

患者及照护者教育

## 保险卡指南

### 您的新保险卡即将到手

拿到保险卡后，您可能希望了解新的医疗保险承保何时开始生效。具体取决于您加入计划的时间。

- 如果您在每月 1 日至 15 日之间注册，您的保险将从次月 1 日开始生效。
  - 举例说明：您于 6 月 5 日参保。则您的保险将从 7 月 1 日开始承保。
- 如果您在每月 16 日到当月最后一天之间注册，则您的保险将从下下个月 1 日开始承保。
  - 例如：您于 5 月 20 日参保。则您的保险将从 7 月 1 日开始承保。

开始承保后，您将在 15 天内收到邮寄给您的保险卡。

纽约州卫生署 (NYSOH) 保险市场提供多种类型的保险。NYSOH 可帮助您比较保险计划，了解适合您和您家庭的选择。您可以访问 [nystateofhealth.ny.gov](https://nystateofhealth.ny.gov) 了解更多信息。

### 合格健康计划

合格健康计划 (QHP) 包括 Emblem Bronze、Affinity Silver、UnitedHealthcare Gold 和 Healthfirst Platinum 等计划。如果您拥有 QHP，则保险卡将包含以下信息：

- 您的姓名。
- 会员和团体 ID 号码。
- 处方信息。
- 共付额（每次就诊时您需自行支付的费用额度）。
- 重要电话号码。
- 您的初级医疗保健提供者 (PCP) 姓名。

## QHP 卡正面

The diagram shows the front of a QHP insurance card. At the top left is the EmblemHealth logo. To the right is the text "Plan Name". Below the logo, it says "MEMBER: JOHN G. SAMPLEPLACEHOLDER" and "ID NUMBER: 12345678". A horizontal line separates this from the PCP information: "Network: XXX", "PCP: Dr. John Smith Tel: 000-000-0000", "Copay: PCP \$0 SPEC \$0 ER \$0 Rx N", "Dental: 1", and "BIN#: 000000". At the bottom left is the QUALICARE logo, and at the bottom right is "Underwritten by XXX".

Your name and ID number

Name and contact information of your PCP

Copayments for types of visits, if you have one

图 1. QHP 保险卡正面信息。

## QHP 卡背面

The diagram shows the back of a QHP insurance card. At the top, it says "This card does not guarantee coverage. I agree by the use of this card to release to Healthfirst and its delegates any medical information needed to administer my benefits." Below this are three sections: "For Members" with "Member Services: 1-866-463-6743 (☎: 1-888-542-3821)" and "Website: healthfirst.org"; "For Providers Medical" with "Eligibility: 1-888-801-1660", "Prior Authorization: 1-888-394-4327", "Electronic Claims: Payer ID 80141", and "Paper Claims: Healthfirst Claims Dept. P.O. Box 958438 Lake Mary, FL 32795-8438"; and "Pharmacy" with "Help Desk: 1-800-364-6331" and "Claims: CVS Caremark P.O. Box 52136 Phoenix, AZ 85072-2136".

Phone number and website if you have questions about your plan

Information for your healthcare provider if they need to contact your plan

Information for your pharmacy if they need to contact your plan

图 2. QHP 保险卡背面信息。

## Medicaid Managed Care 计划

您的 Medicaid 保险计划可能属于 Managed Care 计划 (MCP) 的组成部分。这是一项与医疗保健提供者合作为您提供低价照护的保险计划。这一医疗保健提供者小组被称为网络。您可以选择 MCP 网络中的医疗保健提供者。您的 Medicaid 保险卡将包含以下信息：

- 您的姓名。
- 您的会员号。
- 卡号。
- 处方信息。
- 您的初级医疗保健提供者 (PCP) 的姓名和联系信息。
- 保险开始生效的日期。

Medicaid MCP 计划包括 Healthfirst、Fidelis、Health Plus 和 Metro Plus。

### Medicaid MCP 卡

The diagram shows a sample Medicaid MCP Member Identification Card. The card features the logos for CVS CAREMARK and MetroPlus Health Plan. The text on the card includes: Subscriber Name: ANDY SAMPLE; Member No: M4K70RRFU0; RX BIN #004336 PCN ADV GRP RXMPHP; Health Center: Ellis Hospital; Primary Care Physician: Doctor Whom; Telephone Number: (518) 862-3309; Subscriber Effective Date: 02/08/2016; and a call to action: CALL 1-800-442-2560 FOR EMERGENCY MEDICAL CARE WHEN YOUR HEALTH CENTER IS CLOSED. Dotted lines connect callout boxes to specific fields: 'Your name and ID number' points to the subscriber name and member number; 'Name of your PCP' points to the primary care physician name and telephone number; 'Date when your insurance plan starts working' points to the subscriber effective date; and 'Information your pharmacy needs to fill prescriptions' points to the RX BIN and PCN information.

