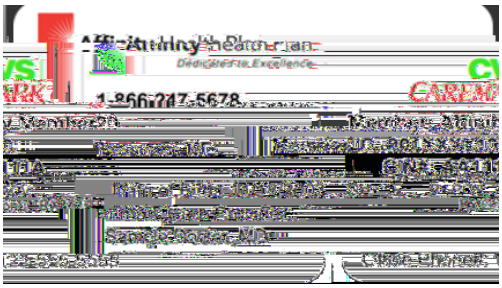
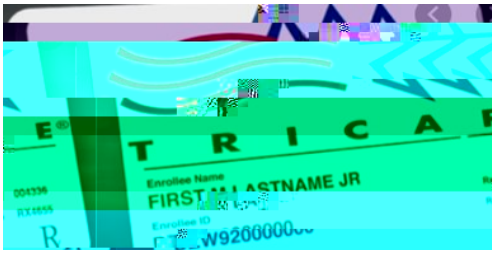
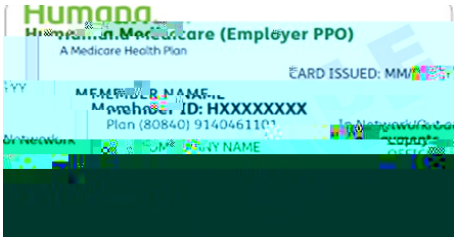
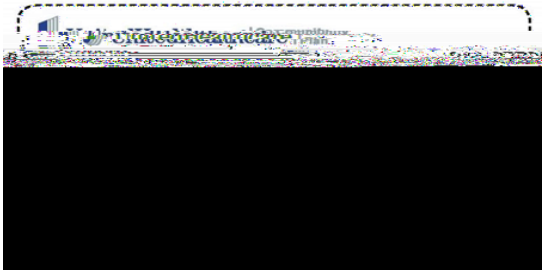

1-866-717-5678


Enrollee Name
FIRST M LASTNAME JR
Enrollee ID
W9200000


Humana
care (Employer PPO)
A Medicare Health Plan
CARD ISSUED: MM/
ID: HXXXXXXXX
Plan (80840) 914046110