

To identify your member number for the Member On-line Service Center registration:

1. Select the card below that most closely resembles your HealthPlus of Michigan identification card; and
2. Use the instructions below the card and the yellow-highlighted items on the card to determine your member number.

HealthPlus
OF MICHIGAN

GROUP	COVERAGE	EFFECTIVE DATE
3002000005	HP	01/01/03
SUBSCRIBER NAME	SUBSCRIBER NUMBER	
DOE	123456789	
MEMBERS COVERED		
01 JOHN		
02 JANE		

Subscriber number + "Member covered" number

HealthPlus
Options

COVENANT
HealthCare

EMPLOYER #	COVERAGE	EFFECTIVE DATE
3002000005	T3	01/01/03
CARDHOLDER NAME	CARDHOLDER NUMBER	
DOE	123456789	
PARTICIPANTS COVERED		
01 JOHN		

Cardholder number + "Participant covered" number

HealthPlus
Senior
OF MICHIGAN

GROUP	COVERAGE	EFFECTIVE DATE
9876543210	B5	01/01/03
SUBSCRIBER NUMBER	MEMBER CODE	
123456789	AO	
MEMBER NAME		
JOHN DOE		

Subscriber number + Member code

HealthPlus
Options

DELPHI

EMPLOYER #	COVERAGE	EFFECTIVE DATE
9559000002	CS	01/01/03
CARDHOLDER NAME	CARDHOLDER NUMBER	
DOE	123456789	
ENROLLEES COVERED		
01 JOHN		
02 DEBBIE		

Contract No. + "Enrollee covered" number

HealthPlus
Options

EMPLOYER #	COVERAGE	EFFECTIVE DATE
3002000005	TN	01/01/03
CARDHOLDER LAST NAME	CARDHOLDER NUMBER	
DOE	123456789	
INDIVIDUALS COVERED		
01 JOHN		

Cardholder number + "Individual covered" number

HealthPlus
Partners

GROUP #	COVERAGE	EFFECTIVE DATE OF COVERAGE
000000	AE	01/01/2003
RECIPIENT ID# 999999990		
MEMBER NAME JOHN DOE		
PCP NAME DR JOHN Q PUBLIC		
PCP TELEPHONE # (555) 555-5555		
Anytown Medical Center		

Recipient ID # + "01"