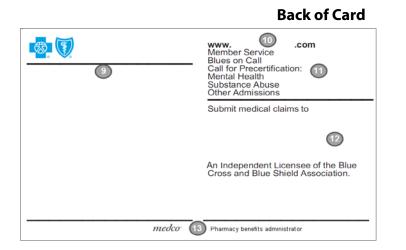


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HIGHMARK, 💿 🕅 Delaware		Licensed Product Name	
MEMBER NAME FIRSTNAME LASTNAME MEMBER ID XHPXXXXXX		DEPENDENTNAME FIRSTNAME LASTNAME PCP NAME PCP Ph Number Effective Date	-
Group BS Plan RxGrp RxBIN Cov Eff Date	01650300 070/570 HMRK001 610014 XX/XX/XXXX	Office Visit \$ Specialist Visit \$ Emergency Room \$)
HEAR/VISION/DENTAL			-



SAMPLE OF A MEMBER ID CARD

- 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.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association.