

DESIGN PREVIEW

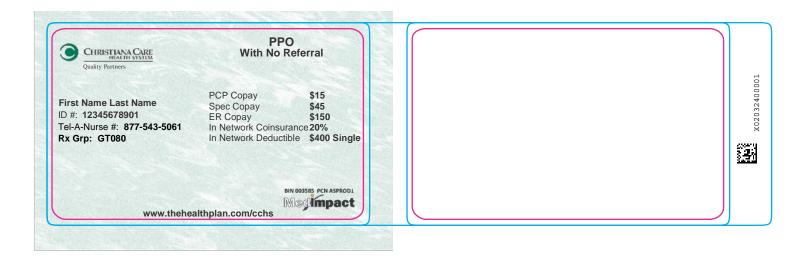
By (Last Modified

02/28/2014 10:37 AM

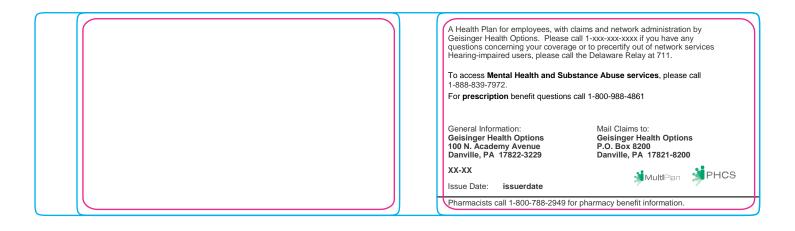
Design Name D02

Description CCHS PPO Core

Card Front



Card Back









First Name Last Name
DEPEND_FORMAT_ADDR1
DEPEND_FORMAT_ADDR2
DEPEND_FORMAT_ADDR3
DEPEND_FORMAT_ADDR4



Dear First Name Last Name:

Geisinger Health Options is committed to delivering quality health coverage and excellent service. Enclosed is your new membership card. Please verify that the information on the card is correct. If you have any changes or questions, please call the Customer Service number listed on the back of the card. Remember to carry your card with you and present it whenever you receive health care services. Your membership and this card ensure that your health care needs will be taken care of by the providers and hospitals of your choice. We look forward to serving the health care needs of you and your family.

If you have questions, please contact the customer service team. We'll be happy to help.

Sincerely,

William J. Byron

Vice President, Customer Service Operations