**CVS CAREMARK** | **MetroPlus** Health Plan  
MEMBER IDENTIFICATION CARD

Your name and ID number ..... Subscriber Name: **ANDY SAMPLE**  
Member No: **M4K70RRFU0**

Name of your PCP ..... Primary Care Physician: **Doctor Whom**  
Telephone Number: **(518) 862-3309**

Date when your insurance plan starts working ..... Subscriber Effective Date: **02/08/2016**

Information your pharmacy needs to fill prescriptions ..... RX BIN #004336 PCN ADV GRP RXMPHP

CALL 1-800-442-2560 FOR EMERGENCY MEDICAL CARE WHEN YOUR HEALTH CENTER IS CLOSED

图 3. Medicaid 保险卡上显示的信息。

## Medicaid 纽约州福利卡

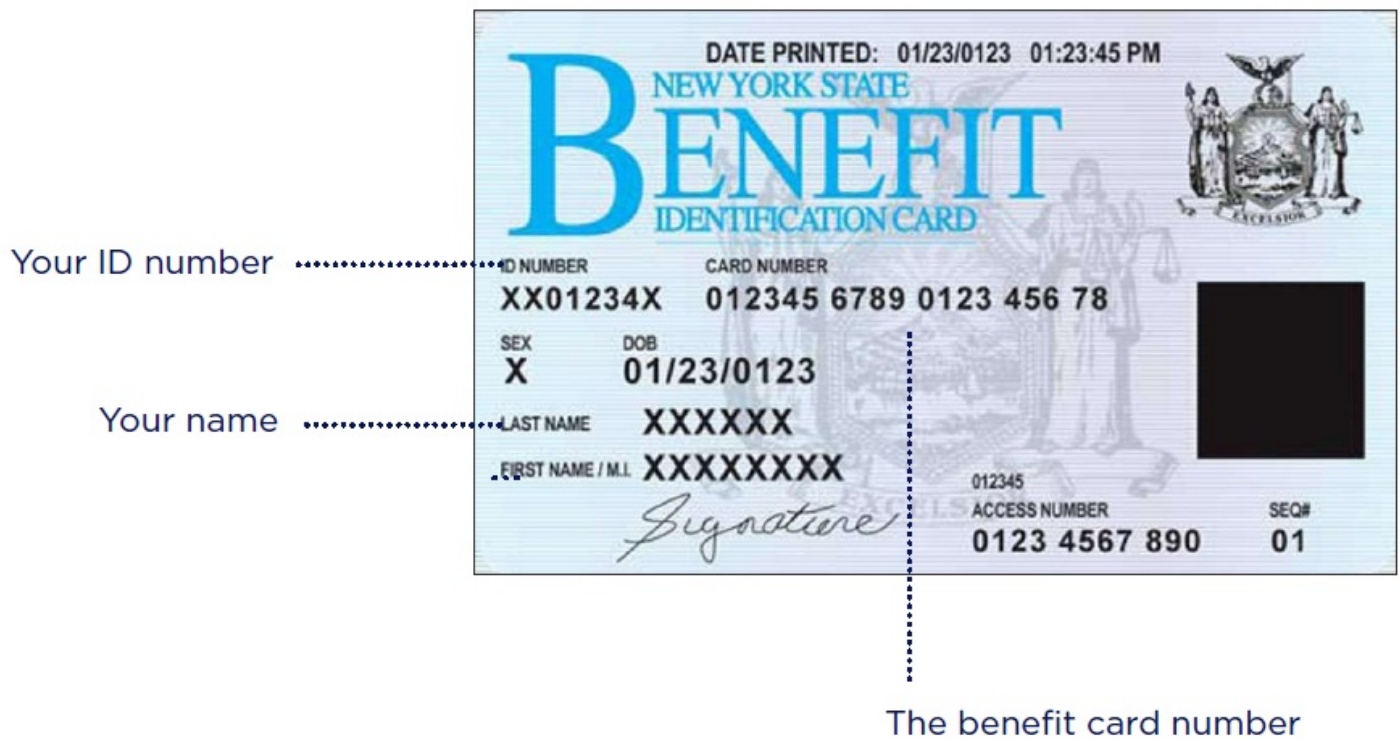


图 4. Medicaid 纽约州福利卡上显示的信息。

可拨打保险卡背面的会员服务电话，咨询有关福利和保险计划的问题。您可能会对收到的邮件账单有疑问，或需要帮助寻找医疗保健提供者。会员服务部可以提供帮助。您的纽约州保险卡和所有纸质文件均为英文。

如果您有任何问题或顾虑，请联系您的医疗保健提供者。医疗团队成员将在周一至周五上午 9:00 至下午 5:00 给与回复。如在非上述时间段，您可以留言或与其他 MSK 服务提供者联系。随时有值班医生或护士为您提供帮助。如果您不确定如何联系医疗保健提供者，请致电 212-639-2000。

有关更多资源，请访问 [www.mskcc.org/pe](http://www.mskcc.org/pe)，在我们的虚拟图书馆中进行搜索。

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