



## SAMPLE OF A MEMBER ID CARD

### Front of Card

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

### Back of Card

		www. <sup>10</sup> .com	
<sup>9</sup>		Member Service Blues on Call Call for Precertification: Mental Health <sup>11</sup> Substance Abuse Other Admissions	
		Submit medical claims to <sup>12</sup>	
		An Independent Licensee of the Blue Cross and Blue Shield Association.	
<sup>13</sup>		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 Availity® or an electronic HIPAA 270 transaction; contact Provider Services with any questions.