Your Insurance Card or Other Document

You probably received a membership package with information about your coverage from either your health plan or your state Medicaid or CHIP program. Read this information because you will need it when you see a provider or if you call your insurance company to ask a question. If you can’t read or understand it, call your health plan or state Medicaid or CHIP program and ask them to explain it to you.

You may have received a card or other document as proof of your insurance. Your card may look different from this one, but should have the same type of information. Some health plans don’t have cards, but you should have received this information in another way. If you didn’t receive a card, contact your health plan to see if you should have.

The following information may be included on your insurance card or another document from your health plan or state Medicaid or CHIP program.

1. **Member name and date of birth.** These are usually printed on your card.

2. **Member 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 member numbers may look very similar.

3. **Group number.** This number is used to track the specific benefits of your plan. It’s also used to identify you so your provider knows how to bill your insurance.

4. **Plan type.** Your card might have a label like HMO, PPO, HSA, Open, or another word to describe the type of plan you have. These tell you what type of network your plan has and which providers you can see who are “in-network” for you.

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

6. **Phone numbers.** You can call your health plan if you have questions about finding a provider or what your coverage includes. Phone numbers are sometimes listed on the back of your card.

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