





WPA HCC - my Direct Blue HMO - ONX

		<b>my Direct Blue HMO</b>	
<b>MEMBER IDENTIFICATION</b>		<b>FIRSTNAME</b>	
<b>FIRSTNAME M</b>		<b>LASTNAME</b>	
<b>LASTNAME</b>		<b>PCP NAME</b>	
<b>QDA109465762001</b>		<b>XXX-XXX-XXXX</b>	<b>MM-DD-YYYY</b>
<b>Group</b>	<b>XXXXXXXXX</b>	<b>Medical Copays</b>	
<b>Cov Eff Date</b>	<b>MM-DD-YYYY</b>	PCP Visit	<b>\$XX</b>
<b>BC/BS Plan</b>	<b>363/865</b>	Specialist Visit	<b>\$XX</b>
<b>RxGrp</b>	<b>KHPW001</b>	Emergency Room	<b>\$XX</b>
<b>RxBin</b>	<b>610014</b>		
		<b>Pediatric Dental</b>	
		<b>Pediatric Vision</b>	
		 	

		<b>(www.highmarkbcbs.com)</b>	
<b>Providers:</b> File medical claims to the local BC/BS plan.		<b>Member Service</b> <b>1-888-510-1084</b>	
<b>Members:</b> File claims to:		<b>TTY/TDD Service</b> <b>Dial 711</b>	
<b>Medical Claims</b>		<b>Nurse Line</b>	<b>1-888-BLUE-428</b>
P.O. Box 890118		<b>BlueCard Services</b>	<b>1-800-810-BLUE</b>
Camp Hill, PA 17089-0118		<b>Mental Health</b>	<b>1-888-510-1084</b>
<b>Dental Claims</b>		<b>Substance Abuse</b>	<b>1-888-510-1084</b>
P.O. Box 69444			
Harrisburg, PA 17106			
<b>Vision Claims</b>			
P.O. Box 1525			
Latham, NY 12110			
<b>Member only has benefits for care received from network providers within the service area except for emergent care.</b>		Highmark Blue Cross Blue Shield and Highmark Choice Company are Independent Licensees of the Blue Cross and Blue Shield Association.	