



Regence

Blue MedAdv HMO ←

SUBSCRIBER
NAME
ID NO XNH123456789

RX BIN 610623 PCN 02100000
Issuer (80840)
Card Issue Date: 03/23/2018

00 SUBSCRIBER NAME
Group No. 26500016
PCP Name PROVIDER NAME
PCP/SPEC Copay \$5/\$35

M D RX V
Y N Y N

Medicare^{Rx}
Prescription Drug Coverage
CMS-H1969-002

BlueMedAdv HMO



Regence

www.regence.com
Members Call 1 (866) 240-9580
TTY/TDD Line 711
24 Hour Nurseline 1 (800) 267-6729
Providers Call 1 (877) 508-7362
Pharmacies Call 1 (844) 765-6826

Hospitals or Physicians: File
claims with local Blue Cross and/
or Blue Shield Plan/ANSI 837
transaction.

All urgent and emergent services
are covered out-of-area.

This card is for information only
and does not certify eligibility or
guarantee benefits.

Send inquiries to Mail Administrator:
Regence BlueShield of Idaho
PO Box 1827
Medford, OR 97501

Submit RX Claims to:
Rx Claims Processing
PO Box 20970
Lahigh Valley, PA 18002-0970

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