clarity

Member Name	**MEMBER NAME**	Processed Date		Mail to Address
Member ID	**AN1234567**	Expected Mail Date		**MEMBER NAME**
Job ID		Actual Mail Date		**ADDRESS**

Card Front   Card Back   **Card Slab 1 of 1**

Anthem ✚
BlueCross BlueShield

The University of Akron

MEMBER NAME

Member ID:
JAUAN1234567

Group No:	**W51077M006**
Plan:	**330**
Coverage(s):	
Medical	

Blue PPO Plan

Office Visit	**$30**
Specialist	**$45**
Emergency Room	**$140**
Urgent Care	**$70**

For detailed benefit information
including Deductible and Out of Pocket
maximums, please visit anthem.com

BLUE ACCESS   PPO®

Anthem ✚
BlueCross BlueShield

anthem.com

Member Services	**1-833-639-1634**
Travel Coverage	**1-800-810-2583**
Provider Services	**1-800-676-2583**
Pre-Authorization	**1-833-639-1634**

PROVIDERS: Please file medical claims with the
local Blue Cross and/or Blue Shield Plan in state
where services are provided. When Medicare is
primary (including Med. Sup. Policies), file first
with Medicare in the state where services were
provided.

Possession of this card does not guarantee
eligibility for benefits.

Providers submit claims at:
www.availity.com

Anthem Blue Cross and Blue Shield, is the trade name of
Community Insurance Company. Independent licensee of
the Blue Cross and Blue Shield Association. Anthem Blue Cross
and Blue Shield provides administrative claims payment services
only and does not assume any financial risk or obligation with
respect to claims.

Issued Date: 09/22/21

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