Sample PLUS ID Card (effective 7/01/2024)





JOHN Q. MEMBER Member ID: <HCID>

Plan **PLUS** <GROUP_SUBGROUP> Group

Deductible: - PLUS: \$500/ind., \$1,000/fam.

- Non-PLUS: \$500/\$1,000 Pharmacy deductible: \$100/\$200 Office visit (PCP) \$10/\$20/\$40 Office visit (specialist) \$30/\$60/\$75 Emergency room \$100

- Out-of-pocket maximums: PLUS: \$5,000/ind., \$10,000/fam. Non-PLUS: \$5,000/\$10,000

Find contracted providers while traveling at wellpointmass.com.

Medical and behavioral health benefits are self-insured and administered by Wellpoint. Submit claims to Wellpoint, P.O. Box 4095, Woburn, MA 01888.

Member Services 833-663-4176 **Preapprovals for Services** 800-442-9300 **Provider Services** 800-442-9300 24-Hour Nurse Line 800-424-8814 **Prescription Drugs Benefits** 877-876-7214 Administered by CVS Caremark

LiveHealth Online livehealthonline.com

Possession of this card does not guarantee benefits.





Payor # WLPNT PHCS extended PPO MultiPlan compl

<ISSDATE>