





Quick Guide to Blue Cross and/or Blue Shield Member ID Cards

		BlueCross BlueShield of Georgia	Blue Product	ALPHA Employer Group
Member Name	Member Name		Dependents	
Member ID	XYZ123456789		Dependent One	
Group No.	023457	Dependent Two		
BIN	987654	Dependent Three		
Benefit Plan	HIOPT	Plan	PPO	
Effective Date	00/00/00	Office Visit	\$15	
Plan Code	123	Specialist Copay	\$15	
		Emergency	\$75	
		Deductible	\$50	
				 

This guide will give you an overview of the various Blue ID cards, the symbols on these cards and how to use the information on the ID cards.

When Blue Plan members arrive at your office or facility, remember to ask to see their current member identification cards at each visit. This will help you to identify the product the member has, to obtain healthplan contact information and to assist with claims processing.

Remember: ID cards are for identification purposes only; they do not guarantee eligibility, or payment of your claim. ***You should always verify patient eligibility by calling 1.800.676.BLUE (2583).***

The following information is provided to assist your Plan with provider education about Medicare Advantage and inter-Plan business. While the information is believed to be accurate, you should review it carefully to make sure it is appropriate for use by your Plan. Please exercise caution when using the provider materials. Note that some areas of the materials may require customization with your Plan information, as indicated in parentheses and/or bold, and that discretion should be used regarding necessary changes and/or modifications to this material. This information does not constitute, and is not intended as, legal or financial advice.

Alpha Prefix

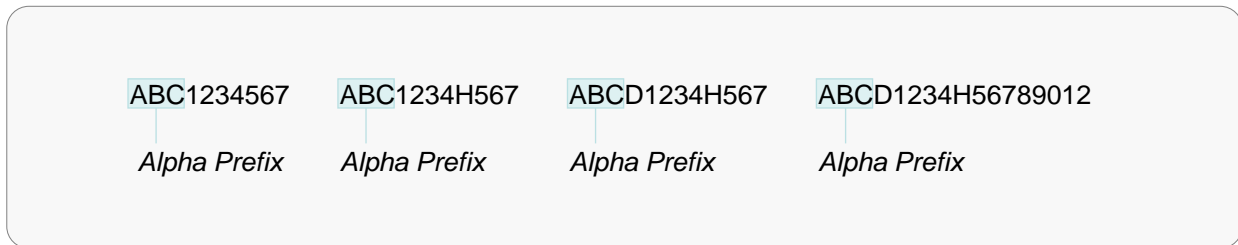
The majority of Blue-branded ID cards display a **three-character alpha prefix** in the first three positions of the subscriber's ID number. However, there are some exceptions to this; ID cards for the following products/programs do not have an alpha prefix:

- Stand-alone vision and pharmacy when delivered through an intermediary model*
- Stand-alone dental products*
- The Blue Federal Employee Program (FEP) – has the letter “R” in front of the ID number*

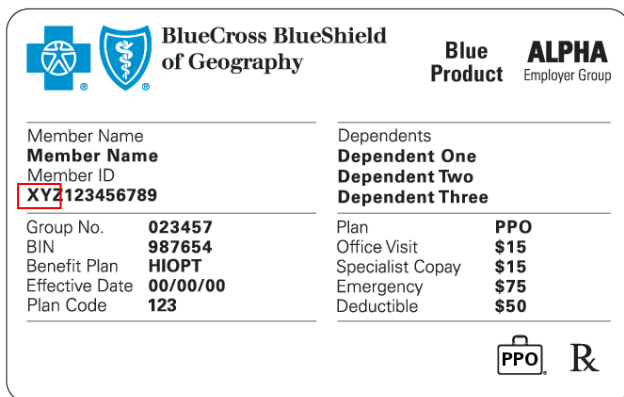
*Follow instructions on these ID cards on how to verify eligibility, submit claims and who to contact with questions.

The alpha prefix is critical for any inquiries regarding the member, including eligibility and benefits, and is necessary for proper claim filing. When filing the claim, always enter the ID number exactly as it appears on the member's card, inclusive of the alpha prefix, and include this complete identification on any documents pertaining to services to ensure accurate handling by the Blue Plan.

