



Your ID Card please click here to print.

Front of Card	
Cobra Administrators	
Member Name JOHN TEST MEMBER	Coverage Level Employee Only
Member ID XXX123456	
Group No. 10301	Copay OV00
Benefit Plan Retiree	RX 00/00/00
BIN/PCN/GRP 0001/XXX/RX0000	
BCBS Plan 000/000	

Back of Card	
<p>Providers outside the CareFirst service area of DC, MD and northern VA should file claims to their local Blue Cross and Blue Shield Plan.</p> <p>This employee benefit plan provides benefits to you and your eligible dependents.</p> <p>Precertification is mandatory before any hospital admission or the next business day for emergency admission. Failure to comply will reduce benefits.</p> <p>CareFirst Administrators, an independent corporation operating under a license from the Blue Cross and Blue Shield Association, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.</p>	<p>Member Services and Benefits: xxx-xxx-xxxx</p> <p>Provider Claims and Eligibility: xxx-xxx-xxxx</p> <p>Inpatient Precertification: xxx-xxx-xxxx</p> <p>Outpatient Precertification: xxx-xxx-xxxx</p> <p>To locate Participating Providers outside the CareFirst service area, call xxx-xxx-xxxx</p> <p>CVS Caremark * Member Services: xxx-xxx-xxxx Pharmacist Only: xxx-xxx-xxxx</p> <p>Providers within the CareFirst service area mail claims and correspondence to: Mail Administrator PO Box 29615 Demo, XX 51496 Or submit claims electronically to Electronic Payer ID: 12345</p>
CVS/caremark	
* Pharmacy benefits administrator - not a BlueCross BlueShield product	