



BlueCross BlueShield
of Tennessee

MARILYN W
LEE

Subscriber ID

DCL904895455

Group No. 82088

RXBIN 610014

RXGRP BCTCOMM

BLUE NETWORK:

P

RX04

MEDICAL/DENTAL/VISION



Copayments:

OV \$35

SPEC \$50

ER \$225

V \$10 /\$0

RX \$5 /\$50 /\$75



**Blue Cross Blue Shield
of Tennessee.**

An Independent Licensee of the
BlueCross BlueShield Association

**BCBST provides administrative
services only and assumes no
financial risk for claims.**

Providers: California providers file to Blue Shield
of California, PO Box 1505, Red Bluff, CA
96080-1505. All other providers, file claims with
local BCBS Plan. Prior authorization required
for admissions and certain medical services.

**Dentists-In and Out of Tennessee
File dental claims to:**

BCBST Claims Service Ctr., 1 Cameron Hill
Circle, Suite 0002, Chattanooga, TN 37402-0002

bcbst.com

Member Service: 1-800-565-9140

Network Provider Outside Tennessee:

1-800-810-2583 (BLUE)

To use your Behavioral Health benefits:

1-800-888-3773

**Provider Service: Eligibility / Prior Authorization
and Claims 1-800-924-7141**

Pharmacists: 1-800-922-1557

NICU & subsequent 1st yr authorizations:

1-888-832-2006

Dental: GRID/GRID+ 1-800-623-1478
VisionBlue: EyeMed 1-877-342-0737

**Avoid additional costs. Show this card to your
provider and ask for a prior authorization check.
See your benefit materials for details. This card
does not guarantee benefits eligibility.** 204 (10/15)