A correct member ID number includes the alpha prefix, in the first three positions, and all subsequent characters, up to 17 positions. Thus, you may see cards with ID numbers consisting of the alpha prefix followed by between six and 14 numbers/letters. The following are examples of ID numbers showing the alpha prefix:



Below is an example of a Blue ID card with the alpha prefix highlighted





Tips for Success



Always use only the alpha prefix from the member's current ID card. If there is no alpha prefix on the card, never create one or use an alpha prefix from another member's ID card, even one from the same Blue Plan. It may cause delays in the handling of your inquiries and claims. If the card presented has no alpha prefix displayed, follow the instructions on the back of the ID card for inquiries and claim handling.

Federal Employee Program (FEP) ID Cards



FEP members' ID cards do not display a three-character alpha prefix. Rather, all FEP member identification numbers begin with the letter "R," as highlighted on the sample ID card below. Effective January 2011, all FEP Basic and Standard Option members will receive new ID cards. For additional information regarding FEP and its ID cards, please refer to FEP documentation provided separately to you in the BlueCross BlueShield of Tennessee Provider Administration Manual.

Example of FEP Basic ID card:

 BlueCross BlueShield Government-Wide Service Benefit Plan			
Federal Employee Program			
Member Name I M Sample	www.fepblue.org		
Member ID R99999999			
Enrollment Code 112	RxIIN 610239	RxPCN FEPRX	RxGrp 65006500
Effective Date 01/01/2008			

 BlueCross BlueShield Government-Wide Service Benefit Plan			
Federal Employee Program			
<p>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.</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 (RI 71-005) for the applicable contract year, which is the only legal description of benefits.</p>			
www.fepblue.org		Customer Service:	1-800-522-5566
		Precertification:	1-800-255-2042
		Mental Health/ Substance Abuse:	1-800-554-9504
		Retail Pharmacy:	1-800-626-5060
		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.	

Example of FEP PPO ID card:

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


 BlueCross BlueShield Government-Wide Service Benefit Plan			
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 (RI 71-005) for the applicable contract year, which is the only legal description of benefits.</p>			
www.fepblue.org		Customer Service:	1-800-522-5566
		Precertification:	1-800-255-2042
		Mental Health/ Substance Abuse:	1-800-554-9504
		Retail Pharmacy:	1-800-626-5060
		Mail Service Pharmacy:	1-888-258-3432
		Assistance Overseas (Call collect):	1-804-673-1678
		Blue Health Connection:	1-888-258-3432
		BlueCross and BlueShield of Geography An independent licensee of the BlueCross and BlueShield Association.	

ID Cards from International Licensees

Occasionally, you may see identification cards from members of International Licensees. Currently those Licensees include Blue Cross Blue Shield (BCBS) of U.S. Virgin Islands, BlueCross & BlueShield of Uruguay and Blue Cross and Blue Shield of Panama, but if in doubt, always check with BlueCross BlueShield of Tennessee as the list of International Licensees may change. ID cards from these Licensees will also contain three-character alpha prefixes and may or may not have one of the benefit product logos referenced in the following sections. Please treat these members the same as you would domestic Blue Plan members (e.g., do not collect any payment from the member beyond cost-sharing amounts such as deductible, coinsurance and copayment) and file their claims to BlueCross BlueShield of Tennessee

Example of an ID card from an International Licensee:



 BlueCross & BlueShield de Uruguay	
MEMBER NAME	Plan
Member Name	1400
MEMBER ID	RPA PREMIUM
XYZ 0123456789	Expiration Date: May. 31, 2011
Plan	PPO
GROUP	URU038
BC/BS Plan Codes: 154/654	
CREDENCIAL PARA USO EXCLUSIVO FUERA DE URUGUAY	

 BlueCross & BlueShield de Uruguay		www.bcbou.com.uy
Cientes: For beneficios consulte su contrato. La posesión de esta tarjeta no garantiza la elegibilidad de los beneficios.		<i>Uruguay</i> Atención al Cliente: (598-2) 707-7575
Proveedores en Uruguay: Para verificar elegibilidad y beneficios, por favor llamar a nuestras oficinas. Dirija facturas por servicios médicos a nuestra dirección.		<i>United States (E.E.U.U.)</i> Customer Service: (598-2) 707-7575 Provider Finder: 1-800-810-2583 Eligibility: 1-800-676-2583
Providers in the United States: To verify membership eligibility, please call Eligibility line. Providers should file all claims to the local BlueCross and/or BlueShield Plan in whose Service Area the member received services.		BlueCross & BlueShield de Uruguay Lord Ponsonby 2456 11600 Montevideo, Uruguay An Independent Licensee of the BlueCross and BlueShield Association.

