

Identifying Members

Member Cards

Member cards can help you determine:

- If your patient has Regence coverage and if so, what type
- Who to contact for help
- Where to send claims for your Regence patients

Please make a photocopy of the front and back of the member card at each visit, and place it in the patient's file.

Coverage Limitations

Although member cards can help you determine if your patient has coverage, there may be limits to the coverage that are *not* shown on the card, such as:

- *Annual Deductibles*, which must be met before payment for covered services begins on some plans.
- *Limitation Periods*, generally six to twelve months from the date of enrollment, which must pass before your patient's benefits for certain covered services begin. Examples of services which may not be covered during a limitation period include pregnancy, allergies, removal of tonsils or adenoids, inner or middle ear infections, alcoholism, sterilization and elective surgical procedures that are otherwise covered. Pre-existing conditions (diagnosed, treated or for which medication was prescribed or taken before patient's enrollment) may not be covered during a limitation period.
- *Excluded Services*, which are not covered by your patient's benefit contract.

Coverage Information Online or by Telephone

Access the Provider Center or telephone Provider Customer Service to confirm whether or not your patient has Regence coverage and to obtain specific information about coverage limitations. These services are not designed to guarantee payment. We provide you with the best information available at the time; however, we cannot be certain it will apply when your claim is processed. For example:

- We can tell you that your patient appears to have current coverage, but we are unable to prevent an employer from retroactively removing your patient from the group.
- We can tell you that your patient has certain benefits, but we are unable to tell you if those benefits will have been partially used or exhausted before your claim is received.

Sample Regence BlueShield Member Cards



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association



www.myregence.com

ID No. ZLA123456789 Group NELSON AIRLINES

Group No. 000333 Plan/Branch 932 00

Subscriber/Dependents M D V RX

00 JOHN Q CUSTOMER	Y Y Y Y
01 JANE T CUSTOMER	Y Y Y Y
02 SUSIE Q CUSTOMER	Y Y Y Y
03 BILLY B CUSTOMER	Y Y Y Y
04 TIMMY A CUSTOMER	Y Y Y Y

Copay OC 10 ER 50
Rx Copay 15/10


Provider: Please submit medical claims to your local Blue Cross Blue Shield plan for BlueCard processing. Call your local plan for questions on claims. Send all other claims to P.O. Box 21267, Seattle, WA 98111-3267

Member: To locate a preferred or participating Blue provider outside your service area, please call 1-800-810-BLUE (2583).


For all other questions please call 1-800-544-4246.

This card is not an authorization for services nor a guarantee of payment.

Nurseline 1-800-555-1212
Medical PREFERRED **Dental** TRADITIONAL
 RX ARGUS BIN 610624 PC# 02080000 123456789



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association



www.myregence.com

ID No. ZLA000000000 Group Name INDIVIDUAL PLANS

Group No. 099980 Plan/Branch 932 00

Subscriber/Dependents

00 JOHN CUSTOMER	05 JENNY M CUSTOMER
01 JANE T CUSTOMER	06 JAMES B CUSTOMER
02 SUSIE J CUSTOMER	07 CHRIS T CUSTOMER
03 BILLY B CUSTOMER	08 MARY A CUSTOMER
04 TIMMY T CUSTOMER	09 JOE L CUSTOMER

Copay OC 15 ER 75
Rx Copay \$10.00


Provider: Please submit medical claims to your local Blue Cross Blue Shield plan for BlueCard processing. Call your local plan for questions on claims. Send all other claims to P.O. Box 21267, Seattle, WA 98111-3267

Member: To locate a preferred or participating Blue provider outside your service area, please call 1-800-810-BLUE (2583).


For all other questions please call 1-800-544-4246.

This card is not an authorization for services nor a guarantee of payment.

Nurseline 1-800-555-1212
Medical PREFERRED **Dental** TRADITIONAL
 RX ARGUS BIN 610624 PC# 02080000 123456789



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association



www.myregence.com

ID No. ZLA123456789 Group HEALTHY OPTIONS

Group No. 030368 Plan/Branch 932 00

Members M RX

00 JOHN Q CUSTOMER	Y Y
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Send all written inquiries and RX claims to Regence BlueShield, P.O. Box 21267, Seattle, WA 98111-3267.

Provider: Please submit claims to Regence BlueShield, P.O. Box 30271, Salt Lake City, UT 84130-0271. Call 1-800-669-8791 for member verification and benefits.

Member: Please present this identification card for each visit to your doctor. You must consult with your Primary Care Provider for all of your care. For questions on benefits, eligibility, preauthorization, or to verify provider participation, please call Member Services at 1-800-669-8791.

