

## IDENTIFYING MEMBERS

Members are provided identification cards when their coverage through Regence becomes effective. However, not all members will have dental coverage. The member card is neither an authorization for service nor a guarantee of payment. We suggest that you call our Customer Service department at 1 (800) 722-5086 to verify eligibility and benefits.

Please make sure that you submit claims with the identification number listed on the member's card, including the alphabetic three-digit prefix. Using the appropriate identification number will expedite the processing of your claims.

The following is a sample copy of our member's card.

## INCREASE YOUR ID CARD IQ

Your new ID card is your proof of health care coverage that you should carry with you. Here's an explanation of how to read an ID card. Please note that this is just an example. Some of the information listed below may not appear on your ID card. The information can vary depending on your benefits. Please refer to your health care coverage agreement for complete information and details about your coverage.

Sample: card front



Sample: card back



1. A suitcase indicates the BlueCard<sup>®</sup> program for coverage when traveling outside your service area, nationwide and in over 200 countries around the world. Your suitcase may contain the letters PPO. This refers to the network where you'll receive the most benefits. A blank suitcase means the Participating network.
2. The name of the group or medical plan
3. Your identification number
4. Your group or medical plan number
5. The names of enrolled members
6. Indicates each member's coverage: medical (M), dental (D), vision (V), and pharmacy (Rx)
7. The date your card was issued
8. Your customer service contact information
9. A snapshot of your benefits for networks, deductibles, coinsurance, and prescription plan information

10. Here's an explanation of the icons that may appear on your card:



### MEDICAL COVERAGE

- OV means Office Visit. "OV \$20" is your copay for an in-network office visit with your physician or health care professional
- SP means Specialist. "SP \$40" is your copay for an in-network visit with a specialist



### EMERGENCY ROOM COVERAGE

- ER means Emergency Room. "ER \$100" is your copay per visit to a hospital ER or urgent care facility



### INPATIENT AND OUTPATIENT HOSPITAL COVERAGE



### DENTAL COVERAGE



### ROUTINE VISION COVERAGE

- OV means Office Visit. "OV \$20" is your copay for an in-network office visit



### PRESCRIPTION COVERAGE

- GEN is generic
- FORM is preferred formulary
- NON-FORM is all other prescriptions

## YOUR PARTNER IN HEALTH CARE

We're proud to be your health care partner and to provide the information and tools you need to take charge of your health. If you have questions or concerns, please call the phone number on the back of your ID card, or call our customer service line toll-free at **1 (800) 452-7390**.



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