

How to Read Your Health Insurance Card

When you enrolled in health care coverage from your health plan, you likely received a membership packet with an insurance card as proof of your insurance. Your card may look different from this one, but should have the same type of information. If you didn't receive a card, contact your health plan for more information. Different cards may exist for medical, prescription drug, and dental benefits. The prescription drug card may show the PBM as a different company, even when insurance was bought through a major carrier. New Hampshire law requires notification on the card if the member is fully insured.

Read this information carefully because you will need it when you visit your doctor or if you call your insurance company to ask a question.

1 PLAN TYPE

Your card might have a label like HMO, PPO, POS, Indemnity, or another word to describe the type of plan you have. These tell you what type of network your plan has and which providers are "in-network" for you. Cards exist for Medicaid Managed Care coverage, Medigap, or Part D, but those cards may differ from the example provided here. The plan type does not tell you what network you have, but instead tells you something about the coverage you have for out of network care, and whether you need a primary care referral for specialty care.

2 NAME AND DATE OF BIRTH

These are usually printed on your card.

3 ID NUMBER

This number is used to identify you so your provider knows how to bill your health plan. If your spouse or children are also on your coverage, your ID numbers may be similar, with differences in the last one or two digits. The subscriber's name – the person or organization who pays the premiums – may be listed here.

INSURANCE COMPANY NAME

Plan type **1**

Group Number: XXXXX-XXX **4**

Name: Jane Doe **2**

ID Number: XXX-XX-XXX **3**

Copayments \$15.00

Deuctibles \$25.00 **5**

Coinsurance \$75.00

Effective date

Prescription Group # XXXXX

Member Service: 800-123-4567 **6**

4 GROUP NUMBER

This number is used to track the specific benefits of your plan, including the provider network, and to identify you so your provider knows how to bill your insurance. The group number is generally associated with the employer unless you purchased an individual policy.

5 COST SHARING

The amounts you may be required to pay when you receive health care services.

6 PHONE NUMBERS

Call your health plan if you have questions about finding a provider or what your coverage includes. Different phone numbers may exist for prescription drug, dental, or mental health care benefits. (Phone numbers are sometimes listed on the back of your card.)

