

Member Identification (ID) Cards

Tailored to Your Benefits

Medical Mutual is dedicated to helping you get the most out of your benefits. Our ID card is an important part of helping you access the care you need.

Below is a sample of a Medical Mutual ID card and an explanation of where you can find key information about your plan. The front of the card features member-specific information and details about prescription drug benefits and copays, if applicable. If medical copays are present they are for Tier 1 networks. The back side of the card includes medical deductible and out-of-pocket information and details providers need in order to submit claims.

All covered dependents age 18 and older get their own ID card. The plan information on these cards is the same. For any covered dependents under 18, an adult on the plan can present their own card as proof of coverage.

1 SuperMed*XXXXXXXXXXXXXXXXXXXX PPO Network Product

2 Print Date: XXXX/XX/XX

3 **RX INFORMATION**
PBM Name
 Member Use: 1-800-417-1961
 Pharmacist Use: 1-800-922-1557
 RxBIN: 610014
 RxPCN: COPAY
 RxGRP: MMODRUG

4 **COPYMENTS**
 Preventive Office Visit: \$XXXX
 Urgent Care: \$XXXX
 Emergency Room: \$XXXX
 PCP Office Visit: \$XXXX
 Specialist: \$XXXX
 Optional: \$XXXX

John Q. MemberXXXXXXXXXXXX
 Member Name

012345678910 **779106200**
 Medical Mutual ID Number Group Number

1-800-424-8286 **711**
 Customer Care TTY

MedMutual.com/Member ODI *

Card Front

- 1 Your Network and Product
- 2 Your ID Card Print Date
- 3 Your Rx Benefit Management Detail, if applicable
- 4 Your Member Copayments for Tier 1, if applicable

5 **FOR MEMBER**
PRIMARY NETWORK: SuperMed PPO
OUTSIDE SUPERMED SERVICE AREA:
 Aetna Open Choice PPO/NAP

6 **VISION:** EyeMed 1-877-226-1115
DENTAL: SuperDental 1-800-822-1182

7 **24/7 NURSE LINE:** 1-888-912-0636

8 **DEDUCTIBLE (DED) & OUT-OF-POCKET (OOP):**

	In-Network	Non-Network
DED Single:	\$XXXXX	\$XXXXXX
DED Family:	\$XXXXX	\$XXXXXX
OOP Single:	\$XXXXX	\$XXXXXX
OOP Family:	\$XXXXX	\$XXXXXX

9 **FOR PROVIDER**
 Resources including prior approval process:
MedMutual.com/Provider or
 Provider Calls: 1-800-362-1279

Providers Outside SuperMed PPO Service Area
 Aetna ID Number: 012345678 PPO/NAP
 Aetna Group Number: 0863970-010-00100

Medical Mutual Claims Submission
 Electronic Claims Payer ID: 29076
 P.O. Box 6018, Cleveland, OH 44101-1018

Aetna Claims Submission
 Electronic Claims Payer ID: 60054
 P.O. Box 981543, El Paso, TX 79998-1543
 Provider Calls: 1-888-238-6277

POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE

Card Back

- 5 Your Vision and Dental Networks, if applicable
- 6 Your 24/7 Nurse Line Number
- 7 Information for Providers, including Prior Authorization
- 8 Your Medical Deductible and Out-of-Pocket
- 9 Provider Claims Submission Information

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