

**Sample ID Card – Patient Choice InsightsSM
administered by Aetna**




[Customer Logo]

[CUSTOMER NAME]
[CUSTOMER NAME]

Outside the Patient Choice
MN area: Selectcare

CHOICE POS II
[REFERRALS NOT REQUIRED]

ID W1234 56789 GRP: 123456-010-00001 BIN# 610502 [RX]

01 JOHN SAMPLE	PCP: DAVID SMITH
02 JANE SAMPLE	PCP: DAVID SMITH
03 JACK SAMPLE	PCP: SUSAN MILLER
04 JILL SAMPLE	PCP: SUSAN MILLER
05 JOHN SAMPLE	PCP: SUSAN MILLER

MEMBER SERVICES 1-800-123-4567 PCP \$ (co-pay)
 PROVIDERS CALL 1-888-632-3862

PAYOR NUMBER 60054 0110

www.aetna.com

Mental health/substance abuse coverage: precertification or questions call 1-800-424-4047. REFERRALS ARE NOT REQUIRED.

For services that require precertification, call the number on the front of this card. In an emergency, call the local hotline (ex. 911) or go to the nearest emergency facility. Notify Member Services promptly after treatment. While coverage is in force, members are entitled to plan benefits, subject to exclusions and limitations. For eligibility/benefit information, call Member Services. Participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna. Plan underwritten or administered by Aetna Life Insurance Co. This card does not guarantee coverage.

[WE RECOMMEND YOU USE A PRIMARY DOCTOR TO COORDINATE YOUR CARE]

[AETNA]
[PO BOX XXXXXX]
[CITY, STATE XXXXX-XXXX]