



TRS-ACTIVECARE 1-HD
FREESTAND ER \$500COPAY+DED/20%

GRP: 866325-014-00001

Issuer (80840) 9140860054

Choice POS II

ID W1234 56789

NAME

01 JONATHAN Q SAMPLE-TESTCARD

02 JOCELYN Q SAMPLE-TESTCARD

03 JACKSON Q SAMPLE-TESTCARD

04 GRAYSON Q SAMPLE-TESTCARD

05 DANIELLE Q SAMPLE-TESTCARD

PCP: ABC Family Practice

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WWW.TRSACTIVECAREAETNA.COM

PAYER NUMBER 60054 0753

24-hour Nurse Information Line:	1-800-556-1555
Mental Health/Substance Abuse:	1-800-424-4047
Teladoc (Member cost sharing may apply):	1-855-835-2362

While coverage remains inforce, covered participants are entitled to benefits as provided under the terms and conditions for TRS-ActiveCare. You do have to choose a primary care doctor. Referrals are not required. However, some services may also require precertification. Without pre-approval, you may pay more or even full price. See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage. Teladoc is not administered by Aetna Life Insurance Company.

Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

TRS-ACTIVECARE CUSTOMER SVC	1-800-222-9205
PROVIDERS CALL	1-888-632-3862

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