



An Anthem Company



Temporary ID Card

Member ID:

Group#: L06503M001

TMK Group#: ZL0000 Plan Code: 254 RXBIN: 017688 RXPCN: 9743 RXGRP: 19083

OU Health has hired Trustmark Health Benefits to handle member contact for health plan administration. See back for contact information. For detailed benefit information including Deductible and Out-of-Pocket Maximums, please visit your Member Services website.

\$0/\$0 INN Ded Indv/Fam \$1,000/\$3,000 OON Ded Indv/Fam \$4,650/\$9,300 INN OOP Max Indv/Fam OON OOP Max Indv/Fam \$4,650/\$9,300 Rx OOP Max Indv/Fam \$2,500/\$5,000 Offiice Visit \$25 \$25 Specialist **Urgent Care** \$35 \$100





Providers: Please file all claims with the Blue Cross and Blue Shield Plan in the state where services are rendered. If Medicare is primary, file claims to Medicare. Include the 3 digit prefix in addition to the ID number.

Precertification is required for all hospital admissions and specified out-patient procedures. In the event of an emergency, call within 48 hours of admission or the next business day. Failure to precert may result in a penalty.

Possession of this card does not guarantee eligibility for benefits.

empireblue.com

Member Svcs-Trustmark* 1-888-604-9397

myTrustmarkBenefits.com

 Coverage While Traveling
 1-800-810-BLUE

 Provider Eligibility/Benefits
 1-833-835-2714

 EmpiRx Help Desk*
 1-877-241-7123

 Precertfication-Trustmark*
 1-888-604-9397

*Contracts directly with group

Services provided by Empire HealthChoice Assurance, Inc. licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Empire BlueCross BlueShield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. Self-Funded Coverage



*Pharmacy Benefits Administrator, Contracts directly with group