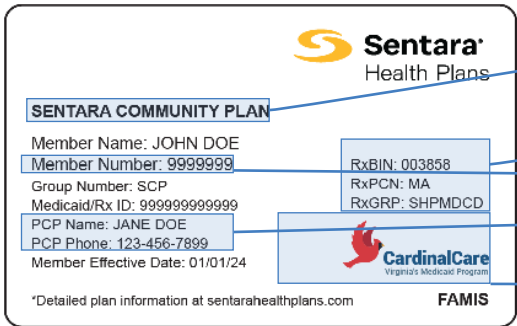
## Medicaid Plans

### 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

