



BlueCross® BlueShield®



Member Name

SISTRUNK KEITH A

Member ID

ZJO 835469751

Group **5802517 -AL10**

PPO \$30 COPAY/SPEC \$40

Eff Date **01/01/20**

BC/BS Plan **080/580**





www.carefirst.com

Customer Service:

844-223-8771

Provider Service:

877-228-7268

This employee benefit plan provides benefits to you and your eligible dependents.

AllegiantRX:

866-888-0103

Pre-Auth/Case Management:

866-773-2884

Mental Health/Substance Abuse:

800-245-7013

24hr First Help(Nurse):

800-535-9700

Locate Out of Area Providers:

800-810-2583

CareFirst BlueCross BlueShield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

All claims should be filed to the local Plan.

All other correspondence and non-participating provider claims mail to:

Mail Administrator

PO Box 14116

Lexington, KY 40512-4116

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