SPECIMEN

Elmstead HEALTH PLAN

Your member ID cards

Plan year 2027 · Issued December 4, 2026

SUBSCRIBER	GROUP	PLAN
Maria E Castellanos-Whitfield	Adventure Works · 0047210	Choice 1500

Each person on the plan has a card with their own name and suffix (SFX). Show it at the doctor's office, the hospital and the pharmacy.

01 · Subscriber

Fold

Elmstead HEALTH PLAN

CHOICE 1500 PPO
Effective 01/01/2027

Member
MARIA E CASTELLANOS-WHITFIELD

ID	ELM830274196 SFX 01
Issuer (80840)	9140271836
Group	0047210
RxBIN	618342
RxPCN	ELMRX
RxGrp	ELM47210
RxID	ELM830274196 SFX 01

COPAYS

Office visit	$25
Specialist	$50
Urgent care	$75
Emergency room	$350

Elmstead Select Network

INDIVIDUAL / FAMILY	In-network	Out-of-network
Deductible	$1,500 / $3,000	$3,000 / $6,000
Out-of-pocket max	$5,000 / $10,000	$10,000 / $20,000

Member services **1-800-555-0142** TTY 711
Provider services **1-800-555-0157**
Pharmacy help desk **1-800-555-0163**
Costs and in-network care **elmsteadhealth.example**

Send claims to
Elmstead Health Plan
PO Box 30712
Dayton OH 45401-0712
Payer ID **ELM27**

Issued 12/04/2026 · This card does not guarantee coverage.

02 · Spouse

Fold

Elmstead HEALTH PLAN

CHOICE 1500 PPO
Effective 01/01/2027

Member
JAMES T WHITFIELD

ID	ELM830274196 SFX 02
Issuer (80840)	9140271836
Group	0047210
RxBIN	618342
RxPCN	ELMRX
RxGrp	ELM47210
RxID	ELM830274196 SFX 02

COPAYS

Office visit	$25
Specialist	$50
Urgent care	$75
Emergency room	$350

Elmstead Select Network

INDIVIDUAL / FAMILY	In-network	Out-of-network
Deductible	$1,500 / $3,000	$3,000 / $6,000
Out-of-pocket max	$5,000 / $10,000	$10,000 / $20,000

Member services **1-800-555-0142** TTY 711
Provider services **1-800-555-0157**
Pharmacy help desk **1-800-555-0163**
Costs and in-network care **elmsteadhealth.example**

Send claims to
Elmstead Health Plan
PO Box 30712
Dayton OH 45401-0712
Payer ID **ELM27**

Issued 12/04/2026 · This card does not guarantee coverage.

03 · Child · Out of area: Crossway National Network

Fold

Elmstead HEALTH PLAN

CHOICE 1500 PPO
Effective 01/01/2027

Member
ALEXANDRA M CASTELLANOS-WHITFIELD

ID	ELM830274196 SFX 03
Issuer (80840)	9140271836
Group	0047210
RxBIN	618342
RxPCN	ELMRX
RxGrp	ELM47210
RxID	ELM830274196 SFX 03

COPAYS

Office visit	$25
Specialist	$50
Urgent care	$75
Emergency room	$350

CROSSWAY National Network

INDIVIDUAL / FAMILY	In-network	Out-of-network
Deductible	$1,500 / $3,000	$3,000 / $6,000
Out-of-pocket max	$5,000 / $10,000	$10,000 / $20,000

Member services **1-800-555-0142** TTY 711
Provider services **1-800-555-0157**
Pharmacy help desk **1-800-555-0163**
Costs and in-network care **elmsteadhealth.example**

Send claims to
Elmstead Health Plan
PO Box 30712
Dayton OH 45401-0712
Payer ID **ELM27**

Issued 12/04/2026 · This card does not guarantee coverage.

To print: actual size (100%), cut on the solid line, fold on the dashed line, back to back. Costs and in-network care: elmsteadhealth.example · 1-800-555-0142