



SAMPLE OF A MEMBER ID CARD

Front of Card

Highmark West Virginia Freedom Blue PPO ①

MEMBER NAME ②
 FIRSTNAME M
 LASTNAME

DEPENDENT NAME ③
 FIRSTNAME LASTNAME
 PCP NAME
 PCP Ph Number
 Effective Date ⑤

MEMBER ID
 ZPNXXXXXXXXXX ④

Group	01650300 ④	Office Visit	\$ ⑤
BS Plan	443/943	Specialist Visit	\$
RxGrp	HMRK001	Emergency Room	\$
RxBIN	610014		
Cov Eff Date	XX/XX/XXXX		

HEAR/VISION/DENTAL ⑥

⑦ ⑧ Rx

Back of Card

⑨

www. ⑩ .com
 Member Service
 Blues on Call
 Call for Precertification: ⑪
 Mental Health
 Substance Abuse
 Other Admissions

Submit medical claims to ⑫

An Independent Licensee of the Blue Cross and Blue Shield Association.

medco 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
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.

The Medicare Advantage Freedom Blue PPO product is administered by Highmark Senior Solutions Company.