






FUJI CARRIER NAME: HORIZON BC/BS OUT OF STATE

Carrier Code: BL013

		BLDG SERV 32BJ HEALTH FUND														
An Anthem Company																
SAMPLE MEMBER																
Member ID: ETRBJ1234567																
Group No: 720902MF2A BS/BC Plan Code: 754 Coverage(s): Medical																
EMPIRE POS																
<table border="0"> <tr> <td>Five Star Center:</td> <td>\$0</td> </tr> <tr> <td>Par Provider</td> <td>\$40</td> </tr> <tr> <td>MH/SA</td> <td>\$20</td> </tr> <tr> <td>Emergency Room</td> <td>\$100</td> </tr> </table>					Five Star Center:	\$0	Par Provider	\$40	MH/SA	\$20	Emergency Room	\$100				
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<table border="0"> <tr> <td></td> <td>Preferred</td> <td>Non-Preferred*</td> </tr> <tr> <td>Inpatient</td> <td>\$100</td> <td>\$1000</td> </tr> <tr> <td>Outpatient</td> <td>\$75</td> <td>\$250</td> </tr> <tr> <td>Hi-Tech Imaging</td> <td>\$75</td> <td>\$250</td> </tr> </table>						Preferred	Non-Preferred*	Inpatient	\$100	\$1000	Outpatient	\$75	\$250	Hi-Tech Imaging	\$75	\$250
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		www.empireblue.com	
An Anthem Company		Member Services	
Please call Member and Provider Services to avoid a reduction in hospital or medical benefits, to pre-certify for hospital and medical services and within 48 hours of an emergency admission to a hospital. Providers with Empire contracts submit claims to Empire, all other providers submit claims to your local Blue Cross and/or Blue Shield Plan, or if Medicare is primary submit Medicare claims to Medicare.		1-866-316-3394 1-800-676-2583 1-800-982-8089 1-877-825-5276 1-844-569-4148	
*Non-Preferred benefits apply to services rendered in select NY facilities only.		*Contracts directly with group Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.	
Empire HealthChoice Assurance, Inc. provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.		Empire HealthChoice Assurance, Inc. provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.	
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Member ID: H8Y729T9	
Group No: HPNKYIPO01 Plan: 161 Rx Bin: 020099 Rx PCN: WG Rx Group: WL3A Coverage(s): Pharmacy - Medical	
Blue High Performance Network™ Pathway	
	

		anthem.com	
BlueCross BlueShield		Member Services	
PROVIDERS: Please file medical claims with the local Blue Cross and/or Blue Shield Plan in state where services are provided. When Medicare is primary (including Med. Sup. Policies), file first with Medicare in the state where services were provided. Services rendered by a non-Blue HPN provider will be limited to Urgent and Emergent care. Possession of this card does not guarantee eligibility for benefits.		1-833-578-4443 1-800-818-2583 1-833-578-4443 1-833-578-4443 1-833-296-5039 1-833-267-2133	
CLAIMS & INQUIRIES: PO BOX 105187 ATLANTA, GA 30348-5187		livehealthonline.com	
Anthem Blue Cross and Blue Shield, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. Anthem Blue Cross and Blue Shield is the trade name of Anthem Plans of Kentucky, Inc.		Anthem Blue Cross and Blue Shield, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. Anthem Blue Cross and Blue Shield is the trade name of Anthem Plans of Kentucky, Inc.	
Issued Date: 07/04/20			