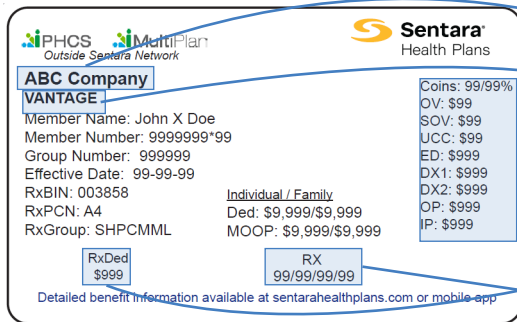


2025 Core Commercial Member ID Card Samples

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

HMO, POS, and PPO product lines

Front of card



Traditional plan

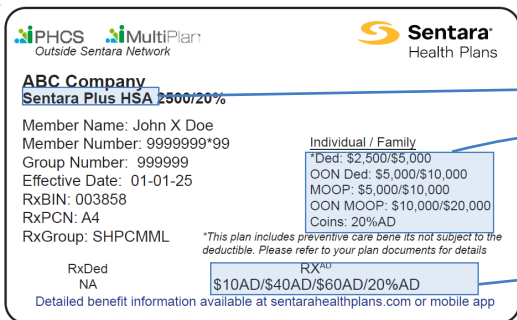
Company/group Name

Plan name

Benefit copay/coinsurance

Plan deductible

Rx benefit



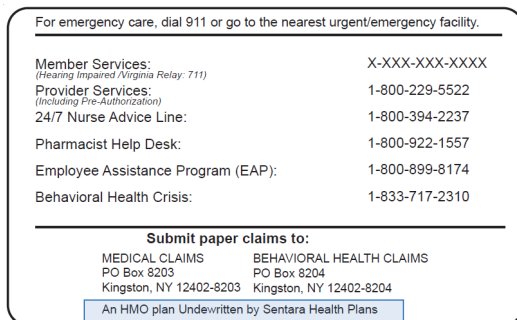
HSA and Design plans

Plan name has HSA or Design

Benefit deductible and coinsurance

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

Back of card



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

2025 Core Commercial Member ID Card Samples

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

Individual & Family Health Plans

Front of card

PHCS MultiPlan
Outside Sentara Network

INDIVIDUAL PRODUCT
XXXXX XXXX

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

Effective Date: 99-99-99
RxBIN: 003858
RxPCN: A4
RxGroup: SHPCMML

Individual / Family
Ded: \$9,999/\$9,999
OON Ded: \$9,999/\$9,999
MOOP: \$9,999/\$9,999
OON MOOP: \$9,999/\$9,999

RxDed
\$999

RX
99/99/99/99

Coins: 99/99%
OV: \$99
SOV: \$99
UCC: \$99
ED: \$999
DX1: \$999
DX2: \$999
OP: \$999
IP: \$999

Detailed benefit information available at sentarahealthplans.com or mobile app

Standard plan

Individual Product

Plan name

Benefit copay/coinsurance

Plan deductible

Rx benefit

Back of card

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

Member Services: <small>(Hearing impaired/Voice 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
Out-of-Area Provider Network:	1-888-817-7427
Behavioral Health Crisis:	1-833-717-2310

Submit paper claims to:

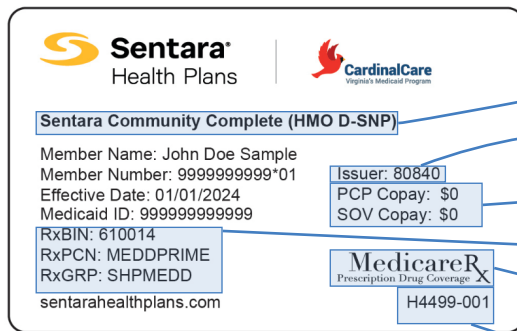
MEDICAL CLAIMS PO Box 8203 Kingston, NY 12402-8203	BEHAVIORAL HEALTH CLAIMS PO Box 8204 Kingston, NY 12402-8204
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A PPO plan Underwritten by Sentara Health Insurance Company

2025 Government Program Member ID Card Samples

Medicare plans

Front of card



Sentara Community Complete

Plan type

Sentara Health Plans Issuer ID number

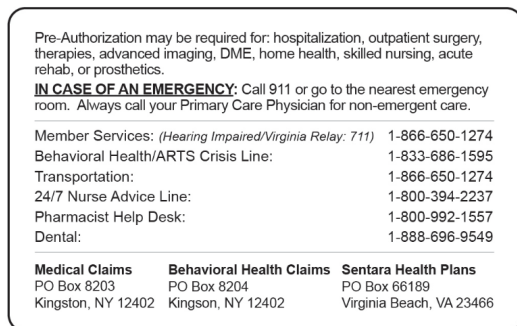
Benefit copays/coinsurance

Rx benefit

Medicare Rx logo

Medicare Federal plan ID

Back of card



2025 Government Program Member ID Card Samples

Medicare plans

Front of card

Sentara[®] Health Plans

Sentara Medicare Prime (HMO) — Plan type

Member Name: John Doe Sample
Member Number: 999999999901 — Sentara Health Plans Issuer ID number
Effective Date: 01/01/2024
Issuer: 80840 — Benefit copays/coinsurance

PCP Copay: \$0
SOV Copay: \$0 — Benefit copays/coinsurance

RxBIN: 610014
RxPCN: MEDDPRIME — Rx benefit
RxGRP: SHPMEDD

MedicareRx
Prescription Drug Coverage — Medicare Rx logo

sentarahealthplans.com

H2563-005-001 — Medicare Federal plan ID

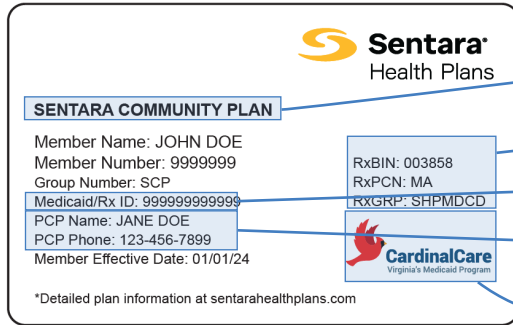
Back of card

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
Delta Dental:	1-866-327-0597
Submit claims to:	Behavioral Health Claims
Medical Claims	PO Box 8204
PO Box 8203	Kingston, NY 12402
Kingston, NY 12402	Express Scripts
Delta Dental Claims	ATTN: Medicare Part D
PO Box 9215	PO Box 14718
Farmington Hills, MI 48333	Lexington, KY 40512

2025 Government Program Member ID Card Samples

Medicaid Plans

Front of card



Sentara Community Plan

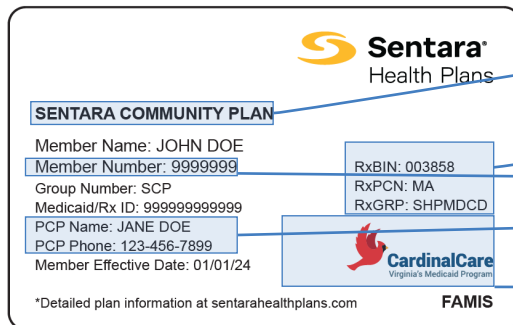
Plan type

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

