



SAMPLE OF A MEMBER ID CARD

Front of Card

		Licensed Product Name ¹	
MEMBER NAME ² FIRSTNAME M LASTNAME		DEPENDENT NAME ³ FIRSTNAME LASTNAME	
MEMBER ID XHPXXXXXXXXXXXX		PCP NAME PCP Ph Number	
		Effective Date	
Group 01650300 ⁴ BS Plan 070/570 RxGrp HMRK001 RxBIN 610014 Cov Eff Date XX/XX/XXXX	Office Visit \$ ⁵ Specialist Visit \$ Emergency Room \$		
HEAR/VISION/DENTAL ⁶		⁷ ⁸ Rx	

Back of Card

		www. ¹⁰ .com	
⁹		Member Service Blues on Call Call for Precertification: Mental Health ¹¹ Substance Abuse Other Admissions	
		Submit medical claims to ¹²	
		An Independent Licensee of the Blue Cross and Blue Shield Association.	
¹³		Pharmacy benefits administrator	

1. Licensed Product Name
2. Member Identification Information
3. Dependent and PCP Information, if applicable
4. Medical and Rx Claims Processing Information
5. Member Cost Sharing
 - *Pharmacy copayments are not displayed
 - *Deductibles and coinsurance may not be displayed
6. Additional Coverage Information, if applicable
7. Suitcase Logo – Indicates BlueCard® Program
8. Rx Logo for Pharmacy Benefits, if applicable
9. Additional Plan Information
10. Plan Website
11. Plan Contact Information
12. Claim Submission Information and Independent Licensee Disclosure
13. Pharmacy Benefits Administrator, if applicable

NOTE: Please confirm eligibility and benefits via NaviNet® or an electronic HIPAA 270 transaction; contact Provider Services with any questions.