

# Anatomy Of An Identification Card

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## Example PPOBlue Identification Card - Front



The bulleted information below details key fields on the Highmark Identification card. If you have any further questions on the Highmark member ID card, please contact your Provider Relations Representative.

- **Product name, logo and/or program description** –This will help you determine which network rules to follow.
- **Rx group number and pharmacy logo** –This will be on the ID card whenever a Highmark prescription drug program is included.
- **Suitcase logo** – Indicates a member of the BlueCard® program. For more information, please refer to [Chapter 3, Unit 5](#) of the [Office Manual](#).
- **Name of the subscriber** – the individual under whose name the coverage was established.
- **Name of the member/patient** – the individual covered by the policy. Verify that you have the card that corresponds with your patient and not that of another family member/dependent.
- **Identification number**– ID# -- The alpha prefix varies by employer group or account (not applicable to Medicare Advantage products).
- **Group number**–Most often, this will be a number assigned to the group. Sometimes it will be an alpha prefix followed by a number.
- **Copay**–PCP, specialist office, office visit, and/or emergency room co-payments may be listed. Pharmacy co-payments are not listed. Participating pharmacies can verify co-payment amounts online. Specialist co-payments may not be the same for behavioral health care services, or therapies and/or diagnostic services: those co-payments may be found via NaviNet or by calling the phone number on the back of the ID card.
- **Network code**– Number represents corresponding network.
- **BS Plan** –Represents corresponding Blue Shield Plan
- **LSRO**–appears only on Western Region Medicare Advantage HMO cards to identify members of the Deluxe Option
- **\*PCP**–If a valid PCP is chosen, the PCP’s name will appear in this field.
- **\*Phone**–The PCP’s main office telephone number
- **\*PCP effective date**–The date the member became effective with the PCP under the group number shown on the card.  
\* only on HMO and POS ID cards

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## Example PPOBlue Identification Card - Back

<p><b>Member Service/Benefit Questions:</b> Call <b>1-800-345-3806</b>.</p> <p><b>Providers:</b> All claims should be submitted to your local Blue Cross and/or Blue Shield plan.</p> <p><b>Blues on Call:</b> Call <b>1-888-BLUE-428</b> for 24-hour access to nurses who provide health education and support services.</p> <p><b>To Receive High Level Benefits:</b> You must receive care from a network provider. If you choose to receive care through an out-of-network provider, for other than emergency care, you will receive payment at a reduced level of benefits.</p> <p><b>Admissions to a Non-PPOBlue Provider Hospital or Facility:</b> For Mental Health/Substance Abuse call <b>1-800-628-0816</b>, for all other admissions call <b>1-800-345-3806</b>.</p> <p><b>Member Submitted Claims:</b> If the provider does not submit your claim to their local Blue Cross/Blue Shield plan, send your claim to Highmark Blue Shield, P.O. Box 890173, Camp Hill, PA 17089-0173.</p> <p style="text-align: center;"><a href="http://www.highmarkblueshield.com">www.highmarkblueshield.com</a></p>
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The back of the member's identification card contains information mainly for the member's use. Products may have different information contained on the card including, but not limited to:

**Member Service/Benefit questions:** Phone number for Member Service.

**Blues On Call:** Provides a phone number that members can call for health education and support services.

**To Receive High Level Benefits:** Tells member how to receive the highest level of benefits by receiving care from an in-network provider.

**Admissions to a Non-Participating Hospital or Facility: Mental Health and Substance Abuse:** Lists telephone number for assistance in obtaining admission to hospital, facility and mental health and substance abuse treatment programs.

**Member Submitted Claims:** Lists address for a member to submit claims if they choose.

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