Welcome!





Member Name Address City, State, Zip

Dear Fullname,

Attached below is your member identification card. The ID card lists you as the member. If you have elected to cover any of your dependents, the coverage level will be listed on the card. Please verify your name is printed correctly on the card.

Please note: It is imperative to utilize an in-network provider. Reducing your out-of-pocket expenses, by utilizing an in-network provider, will maximize your benefit dollar. Please see the reverse side for easy-tofollow, helpful instructions to locate an in-network provider near you.

Always present your ID card at the time of service to ensure you received the contracted rate.

Our members are our priority! Should you have any questions, please feel free to contact us. For vision claims inquiries, please call 1-855-214-6777, Monday-Friday 7:00am to 5;00pm est. For customer service, contact our Member Experience Department at 346-460-5451.

Thank You, Heartland Financial Group



VISION INSURANCE CARD



VISION INSURANCE

MEMBER NAME: John Doe GROUP ID: AZZ359 D+ PLAN ID: APEX Dental 1500 EFFECTIVE DATE: 8/1/2021 COVERAGE: Family MEMBER ID: 10000000



MEMBER NAME: John Doe GROUP ID: AZ2361 D+ PLAN ID: APEX Dental 5000 EFFECTIVE DATE: 8/1/2021 COVERAGE: Family MEMBER ID: 10000000



Plus Network is a combination of three dental networks; Dentemax, United Concordia, and Careington. The combination of these networks has created one of the largest dental PPO network, with over 600,000 providers in the United States.

To locate a provider near you, go to: http://plusnetwork.fcldental.com.

You can search for a provider near you using any combination of the following criteria:

City & State
Zip Code
Specialty
Office Name
Dentist's Last Name

You MUST enter either the Zip Code or City and State for your search.



Always present your ID card at the time of service to ensure you received the contracted rate.

