

Exhibit 2.1

# Dual Card



**Identification Card**

**Medicare ID #:** 000000000000 

**AHCCCS ID #:** A12345678 001

**Member Name:** Sample Patient

**Health Plan Name:** Health Choice Generations

**Health Plan Phone #:** 1-800-656-8991

**RxBIN:** 012312 H5587-002

**RxPCN:** Part D

**Behavioral Health Services #:** 1-800-000-0000

Submit Medical and Pharmacy Claims to:  
Health Choice Generations HMO  
410 N. 44th St. Ste. #510  
Phoenix, AZ 85008

Pharmacy Help Desk: 1-800-361-4542

Notification is required for inpatient and certain outpatient services.  
Provider Line: 1-800-656-8991  
Member Services: 1-800-656-8991  
TTY: 711  
[www.healthchoicegenerations.com](http://www.healthchoicegenerations.com)

Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of law. This card is not a guarantee for services.  
To verify benefits visit [www.healthchoiceaz.com](http://www.healthchoiceaz.com).

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