This card is not an authorization for services nor a guarantee of payment.

Primary Care Provider
00 JOCELYN A PEDROSA, MD

RX ARGUS BIN 610624 PC#02080000 123456789

Identifying members on Innova[®], Engage[®] and HSA Healthplan 2.0SM medical products and members on EncoreSM and ExpressionsSM dental products

Members enrolled on these health-focused products can be identified by their unique member card. Members can choose one of the following seven different backgrounds for their member cards:

- A snowboarder image
- Four cityscapes (Boise, Portland, Salt Lake City or Seattle)
- Two graphic designs (diamonds or circles)

Members can also select whether they would like separate cards for each family member or have all family members listed on a single card.

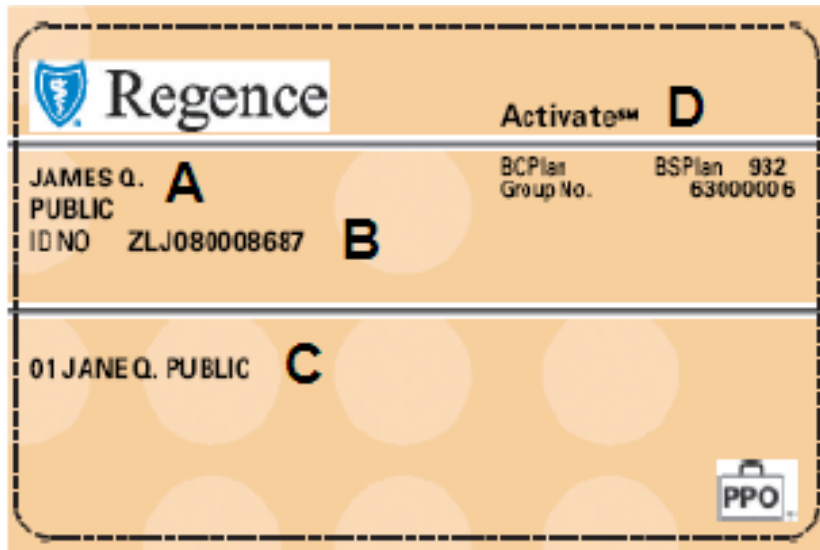
The alpha prefix assigned to each medical product is listed below. Member cards with dental only coverage will not include an alpha prefix:

Regence Plan	Innova alpha prefix	Engage alpha prefix	HSA Healthplan 2.0 alpha prefix
Regence BlueShield of Idaho	XNE	XNV	ZNM
Regence BCBSO	YVA	YVV	YVZ
Regence BCBSU	ZHL	ZHV	ZHM
Regence BlueShield (in Washington)	ZLF	ZLN	ZLJ

Use the Provider Center to access coinsurance, deductible or network information for these members or call Provider Customer Service at the numbers listed in the Contact Us section of the *Provider Web Site*.

Sample member cards are shown on the following pages.

Sample Individual Member Card and Guide (Front)



Note: the background will vary based upon the member's selection.

Item A Member's name.



Item B Member's nine-digit number (ID NO), necessary for claims submission and Customer Service inquiries. Always include the three-digit alpha prefix. Members previously covered by Regence will receive new member numbers, including alpha prefixes, once they are enrolled in one of these products.

Member's group number (Group No.), necessary for claims submission.

Item C Member by suffix number and name (first name, middle initial, last name). **Subscribers are always listed with suffix number '00'**. The sample card shown above, John is the subscriber and Jane is the spouse.

Item D Product name (Innova, Engage and HSA Healthplan 2.0). Innova member cards also include office visit (OV) copayment amounts and the total number of upfront office visits. *Note:* the product name will not be displayed if the member's group has purchased a customized version of one of these products.

Sample Family Member Card and Guide (Front)

		Innova SM D	
JOHN Q. A PUBLIC ID NO ZLF070000099 B	BS Plan 932 Group No. 12345678 OV copay \$20 \$35 E Up-front visits xx		
00 JOHN Q. PUBLIC 01 JANE Q. PUBLIC C 02 JIM Q. PUBLIC 03 JOAN Q. PUBLIC 04 JESSE Q. PUBLIC	M D Rx V Y Y Y Y Y Y Y Y F Y Y Y Y Y Y Y Y Y Y Y Y		

Note: the background will vary based upon the member's selection.

Item A Member's name.

Item B Member's nine-digit number (ID NO), necessary for claims submission and Customer Service inquiries. Always include the three-digit alpha prefix. Members previously covered by Regence will receive new member numbers, including alpha prefixes, once they are enrolled in one of these products.