BlueWorldwide Expat® ID Cards

You may also see members who are enrolled in the BlueWorldwide Expat product that provides medical coverage for employees of U.S.-based companies who are based abroad (also known as expatriates). Members enrolled in the BlueWorldwide Expat product also have coverage in the United States for visits of up to 45 days. Their ID cards also contain a three-character alpha prefix. Please treat these members the same as domestic Blue Plan members (e.g., do not collect any payment from the member beyond cost-sharing amounts such as deductible, coinsurance and copayment) and file their claims to BlueCross BlueShield of Tennessee

Example of the BlueWorldwide Expat ID card:

 BlueCross® BlueShield®		BlueWorldwide Expat	
Member Name	Dependents		
Member ID			
Group No.	Plan		
Effective Date			
			

 BlueCross® BlueShield®		www.BlueExpat.com Direct: 312.935.9216* Toll Free: 866.384.2790*
Members: See your benefit booklet for covered services.		For pre-authorization or emergency medical assistance call: 312.935.9216* (24 Hours) For providers in the U.S. call: 1.800.810.BLUE
Pre-authorization must be obtained for elective inpatient admissions and all other services specified under the "Pre-authorization" section of your certificate.		For eligibility in the U.S. call: 1.800.876.BLUE <small>*Claims administration, member eligibility, medical assistance and phone support is provided by AXA Assistance USA, Inc.</small>
Underwritten by BCS Life Insurance Company, an independent Licensee of the Blue Cross and Blue Shield Association.		Mail Claims to: BlueWorldwide Expat P.O. Box 2711 Chicago, IL 60690

Please note: Effective July 1, 2011, new ID cards will be reissued.

Canadian ID Cards

Please note: The Canadian Association of Blue Cross Plans and its member Plans are separate and distinct from the Blue Cross and Blue Shield Association (BCBSA) and its member Plans in the United States.

You may occasionally see ID cards for people who are covered by a Canadian Blue Cross Plan. Claims for Canadian Blue Cross Plan members are not processed through the BlueCard® Program.

Benefit Product Logos

Below are various logos that may be displayed on member ID cards for Blue Cross and/or Blue Shield Plans in the United States and for International Licensees licensed through BCBSA. Member ID cards may include one of several logos identifying the type of coverage the member has and/or indicating the provider's reimbursement level.

Tips for Success

The appearance of a benefit product logo is not a guarantee of payment. A provider's reimbursement is based upon a combination of what services are covered under the member's benefit plan in conjunction with a provider's contract(s) with BlueCross BlueShield of Tennessee



Blank (empty) Suitcase

A blank (empty) suitcase logo on the front of a member's ID card signifies that the member has out-of-area coverage that is not a PPO product. Benefit products that display a blank (empty) suitcase logo on ID cards include:

- Traditional
- HMO (Health Maintenance Organization)
- POS (Point of Service)
- Limited benefits products

Traditional, HMO and Limited Benefit Products Members

If you have a Network P contract with BlueCross BlueShield of Tennessee and provide medical service to a member who has a blank suitcase logo on his/her member ID card (local member or out-of-area member) you will be reimbursed for services covered under the member's benefit plan, in accordance with the Network P contract rates.

Alternative PPO Network

If you have a Network S contract with BlueCross BlueShield of Tennessee and provide medical services to a member who has the Alternative Network name listed on his/her member ID card (local member or out-of-area member), you will be reimbursed for services covered under the member's benefit plan, in accordance with the Network S contract rates.

Tips for Success

*Because there are different benefit plans represented by the blank (empty) suitcase logo, always verify eligibility and benefits electronically with **BlueCross BlueShield of Tennessee** or by calling 1-800-676-BLUE (2583).*

PPO in a Suitcase



When you see the “PPO in a suitcase” logo on the front of the member’s ID card, it means that the member has PPO or EPO type benefits available for medical services received within or outside of the United States. It also means that the provider will be reimbursed for covered services in accordance with the provider’s PPO contract with the local Blue Plan.

Tips for Success

If you do not have a PPO contract with BlueCross BlueShield of Tennessee, reimbursement for covered services will be made in accordance with your non-PPO contract with BlueCross BlueShield of Tennessee. To be certain of a member’s benefit level, always verify eligibility and benefits electronically with BlueCross BlueShield of Tennessee or by calling 1-800-676-BLUE (2583).

No Suitcase

Some Blue ID cards do not have any suitcase logos on them. This includes ID cards for Medicaid, State Children’s Health Insurance Programs (SCHIP) administered as a part of a state’s Medicaid program, Medicare Complementary and Supplemental products, also known as Medigap. Government-determined reimbursement levels apply to these products.

