


Family style front and back

These are illustrative only; final versions will look different.



Nap Vendor Logo
or
NAP Network Logo

Customer
Logo

PLAN SPONSOR NAME LINE ONE
PLAN SPONSOR NAME LINE TWO

ISSUER (80840) 9140860054

GRP: 000000-010-00005

ID W0000 00000-01

JONATHAN Q SAMPLE-TESTCARD

PCP: ABC PRACTICE ASSOCIATES

02	JONATHAN Q SAMPLE-TESTCARD		
	PCP: ABC PRACTICE ASSOCIATES	PCP	\$ 25
03	CAITLIN Q SAMPLE-TESTCARD	SPC	\$ 40
	PCP: ABC PRACTICE ASSOCIATES		
04	EMILY Q SAMPLE-TESTCARD		
	PCP: ABC PRACTICE ASSOCIATES		
05	KARA Q SAMPLE-TESTCARD		
	PCP: ABC PRACTICE ASSOCIATES		


RX BIN# 610502

www.aetna.com PAYER # 60054 NNNN

See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card doesn't guarantee coverage.

MEDICAL	INDIVIDUAL			FAMILY		
In Network Deductible	\$99999	\$99999	\$99999	\$99999	\$99999	\$99999
In Network Out of Pocket Max	\$99999	\$99999	\$99999	\$99999	\$99999	\$99999
Out of Network Deductible	\$99999	\$99999	\$99999	\$99999	\$99999	\$99999
Out of Network Out of Pocket Max	\$99999	\$99999	\$99999	\$99999	\$99999	\$99999
PHARMACY	INDIVIDUAL			FAMILY		
In Network Deductible	\$99999	\$99999	\$99999	\$99999	\$99999	\$99999
In Network Out of Pocket Max	\$99999	\$99999	\$99999	\$99999	\$99999	\$99999
Out of Network Deductible	\$99999	\$99999	\$99999	\$99999	\$99999	\$99999
Out of Network Out of Pocket Max	\$99999	\$99999	\$99999	\$99999	\$99999	\$99999
XXXXXXXXTELEPHONE LINE	XXXXXXXXXX			1-888-888-8888		
XXXXXXXXTELEPHONE LINE	XXXXXXXXXX			1-888-888-8888		
XXXXXXXXTELEPHONE LINE	XXXXXXXXXX			1-888-888-8888		
XXXXXXXXTELEPHONE LINE	XXXXXXXXXX			1-888-888-8888		
XXXXXXXXTELEPHONE LINE	XXXXXXXXXX			1-888-888-8888		
XXXXXXXXTELEPHONE LINE	XXXXXXXXXX			1-888-888-8888		
XXXXXXXX LEGAL ENTITY PRINTS	HERE X					
XXXXXXXX LEGAL ENTITY PRINTS	HERE X					


BOC LOGO SECTION



SUBMIT CLAIMS TO:
P.O. BOX 981106
LEXINGTON KY 40512-4079

Individual style front and back

These are illustrative only; final versions will look different.



ISSUER (80840) 9140860054
GRP: 0000000-010-00005
ID W0000 00000-01
JONATHAN Q SAMPLE-TESTCARD

Nap Vendor Logo
or
NAP Network Logo

Customer
Logo

PCP: ABC PRACTICE ASSOCIATES PCP \$ 25
 ABC PRACTICE IPA ASSOCIATES SPC \$ 40

RX BIN# 610502

MEDICAL	INDIVIDUAL		FAMILY	
In Network Deductible	\$99999	\$99999	\$99999	\$99999
In Network Out of Pocket Max	\$99999	\$99999	\$99999	\$99999
Out of Network Deductible	\$99999	\$99999	\$99999	\$99999
Out of Network Out of Pocket Max	\$99999	\$99999	\$99999	\$99999
PHARMACY	INDIVIDUAL		FAMILY	
In Network Deductible	\$99999	\$99999	\$99999	\$99999
In Network Out of Pocket Max	\$99999	\$99999	\$99999	\$99999
Out of Network Deductible	\$99999	\$99999	\$99999	\$99999
Out of Network Out of Pocket Max	\$99999	\$99999	\$99999	\$99999

WWW.ABCDEF2GHIJKLMNOPQRSTUVWXYZ.COM

PAYER # 60054 NNNN

See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card doesn't guarantee coverage.

Back of Card Line XX - Abcdef123 Hiljno23rstuvwxyz123 Abcdef88.
 Back of Card Line XX - Abcdef123 Hiljno23rstuvwxyz123 Abcdef88.
 Back of Card Line XX - Abcdef123 Hiljno23rstuvwxyz123 Abcdef88.
 Back of Card Line XX - Abcdef123 Hiljno23rstuvwxyz123 Abcdef88.
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 Back of Card Line XX - Abcdef123 Hiljno23rstuvwxyz123 Abcdef88.
 Back of Card Line XX - Abcdef123 Hiljno23rstuvwxyz123 Abcdef88.

XXXXXXTELEPHONE LINE XXXXXXXXX	1-888-888-8888
XXXXXXTELEPHONE LINE XXXXXXXXX	1-888-888-8888
XXXXXXTELEPHONE LINE XXXXXXXXX	1-888-888-8888
XXXXXXTELEPHONE LINE XXXXXXXXX	1-888-888-8888
XXXXXXTELEPHONE LINE XXXXXXXXX	1-888-888-8888
XXXXXXTELEPHONE LINE XXXXXXXXX	1-888-888-8888

XXXXXXXX LEGAL ENTITY PRINTS HERE X
 XXXXXXXX LEGAL ENTITY PRINTS HERE X

BOC LOGO
SECTION

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 LEXINGTON KY 40512-4079

