

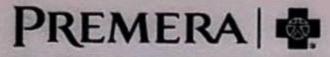
Member SHO OKIHARA Prefix Identification # Suffix MSJ 602131405 05

Group # 1000010 Rx Group # BCWAPDP BIN# 610014 BCBS 430 Medical Network BlueCard PPO Dental PLUS Vision YES

**HEALTH SAVINGS PLAN** 







## **BLUE CROSS**

An Independent Licensee of the Blue Cross Blue Shield Association

PROVIDERS: Please submit all claims with ID number, alpha prefix and group number to the local Blue Cross Blue Shield Plan. Prior authorization may be required for some services/drugs. Please call Customer Service prior to services.

CA Services: Blue Cross is the only Preferred Provider Network.

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.

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

B EXPRESS SCRIPTS.

Visit benefits.me.microsoft.com for coverage details, online services and health-related information.

Customer Service TTY for the deaf and hard of hearing

Provider BlueCard Eligibility 24-Hour Nurse Line 1-800-676-1411 ng 1-800-842-5357 microsoft@premera.com 1-800-676-BLUE (2583) 1-800-676-1411

MEMBERS: Please show this card when you receive services. See your summary Plan Description at benefits.me.microsoft.com for covered services. If you have questions contact Premera's Microsoft-dedicated customer service team. Prior authorization may be required for some services/drugs. Please call Customer Services prior to services. For members with Dental coverage please submit claims directly to Premera Blue Cross.

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

Pharmacy Benefits Manager

01/25/2017