



Amazon and Subsidiaries

Member

MASAKO MORITA

Prefix Identification # Suffix

AQT 601520692 02

Medical Network BlueCard PPO

Group # 4000083

Rx Group # AMAZON1

RxBin # 003858

RxPCN # A4

BCBS 430

STANDARD PLAN

URGENT CARE: \$75
EMERGENCY ROOM: \$150

RETAIL RX: \$10 / 10% \$30 MAX / 30% \$40 MAX
MAIL RX: \$20 / 10% \$60 MAX / 30% \$80 MAX

Rx



PREMERA |

BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

PROVIDERS: Please submit all claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan. This card is not a guarantee that the member's coverage is currently in effect. Providers may call BlueCard Eligibility to verify membership and coverage.

PROVIDERS/MEMBERS: Prior authorization is recommended for some services/drugs. Providers: Check benefits by contacting Premera or Express Scripts prior to services.

Premera Blue Cross
P.O. Box 91059
Seattle, WA 98111-9159

Visit www.premera.com/amazon for coverage details, online services and health related information.

Premera Blue Cross	1-877-995-2696
TTY for the deaf and hard of hearing	1-800-842-5357
BlueCard Provider Locator	1-800-810-BLUE (2583)
Provider BlueCard Eligibility	1-800-676-BLUE (2583)
Medical Advice Line	1-877-995-2696
Express Scripts Pharmacy*	1-844-626-9387
TTY for the deaf and hard of hearing	1-800-759-1089
Pharmacist use only	1-800-922-1557
Accredo Specialty Pharmacy*	1-800-803-2523
VSP Customer Service*	1-800-877-7195
CompPsych GuidanceResources EAP*	1-855-435-4333

*Contracts directly with Group

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card.

Mail order 1-800-282-2881

Premera Blue Cross provides administrative services only and does not assume financial risk or obligation with respect to claims.

EXPRESS SCRIPTS® Pharmacy Benefits Manager

03/21/2017