Tips for Success

While BlueCross BlueShield of Tennessee routes all of these claims for out-of-area members to the member’s Blue Plan, most of the Medicare Complementary or Medigap claims are sent directly from the Medicare intermediary to the member’s Blue Plan via the established electronic Medicare crossover process.

Medicare Advantage Product ID Cards

<p>Member ID cards for Medicare Advantage products will display one of the benefit product logos shown here:</p>		Health Maintenance Organization
		Medical Savings Account
		Private Fee-For-Service
		Point of Service
		Preferred Provider Organization
		Network Sharing Preferred Provider Organization.

When these logos are displayed on the front of a member’s ID card, it indicates the coverage type the member has in his/her Blue Plan service area or region. However, when the member receives services outside his/her Blue Plan service area or region, provider reimbursement for covered services is based on the Medicare allowed amount, except for PPO network sharing arrangements.

BlueCross BlueShield of Tennessee participates in Medicare Advantage PPO Network Sharing arrangements, and contracted provider reimbursement is based on the contracted rate with BlueCross BlueShield of Tennessee. Non-contracted provider reimbursement is the Medicare allowed amount based on where services are rendered.

Tips for Success

As of January 1, 2010, Blue Plans began issuing Medicare Advantage PPO ID cards that display the new PPO logo, which includes the “MA” in the suitcase. These cards indicate that the member’s Blue Plan is a participant in a Blue Medicare Advantage PPO network sharing arrangement. By January 1, 2012, all PPO ID cards must contain the MA PPO suitcase logo.

Medicare Advantage Members

Medicare Advantage provider network - BlueCross BlueShield of Tennessee Members

If you have a contract for the product that the member has and treat a BlueCross BlueShield of Tennessee member, then you will receive your contracted rate for those local members. If you do not have a contract for the product that the member has, then you will receive reimbursement for covered services based on the Medicare Allowed amount.

Out-of-area Members

If you are contracted for Medicare Advantage PPO, then you will receive your contracted rate when you treat any Blue member with the Medicare Advantage PPO logo on their ID card. If you are not contracted for Medicare Advantage PPO, then you will always receive the Medicare Allowed amount for covered services when you treat Medicare Advantage PPO members. If you are contracted for Medicare Advantage PPO and you treat members with other Medicare Advantage products, you will receive the Medicare Allowed amount for covered services.

Important Note: If you are contracted for Blue PPO members, but not contracted for Medicare Advantage PPO, you will receive the Medicare Allowed amount for covered services.

Tips for Success

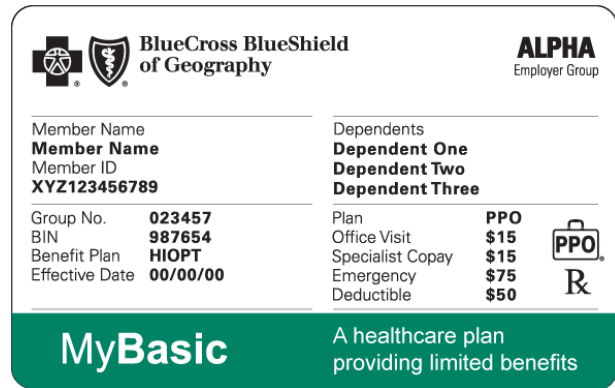
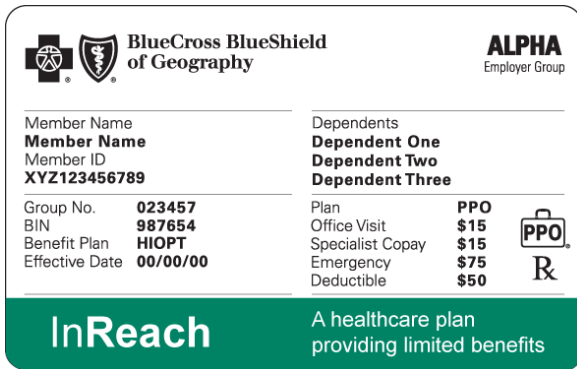
Medicare charge limitations may apply to Medicare Advantage claims. Contact us at BlueCross BlueShield of Tennessee for details on how this may affect your reimbursement.

