

TEMPORARY ID CARD


 INDIANA UNIVERSITY
 \$900 Deductible Plan


 Blue AccessSM (PPO)

 Anthem Rx Network

Member Name:

Subscriber Name:

Identification No.:

YRP _____

Group No.: 00010190

Plan No.: 332

PCP not required

Begin Date: 01/01/2005

Office Service	10%
Emergency Room	\$75
Urgent Care	\$35
Generic	\$5
Low Cost Brand	\$15
High Cost Brand	\$30
Inpatient	10%
Outpatient	10%

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

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