Member's group number (Group No.), necessary for claims submission.

Item C Members by suffix number and name (first name, middle initial, last name). **Subscribers are always listed with suffix number '00'**. Additional family members are also listed.

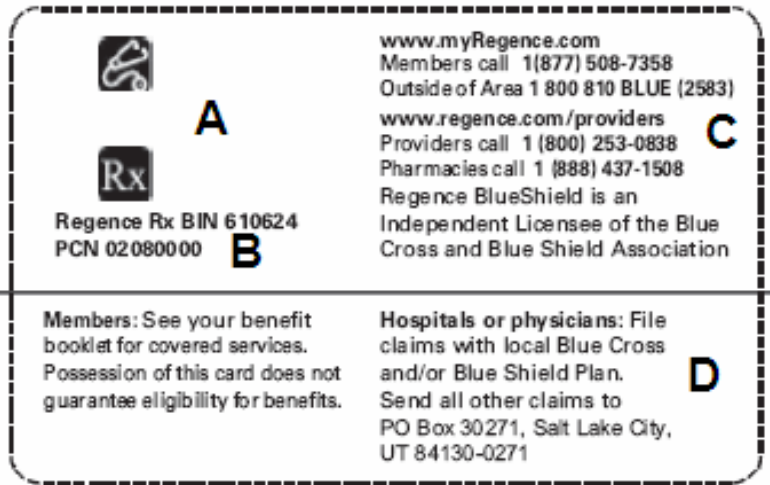
Item D Product name (Innova, Engage and HSA Healthplan 2.0). *Note:* the product name will not be displayed if the member's group has purchased a customized version of one of these products.

Item E Innova member cards also include office visit (OV) copayment amounts and the total number of upfront office visits. The sample card shown above includes a placeholder "xx" for the upfront office visit number.

Item F Lists medical (M), dental (D), vision (V) and prescription (RX) coverage for each member. A "Y" indicates that the member has this benefit.

Note: individual member cards do not include these coverage indicators.

Sample Member Card and Guide (Back)



- Item A** Icons identifying the various types of benefits available: medical (stethoscope), dental (toothbrush), vision (eyeglasses) and pharmacy (Rx) benefit information.
- Item B** The pharmacy benefit identification number (Rx BIN) and Processor Control Number (PCN) numbers.
- Item C** Lists websites and phone numbers for members and providers to:
- Locate a preferred or participating Blue Plan provider if the member is outside of our service area.
 - Contact Customer Service phone number for these products. **Please note the separate Regence Customer Service phone number for providers.**
 - Call for pharmacy questions.
- Item D** Claims submission address.

Identifying Evolve CoreSM, Evolve PlusSM, Evolve HSA PlanSM, Evolve HSA 100 PlanSM, Regence RealValueSM and Regence Bridge Medigap Members

Members enrolled on these Individual and family products and Medicare supplements can be identified by their unique member card. Members can choose one of the following seven different backgrounds for their member cards:

- A snowboarder image
- Four cityscapes (Boise, Portland, Salt Lake City or Seattle)
- Two graphic designs (diamonds or circles)

Members can also select whether they would like separate cards for each family member or have all family members listed on a single card. Each Regence Bridge Medigap member will have his or her own card.

The alpha prefixes assigned to these products are listed below:

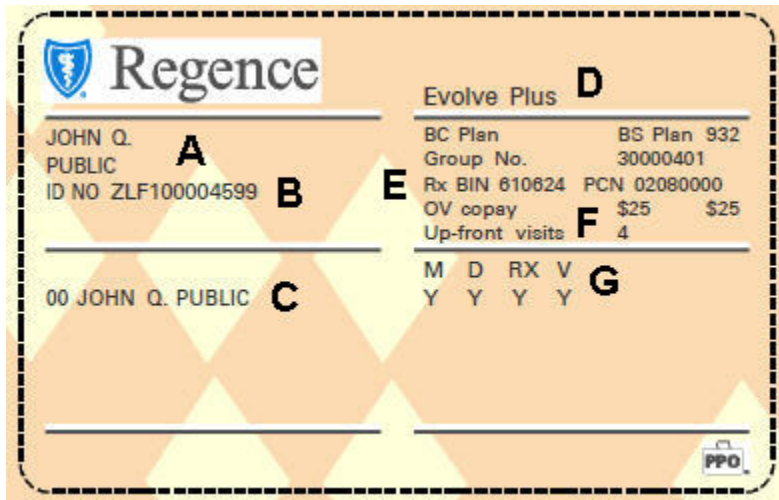
Regence Plan	Evolve Core Evolve Plus Evolve HSA Plan (80%/60%) alpha prefix	Evolve HSA Plan (50%/50%) Evolve HSA 100 Plan alpha prefix	Regence Bridge
Regence BlueShield of Idaho	XNE	XNV	XND
Regence BCBSO	YVA	YVV	YVD
Regence BCBSU	ZHL	ZHV	ZHD
Regence BlueShield (in Washington)	ZLF	ZLN	ZLD

Regence RealValue is a Regence BlueShield-only product. The alpha prefix is ZLR.