Limited Benefits Product ID Cards

Members with Blue limited benefits coverage (that is, annual benefits limited to \$50,000 or less) carry ID cards that may have one or more of the following indicators:

- Product names – **InReach**, **MyBasic** or some other non-Blue name
- A **green stripe** at the bottom of the card
- A statement either on the front or the back of the ID card stating this is a limited benefits product
- A **black cross and/or shield** to help differentiate it from other identification cards

These ID cards may look like this:



Tips for Success

- *In addition to obtaining a copy of the member's ID card, regardless of the benefit product type, always verify eligibility and benefits electronically with BlueCross BlueShield of Tennessee or by calling 1-800-676-BLUE (2583). Both electronically and via phone, you will receive the member's accumulated benefits to help you understand his/her remaining benefits.*
- *If the cost of service extends beyond the member's benefit coverage limit, please inform your patient of any additional liability he/she might have.*
- *If you have questions regarding a Blue Plan's limited benefits ID card/product, please contact BlueCross BlueShield of Tennessee*

Consumer-Directed Healthcare and Healthcare Debit Cards

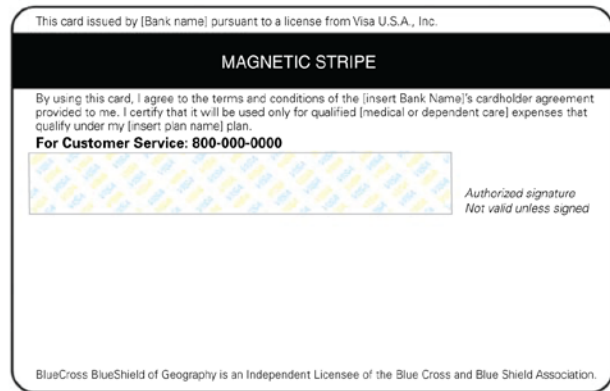
Members who have Consumer-Directed Healthcare (CDHC) plans often carry healthcare debit cards that allow them to pay for out-of-pocket costs using funds from their Health Reimbursement Arrangement (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA). All three are types of tax-favored accounts often offered by the member's employer to pay for eligible expenses not covered by the copayment.

Some cards are "stand-alone" debit cards that cover eligible out-of-pocket costs, while others also serve as a copayment member ID card. These debit cards can help you simplify your administration process and can potentially help:

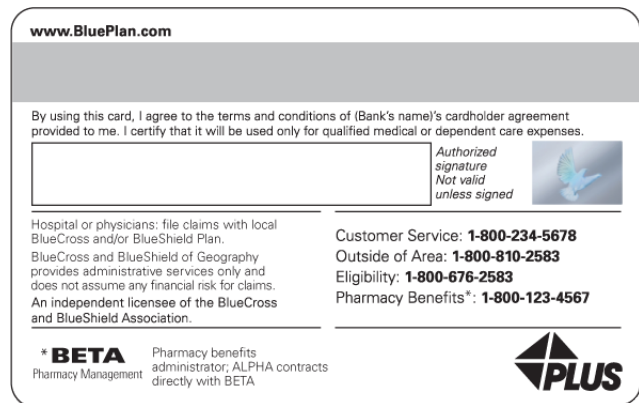
- Reduce bad debt
- Reduce paperwork for billing statements
- Minimize bookkeeping and patient account functions for handling cash and checks
- Avoid unnecessary claim payment delays

In some cases, the card will display the Blue Cross and Blue Shield trademarks, along with the logo from a major debit card such as MasterCard® or Visa®.

Below is a sample stand-alone healthcare debit card:



Here is a sample of a combined healthcare debit card and member ID card:



The cards include a magnetic strip allowing providers to swipe the card to collect the member's cost-sharing amount (i.e., copayment). With healthcare debit cards, members can pay for copayments and other out-of-pocket expenses by swiping the card through any debit card swipe terminal. The funds will be deducted automatically from the member's appropriate HRA, HSA or FSA account.

If your office currently accepts credit card payments, there is no additional cost or equipment necessary. The cost to you is the same as what you pay to swipe any other signature debit card.]

Tips for Success

- Using the member's current member ID number, including alpha prefix, carefully determine the member's *financial responsibility before processing payment. Check eligibility and benefits electronically through BlueCross BlueShield of Tennessee or by calling 1.800.676.BLUE (2583).*
- *All services, regardless of whether or not you've collected the member responsibility at the time of service, must be billed to BlueCross BlueShield of Tennessee for proper benefit determination, and to update the member's claim history.*
- *Please do not use the card to process full payment up front. If you have any questions about the member's benefits, please contact 1.800.676.BLUE (2583) or, for questions about the healthcare debit card processing instructions or payment issues, please contact the toll-free debit card administrator's number on the back of the card.*