


Preferred Care USA Care Health Plan Sample Identification Card

FRONT

 Preferred care H6806	USA Care SM Medicare Approved PFFS Plan	PFFS	
Member Name Jane Doe	Benefits Effective On 01/01/2008		
Preferred Care Member #	A009999999 01		
Group #:	C05095		
Annual Deductible	None	Out-of-Pocket Maximum	None
You Pay			
INPATIENT	\$100	SPECIALIST	\$20
EMERGENCY RM	\$50	PRIMARY CARE	\$15
Present this card to your provider prior to receiving services			

BACK

MEMBER: Contact Member Services at (888) 597-4419.

PROVIDER: Preferred Care will pay providers according to the Medicare fee schedule. Member benefits, cost-sharing and Terms and Conditions can be found at www.preferredcare.org/usacare.html. Contact Preferred Care at (800) 999-3920 Monday - Friday 7:00 am to 8:00 pm. Hospitals and Skilled Nursing Facilities are encouraged to request a review prior to any admission and for organ transplants.

Submit claims to: Preferred Care, PO Box 22920
Rochester, NY 14692-2920.

Do Not Bill Original Medicare.

PHARMACIST: Bill prescriptions to Medco: RxBIN 610014
Rx Group: PCARE01.
For questions, call Medco
at (800) 922-1557.