



of Tennessee

**MALCOLM A
PATCHEL**

Subscriber ID
PQI909081832

Group No. 130432
BLUE NETWORK: P



RXBIN 004336
RXPCN ADV
RXGRP RX56AA
RX FORMULARY CHOICE
RX NETWORK RX03

Premise Health

PLAN:	Deductible	Out-of-Pocket Max
	IN NETWORK	
	Ind. \$1500	Ind. \$5000
	Fam. \$3000	Fam. \$10000
	OUT OF NETWORK	
	Ind. \$2000	Ind. \$8000
	Fam. \$4000	Fam. \$16000
PLAN:	COPAYMENTS	
	Office Visit \$30	
	Specialist Visit \$50	
	ER Visit \$150	
	Hospital Stay \$250	

RX \$10/\$40/\$60



of Tennessee

An Independent Licensee of the BlueCross BlueShield Association

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

Providers: Submit claims to your local BCBS Plan. Prior authorization required for admissions and certain medical services.

bcbst.com

Member Service: 1-800-565-9140

Network Provider Outside Tennessee:
1-800-810-2583 (BLUE)

Provider Service: Eligibility / ALL Prior

Authorizations, (call to confirm) and

Claims: 1-800-824-7141

Pharmacists: 1-800-364-6331

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

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.

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