



BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Member

MEMBER'S NAME

Prefix Identification # Suffix

XXX 123456789 01

Group # 1234567 BCBS 430

Rx Group # BCWAPDP Rx Plan B3

BIN# 610014

RETAIL RX \$15/\$30/\$50

MAIL-ORDER RX \$37/\$75/\$125

Rx

Medical Network HERITAGE

Dental Network CHOICE

OFFICE VISIT COPAY \$20
EMERGENCY ROOM \$150

	In Network	Out of Network
Deductible Individual	\$	\$
Deductible Family	\$	\$
Out of Pocket Max Individual	\$	
Out of Pocket Max Family	\$	





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PROVIDERS: Please submit all claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan. For members with Dental coverage please submit claims directly to Premera Blue Cross. This card is not a guarantee that the member's coverage is currently in effect. Providers may call BlueCard Eligibility to verify membership and coverage.

Premera Blue Cross
P.O. Box 91059
Seattle, WA 98111-9159

Visit www.premera.com for coverage details, on-line services and health-related information.

Customer Service	1-800-722-1471
TTY for the deaf and hard of hearing	711
Outside of U.S. call Toll Free	1-855-629-0987
BlueCard Provider Locator	1-800-810-BLUE (2583)
Provider BlueCard Eligibility	1-800-676-BLUE (2583)
Pharmacy Locator/Mail Order Rx	1-800-391-9701
24-Hour NurseLine	1-800-841-8343
Doctor On Demand	1-800-997-6196

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card.

PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs. Providers: Check benefits at web address above or call Customer Service prior to providing services.



EXPRESS SCRIPTS®

Pharmacy Benefits Manager

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