

# SAMPLE ID CARD

**CVS CAREMARK | CAREMARK** **SCOIC**

**Medical Group #541**  
 Caremark 1-888-865-6584  
 Prescription Claims Help Desk  
 1-800-345-5413  
 www.caremark.com

**RXBIN: 610415**  
**RXPCN: PCS**  
**RXGRP: OME20012**  
**ISSUER (80840)**  
**ID: EB0255704**  
**NAME: 01YOUR EMPLOYER**

10342000182

Callouts:  
 - Caremark is your Pharmacy Benefits Manager (points to CAREMARK logo)  
 - Caremark number to help you with any prescription assistance needs (points to Caremark 1-888-865-6584)  
 - Help desk number for use by Doctors or Pharmacists only (points to 1-800-345-5413)  
 - Your ID number: EB and seven numbers (points to ID: EB0255704)

**Your Employer**

**To Verify Coverage, For Claims Inquiries or to Precertify all Hospital Admissions:**  
**Employee Benefit Management Corp (EBMC):**  
 1-877-304-0761 or www.EBMOnline.com

**Send All Medical Claims To:**  
 Medical Mutual  
 P.O. Box 94648  
 Cleveland, OH 44101-4648  
 Payor ID 29076

**Submit Dental Claims to:**  
 EBMC, P.O.Box 9057, Dublin OH 43017-0957  
 Payers ID 31074 or CX025

**SuperMed network providers:** 1-800-601-9208 or www.supermednetwork.com  
 First Health: 1-800-226-5116 or www.myfirsthealth.com

**SuperMed PPO ACCESS**  
**First Health Network**  
 In Network Office Visit Copay \$15

x5951

Callouts:  
 - To verify or precertify coverage in advance for procedures described in your plan. (points to EBMC contact info)  
 - You have the SuperMed Network PPO Plan through Medical Mutual of Ohio. This is the SuperMed logo. (points to SuperMed PPO logo)  
 - Provider information for medical billing purposes (points to Medical Mutual address)  
 - This is the out of state network provider. (points to First Health Network logo)  
 - The amount due at each office visit. (points to In Network Office Visit Copay \$15)  
 - Provider information for dental billing purposes. (points to SuperMed network providers info)  
 - Find an in-network provider by phone or web. (points to SuperMed network providers info)

## Each employee receives an ID card through your employer.

Your ID card may be required each time you have any medical visit or procedure done. You are issued two (2) cards when you become part of your employer's coverage. It will arrive with a plan document that informs you of your groups coverage in detail. Each dependent that is a part of the coverage plan can use the same card or a copy of the employees card. Additional card requests are made through your employer's Treasurer's office.

## Your Plan Document should be read and understood.

Your plan document is provided as a document that explains in detail the coverage, costs and procedures related to your medical and/or dental care. Reading and understanding it before there is a medical need is helpful in avoiding confusion over these issues. The person who can offer additional assistance is your employer's Treasurer's office.