



**Blue Access
(PPO)**

**INDIANA
UNIVERSITY**

Subscriber Name:

Identification Number:

Medical PCP not required

Group	00010190	In-Network Deductible	\$900
Plan	332	Office Visits	120%
RxBIN	610575	Emergency Room	\$100
RxPCN	00890000	Urgent Care	10%
		Prescription Drugs (Retail)	\$8
		Prescription Drugs (Mail Order)	20%
			\$



anthem.com

Member Services	1-800-345-2460
Coverage While Traveling	1-800-810-2583
Precertification	1-877-814-4803
Provider Services	1-800-345-2460
Pharmacy Provider Services	1-800-662-0210

Providers: Please file medical claims with the local Blue Cross and Blue Shield Plan in the state where services were provided. When Medicare is primary (including Med. supp. policies), file first with Medicare in the state where services were provided. NOTICE: Precertification or preauthorization does NOT guarantee coverage for or the payment of the service or procedure reviewed. Possession of this card does not guarantee eligibility for benefits.

See separate ID cards for Dental coverage. See certificate for Mental Health claims filing information.

Mail claims to:
Anthem, P.O. Box 37010 Louisville, KY 40233-7010

Anthem Blue Cross and Blue Shield, an independent licensee of 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. Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.