



BlueCross®BlueShield®

**STATE OF
MARYLAND**



Member Name
SMITH JANE L.
Member ID

MYY XXX XX XXXX

NATIONAL ACCOUNT

Group
1900853 -M001

Coverage **IND**

**P15 S25 ERFAC50 ERPHYS50
VISION**

Eff Date **07/01/09**
BC/BS Plan **090/690**



This employee benefit plan provides benefits to you and your eligible dependents.

CareFirst BlueCross BlueShield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

CareFirst BlueCross BlueShield, the business name of CareFirst of Maryland, Inc. is an independent corporation operating under a license from the Blue Cross and Blue Shield Association.

1741045T (7/09)

www.carefirst.com
Customer Service: 800-225-0131
Provider Service: 877-228-7268

To locate an in-network provider or hospital call **800-810-2583**

Hospital Precert: **866-773-2884**
24hr FirstHelp: **800-535-9700**
Customer Service: **410-581-3601**

Provider: This card identifies a CareFirst BlueCross BlueShield National Account Subscriber.

All claims should be filed to the local Plan. For service refer to the phone number at the top of this card.

All correspondence should be filed to:
Mail Administrator
PO Box 14114, Lexington, KY 40512-4114