



Subscriber Name:
RACHEL M. OVERSTREET
Identification Number:
XOF920726837

Group Number: **291116**



NH&W

MEMBER NAME
MARVIN TATE II
MEMBER ID
NLM113835795001

DEPENDENT
MARVIN C TATE

Group	NLM363	MMCP
BC/BS Plan	363/865	Office Visit
		Specialist Visit
		Emergency Room
		Urgent Care
		Retail Clinic
		\$20
		\$35
		\$75
		\$20
		\$10





**BlueCross BlueShield
of Illinois**

Pre-notification: Call one day before inpatient or skilled nursing facility admission, respite home care or private duty nursing services; and for a mental health license, medication, BCS Plan.

www.bcbstl.com
Health Advocate 1-800-960-8809
Pharmacy Program* 1-866-409-8522
EAP 1-800-890-1213

***Group contracts directly**

Deductible information

Ind/Fam In Network \$350/\$700
Ind/Fam Out of Network \$700/\$1,400

Out of Pocket Maximum Information

Ind/Fam In Network \$2,000/\$4,000
Ind/Fam Out of Network \$4,000/\$8,000

BlueCross BlueShield of Illinois, an independent licensee of the BlueCross BlueShield Association, provides claims processing only and assumes no financial risk for claims.

www.highmarkbcbs.com

Member Services 1-866-267-3320
Blues on Call 1-888-BLUE-428
Mental Health 1-866-850-6212
Substance Abuse 1-866-850-6212
Admissions 1-800-452-8507

Providers: File claims to the local BC/BS plan.

Members: File claims to:
Railroad Dedicated Service Unit
P.O. Box 890381
Camp Hill, PA 17089-0381

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Blues on Call: 24-hour access to nurses who provide health education and support services.
To receive high level benefits:
Receiving care from a network provider.
Receiving non-emergency care through an out-of-network provider will result in a reduced level of benefits.
Pre-notification is required for all inpatient admissions.
Highmark Blue Cross Blue Shield provides administrative claims payment services and does not assume any financial risk or obligation with respect to claims.