Use the Provider Center to access coinsurance, deductible or network information for these members or call Provider Customer Service at the numbers listed in the Contact Us section of the *Provider Web Site*.

Sample member cards are shown on the following pages.

Sample Member Card and Guide (Front)



Note: the background will vary based upon the member's selection.

- Item A** Member's name.
- Item B** Member's number (ID NO), necessary for claims submission and Customer Service inquiries. Always include the three-digit alpha prefix. Members previously covered by Regence will receive new member numbers, including alpha prefixes, once they are enrolled in one of these products.

Member's group number (Group No.), necessary for claims submission.
- Item C** Members by suffix number and name (first name, middle initial, last name). **Subscribers are always listed with suffix number '00'**. Additional family members are also listed.
- Item D** Product name (Evolve Core, Evolve Plus, Evolve HSA Plan, Evolve HSA 100 Plan or Regence Bridge Plan A, C, F or K).
- Item E** The pharmacy benefit identification number (Rx BIN) and Processor Control Number (PCN) numbers.
- Item F** Evolve Core and Evolve Plus member cards also include office visit (OV) copayment amounts and the total number of upfront office visits. Regence RealValue member cards also include the deductible amount.
- Item G** Lists medical (M), dental (D), vision (V) and prescription (RX) coverage for each member. A "Y" indicates that the member has this benefit.

Sample Member Card and Guide (Back)

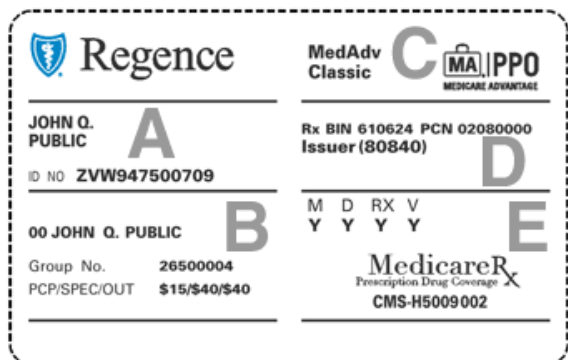


- Item A** Lists websites and phone numbers for members and providers to:
- Locate a preferred or participating Blue Plan provider if the member is outside of our service area.
 - Contact Customer Service phone number for these products. **Please note the separate Regence Customer Service phone number for providers**
 - Call for pharmacy questions.

Item B Claims submission address.

Note: Regence RealValue member cards also include following non-network statement on the back: “No member benefits for non-network providers (except urgent/emergent care)”.

Sample Regence MedAdvantage Member Card and Guide



Item A Member's name

Member number (ID NO), necessary for claims submission and Customer Service inquiries. Always include the three-digit alpha prefix.

Item B Suffix number and member name (first name, middle initial, last name). **The two-digit suffix should not be included as part of the member number and is not needed to process the claim.**

Member's group number (Group No), necessary for claims submission.

Office visit copayment amounts for Primary Care Provider (PCP), specialist (SPEC), and out-of-network (OUT) visits.

Item C Product name.

Item D The pharmacy benefit identification number (Rx BIN) and Processor Control Number (PCN) numbers.

Item E Lists medical (M), dental (D), prescription (RX) and vision (V) coverage for each member. A "Y" indicates that the member has this benefit.



