

>000005 9706716 001 003111
BIJAN M ONE
100 HANCOCK ST
QUINCY MA 02171

Thank you for choosing Blue Cross Blue Shield.
Attached is your newly redesigned ID card.
We may have shortened your name to fit on your card.



One Enterprise Drive
Quincy, MA 02171-2126



MASSACHUSETTS

Network Blue®



BRENDA A ONE
XXH809980028
MEMBER SUFFIX: 01

Copays
OV 10
BH 10
ER 100

Member Service
1-617-253-5979

RxBin: 003858 PCN: A4
RxGRP: MASA

MIT Trad Health Plan



MASSACHUSETTS

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XXH809980028
MEMBER SUFFIX: 00

Copays
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BH 10
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1-617-253-5979

RxBin: 003858 PCN: A4
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MIT Trad Health Plan



Your ID card is recognized across the country. Please carry it with you at all times.

Visit www.bluecrossma.com to find a doctor, learn about the benefits provided by your health plan, and more.

These ID cards become valid on the date your coverage goes into effect. If you have old ID cards, please destroy them and replace them with these updated versions.

If you lose your ID card, please call us right away at **1-800-253-5210** or visit www.bluecrossma.com where you can request a replacement card.

By accepting this card and any benefits to which this card entitles the holder, the holder acknowledges that the policy pursuant to which the card is issued constitutes a contract solely between subscriber and Blue Cross and Blue Shield of Massachusetts, Inc., and that Blue Cross and Blue Shield of Massachusetts, Inc. is an independent corporation operating under a license with the Blue Cross and Blue Shield Association, which permits Blue Cross and Blue Shield of Massachusetts, Inc. to use the (Blue Cross and/or Blue Shield) name(s) and service marks in The Commonwealth of Massachusetts.

www.bluecrossma.com

Routine or Urgent Care: contact your PCP.
Emergencies: seek emergency care or call 911 or the local emergency telephone number. Call your PCP within 48 hours.

This card is for identification only. It is not proof of membership, nor does it guarantee coverage.

To the Provider: submit claims to the Blue Cross and/or Blue Shield Plan servicing your area. Be sure to include the three-letter prefix followed by the nine-digit number.

Member Service: **1-617-253-5979**
Provider Service: **1-800-443-6657**
BCBS MA: **1-800-882-1093**
Behavioral Health & Substance Abuse: **1-877-566-2583**

Blue Cross and Blue Shield of Massachusetts, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association, administers claims payment only and does not assume financial risk for claims.

Express Scripts, Inc. Pharmacy benefits administrator

www.bluecrossma.com

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Shipper ID: 00000000
Shipping Method: DIRECT
CARRIER: USPS
Address:
BIJAN M ONE
100 HANCOCK ST

QUINCY MA 02171

Mailing/Meter Date:

Insert #1
Insert #3
Insert #5
Insert #7
Insert #9
Insert #11

Insert #2
Insert #4
Insert #6
Insert #8
Insert #10
Insert #12

Cycle Date: 20091112
PDF Date: Fri Nov 13, 2009 @ 09:01:19
MaxMover: N
MASTER LOGO S112 GROUP: 880001310
IDFORMAT: B498

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