Your health plan probably sent you an insurance card with information about your coverage. Hold on to it. You will need it when you see a provider or if you call your health plan to ask a question. Your card may look different from the one below but should have the same type of information. Some health plans don’t provide cards but should give you this information in another way. Contact your plan if you did not receive a card or cannot understand it.

1. Member Name
   This is usually printed on your card.

2. Member Number
   This number is used to identify you. It tells your provider how to bill your health plan. If your spouse or children are also on your coverage, your member numbers may look very similar.

3. Group Number
   This number is used to track the specific benefits your plan offers.

4. Copayment
   These are the amounts that you will owe when you get health care.

5. Phone Numbers
   You can call your health plan if you have questions about finding a provider or what your coverage includes.

6. Plan Type
   Your card might have a label like HMO or PPO to describe the type of plan you have. These labels tell you what type of network your plan has, so you can see which providers are “in-network” for you.

7. Prescription Copayments
   These are the amounts that you will owe for each prescription you have filled.

8. Pricing Information
   New pricing information will be shown on any physical or electronic insurance identification card provided (usually found on the back of the card) to you including, applicable deductibles, applicable out-of-pocket maximum limitations, and a telephone number and website where you can get help or more information.