## How to Read Your Member ID Card

## **Questions about your ID card?**

Call our Customer Care Center at 866-514-4194 (TTY: 711)

**Deductible** is the amount you owe during a coverage period (usually one year) for covered health care services, before your health plan begins to pay.

Number to call for claims and insurance questions and **24-Hour Nurse** Advice Hotline

	Network: WellFirst ACA	
	Group Number: XXXXXXXXXXXXXXXX	
	Product Type: EPO wellfirstbenefits.com	
	Fully Insure	
Member Name	Member Number	
TEST TEST	012345678901	
TEST TEST 1	012345678902	
TEST TEST 2	012345678903	
TEST TEST 3	012345678904	
Deductible*: Individual \$XXXXX Family \$XXXXX Ded/Colnsurance Max*: Individual \$XXXXX Family \$X Out of Pocket Max*: Individual \$XXXXX Family \$XXX		
	PCN: 7104 • BIN: 610602	

**Network** Plan/geographic area

## **Product Type** Plan you purchased and providers you can see

Member Number Use your Member # at wellfirstbenefits.com to:

- Access your member certificate
- Review details of your health coverage

When possible, go to your primary care provider *first* 

For **urgent care** or medical **emergency** 

Get the Right Care: Your primary care provider (PCP) is your contact needs. Your PCP can assist with preventive services and office visits.	for routine care	
Urgent Care/Emergency Care: If you have serious medical needs, see care center or emergency room. In life-threatening emergencies dial 9	ek care at an urgent 111.	
24-Hour Nurse Advice Line: For care guidance outside of normal w Nurse Advice Line has nurses to assist with questions or guide you to l location for care.		
Contact us for questions regarding •prior authorizations •inpatient a out of network •care outside of our service area and help finding a First	admissions in and st Health provider.	
*Please refer to your plan materials for your additional financial responsibility. Providers send claims to: WellFirst Health • PO Box 56099 • Madison, WI 53705 Electronic Payer ID #: 39113 Christ Health Network:		
This card is for identification purposes and does not constitute proof of eligibility. Wellfind: Health products are underwrithenb y SDH/Health Tourance Company	Form Date: 10/11/10.00	

- \*Copay Fixed amount when you receive care
  Deductible Amount you pay before insurance pays
  Emergency Paid if you aren't admitted
- **Room Copay** (see member certificate for more details)



