

TEMPORARY ID CARD



INDIANA UNIVERSITY



Blue Preferred® Primary Plus (POS)

Anthem Rx Network

Office Service	\$15
Emergency Room	\$75
Urgent Care	\$25
Rx Formulary	\$8/\$15
Rx Non-Formulary	\$30
Inpatient	\$250
Outpatient	\$75
Mental Health Office Visit	\$15

See separate ID card for Dental Coverage

Member Name:

Subscriber Name:

Identification No.:

YRM _____

Group No.: 00009730

Plan No.: 332

Primary Care Physician:

Begin Date: 01/01/2005

Member Service:

(800) 345-2460

Precert Med/Surg Services:

(877) 814-4803

Provider Inquiry:

(800) 345-2460

Pharmacy Provider Services:

(800) 662-0210

Mail claims to: Anthem Blue Cross and Blue Shield

P.O. Box 37010 Louisville, KY 40233-7010

NOTICE: Precertification or preauthorization does NOT guarantee coverage for or the payment of the service or procedure reviewed. Providers outside the Anthem service area, file directly with the local Blue Cross and Blue Shield plan.

BIN #: 610575

PCN #: 00890000