

Exhibit 5: ID Card Back

State Health Plan Administered by:

TPA logo

*Claims may be subject to review. Members are responsible for obtaining prior review or certification for professional and/or outpatient services received from non-participating providers. This card does not guarantee coverage.*

*(Insert TPA name) provides administrative services only for the self-funded plan and assumes no financial risk for claims.*

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PBA logo

Pharmacy Benefits Administrator

Subscriber:JOHN A SAMPLE

Member: SUBSCRIBER/SPOUSE/DEPENDENT  
Subscriber ID: SMPL0001

Benefits & Claims	1-800-000-0000
Eligibility & Enrollment	1-800-000-0000
Behavioral Health	1-800-000-0000
Provider Relations	1-800-000-0000
24-Hour Nurse Line	1-800-000-0000
Lantern \$0 Surgery	1-800-000-0000
Pharmacy Help Desk	1-800-000-0000
PBA Name	1-800-000-0000

Submit Claims To:  
TPA Name  
PO Box 00123      City, State 12345-1234  
Payor ID: 56789 1234