


2025 Standard Plan ID Card Sample



CHOICE POS II AGMA HEALTH FUND
RETAIL RX 15% 25% 37.5%

ID W1234 56789 PAYER NUMBER 60054 0103
01 ARTHUR Q SAMPLE-TESTCARD GRP: 247066-010-00001
 PCP: NO ELECTION REQUIRED

02 JESSIE Q SAMPLE-TESTCARD SELF FUNDED COVERAGE
 PCP: NO ELECTION REQUIRED
 PCP \$ 30.00
 SPC \$ 50.00
 HOSP \$ 500.00
 ER \$ 200.00
 UC \$ 75.00

03 CAITLIN Q SAMPLE-TESTCARD
 PCP: NO ELECTION REQUIRED

RX BIN# 610502 RX PCN 00670000
 RX GRP RX7700

Aetna Life Insurance Company
 Submit Claims to: PO BOX 981106
 EL PASO TX 79998-1106 Aetna Premier
 Care Network NAP

TALK TO A DOCTOR 24/7: 1-855-TELADOC OR TELADOC.COM/AETNA.

MEDICAL INDIVIDUAL Tier 1	FAMILY Tier 1
INN DED	N/A
INN OOP MAX	\$ 3000
OON DED	\$ 4000
OON OOP MAX	\$ 8000
	\$ 6000
	\$ 8000
	\$16000

MEMBER SERVICES:	1-866-658-2455
PRECERTIFICATION ONLY:	1-800-223-6857
MENTAL/BEHAVIORAL HEALTH	1-800-424-4047
RX MEMBER SERVICES	1-888-792-3862

See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.
www.aetna.com