The back of the card includes:

- Vision Service Plan phone number
- Medical Pre-authorization phone number
- Medical and pharmacy claims submission addresses
- Member website and Customer Service phone number

Sample Federal Employee Program (FEP) Member Cards

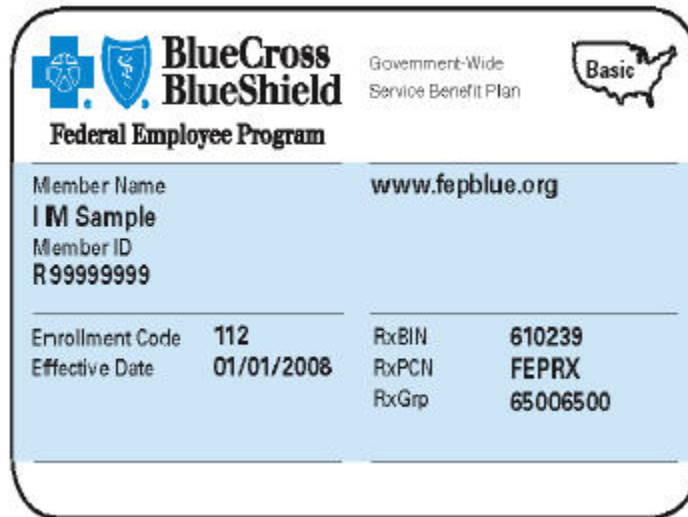
Standard and Basic Option cards:


Standard Option front and back

		Government-Wide Service Benefit Plan		
Federal Employee Program				
Member Name		www.fepblue.org		
I M Sample				
Member ID				
R99999999				
Enrollment Code	104	RxIDN	610239	
Effective Date	01/01/2008	RxPCN	FEPX	
		RxGrp	65006500	

		www.fepblue.org		
Federal Employee Program				
<p>This card is used to obtain covered benefits under the Blue Cross and Blue Shield Plan Standard Option.</p> <p>Pre-certification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if pre-certification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain pre-certification for you. Certain other services require prior approval. Please consult your benefit Brochure for more information.</p> <p>Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Brochure (R1 71-006) for the applicable contract year which is the only legal description of benefits.</p>				
Customer Service:		1-800-522-5566		
Pre-certification:		1-800-255-2042		
Mental Health/ Substance Abuse:		1-800-626-3643		
Retail Pharmacy:		1-800-624-5060		
Mail Service Pharmacy:		1-800-262-7890		
Assistance Overseas Call Collect:		1-804-673-1678		
Blue Health Connection:		1-888-258-3432		
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Basic Option front and back]



BlueCross BlueShield Government-Wide Service Benefit Plan 
Federal Employee Program

Member Name **www.fepblue.org**
I M Sample
 Member ID
R99999999

Enrollment Code	112	RxBIN	610239
Effective Date	01/01/2008	RxPCN	FEPRX
		RxGrp	65006500



BlueCross BlueShield www.fepblue.org
Federal Employee Program

This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits.

Pre-certification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if pre-certification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain pre-certification for you. Certain other services require prior approval. Please consult your benefit brochure for more information.

Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Booklet (B1 71-006) for the applicable contract year, which is the only legal description of benefits.

Customer Service:	1-800-522-5566
Pre-certification:	1-800-255-2042
Mental Health/ Substance Abuse:	1-800-554-9504
Retail Pharmacy:	1-800-624-5060
Blue Health Connection:	1-888-258-3432
Assistance Overseas Call Collect:	1-804-673-1678


BlueCross and BlueShield of Geography
 An independent licensee of the BlueCross and BlueShield Association.

- In most instances, Basic Option members have benefits only when receiving care from Regence Preferred Provider Plan (PPP) providers.
- Standard Option members receive the best benefit when receiving care from Regence PPP providers, but out-of-network benefits are also available.

Columbia Dental Plan

Members covered by the Regence BlueShield Columbia Dental Plan must receive all non-emergent dental treatment at a Willamette Dental Group clinic. If non-emergent services are received at any other dental office in the state without a referral from a Willamette Dental Group dentist, the full charge will be the patient's responsibility.

A sample of member card is shown below to help identify these individuals. If your patients have questions, please have them contact their group administrator or Customer Service for more information.

	An Independent Licensee of the Blue Cross and Blue Shield Association
ID No. ZLB 123456789 Group ANY COMPANY	
Group No. 037574 Plan/Branch 932 00	
Subscriber/Dependents	
00 JOHN Q CUSTOMER	D
01 JANE T CUSTOMER	Y
02 SUZIE Q CUSTOMER	Y
03 BILLY B CUSTOMER	Y
04 TIMMY A CUSTOMER	Y

Provider: Please submit medical claims to your local Blue Cross Blue Shield plan for BlueCard processing. Call your local plan for questions on claims. Send all other claims to P.O. Box 21267, Seattle, WA 98111-3267.

Member: To locate a preferred or participating Blue provider outside your service area, please call 1-800-810-BLUE (2583).

For all other questions please call 1-800-544-4246.

This card is not an authorization for services nor a guarantee of payment.

Medical PREFERRED **Dental** COLUMBIA DENTAL
RX DIVERSIFIED 157 000110033