

Front of card

Member information including identification number & group number. Dependent information if there is Dependent coverage.

Medical Plan Information: includes effective date of coverage, type of plan & copay information if applicable.

<p>Member</p> <p>Employee: JOE SAMPLE ID #: 000000000 Group #: ABCD "S"</p>	<p>Medical Plan</p> <p>Effective Date: 10.01.2013 Coverage: Family Plan: STANDARD</p> <p>ABC Locate Provider: 800-xxx-xxxx www.XXXX.com</p> <p>Office Visit Co-Pay \$25 Preventive Co-Pay \$0</p>
<p>Ancillary Plan(s)</p> <p>Coverage: Family</p> <p>ABC Locate Provider: 800-XXX-XXXX www.XXXX.com</p>	<p>Pharmacy Plan</p> <p>RxBin: 000000 RxPCN: ABC Issuer: 00000 000000</p> <p>ABC Customer Care: 800-XXX-XXXX www.XXXX.com</p>

This is your Primary PPO. Use the web address to find a participating provider.

Ancillary Plans are Dental and Vision if applicable to your plan. This includes the PPO network contact & web address to find a provider for these types of plans.

Name of your Prescription Drug carrier and claim submission information for your Pharmacist. If you or your pharmacist have questions or are having trouble filling a prescription please call this number.

Back of card

Medical bills should be submitted to the address indicated in this box.

Telephone number for pre-notification services.

<p>Medical Claims Submission</p> <p>The Loomis Company PO Box 7011 Wyomissing, PA 19610-6011 EDI# 23223</p>	<p>Pre-Notification</p> <p>Non-Emergency hospital admission and certain other procedures require pre-notification no less than 5 days prior to services being performed. ABC Company must be notified of emergency admissions within 2 business days. Failure to call will reduce benefits. Please call: ABC Company @ 800-XXX-XXXX.</p>
<p>Ancillary Claims Submission</p> <p>The Loomis Company PO Box 7011 Wyomissing, PA 19610-6011 EDI# 23223</p>	<p>Eligibility</p> <p>Providers: Dial 800-XXX-XXXX for automatic faxed return of eligibility, claim and coverage information.</p> <p>For customer service: The Loomis Company @ 800-XXX-XXXX visit our website @ www.loomisco.com</p>
<p>Out of Area</p> <p>If you need to see a provider and you are traveling or attending school outside your health plan's service area, call ABC Company at 800-XXX-XXXX.</p> <p>ABC</p>	

All Dental and Vision claims should be submitted to this address.

Instructions for your physicians and hospitals to receive eligibility for you automatically by fax.

If you or your dependents are out of your primary PPO area, or your provider is out of network, call this number.

For claim inquiries or coverage questions the Loomis customer service phone number and website. The website has many forms that can be completed online as well as claim forms you may need.