


Sample card image – front

Alpha prefix – prefixes that are unique to Blue Medicare members

Prefixes for Blue Medicare plans always end in the letter J



**BlueCross BlueShield
of North Carolina**

Blue Medicare HMO™
Enhanced

Member Name
<John Doe>
Member ID
<YPWJ12345678-01>

Plan is offered by
PARTNERS National Health Plans
of North Carolina, Inc.
a BCBSNC Company

Group No <123456>
Effective Date <01/01/2007>
Rx BIN <123456>
Rx PCN <123456>
Rx Group <ABCDEFGG>
Issuer <123456>

<Office Visit> <\$15/30>
<ER/Urgent Care> <\$50/30>
<IP Hospital> <\$350>
<MHCD Outpatient> <\$30>
<DME> <20%>

MedicareRx
Prescription Drug Coverage


**MEDICARE
ADVANTAGE HMO**

Contract # H3449 005

Blue Medicare plan type and PPO or HMO status

Highlighted area lets you know that the Blue Medicare member's health plan is offered by PARTNERS National Health Plans of North Carolina, Inc.

HMO ENHANCED



Medicare Summary Notice

June 16, 2006

1

2 CUSTOMER SERVICE INFORMATION

Your Medicare Number: 111-11-1111-A

If you have questions, write or call:
Medicare (#12345)
555 Medicare Blvd.
Suite 200
Medicare Building
Medicare, US XXXXX-XXXX

Call: 1-800-MEDICARE (1-800-633-4227)
Ask For Doctor Services
TTY users should call: 1-877-486-2048.

5 BE INFORMED: Protect your Medicare Number as you would a credit card number.

This is a summary of claims processed from 5/15/06 through 8/15/06.

6 PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
7 8 9 04/07/06	10 11 12 1 Office/Outpatient Visit, ES (99214)	\$55.00	\$44.35	\$0.00	\$44.35	14 a b

15 THIS IS NOT A BILL – Keep this notice for your records.

Minnesota Health Care Programs

Membership Card

Member Name

Member Number

Gender

Birth Date

Providers: To verify member eligibility please call:
1-800-657-3613 or (651) 282-5354 (Metro).

More information on back of card.

Minnesota Health Care Programs

Membership Card

Member Name


Member Number

Gender


Birth Date

Providers: To verify member eligibility please call:
1-800-657-3613 or (651) 282-5354 (Metro).

More information on back of card.

MEDICARE			HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)				
NAME OF BENEFICIARY				
JANE DOE				
MEDICARE CLAIM NUMBER			SEX	
000-00-0000-A			FEMALE	
IS ENTITLED TO		EFFECTIVE DATE		
HOSPITAL (PART A)		07-01-1986		
MEDICAL (PART B)		07-01-1986		
SIGN HERE → <u>Jane Doe</u>				

MedicareHealthplan 	
ENROLLEE NAME: John Q. Public	
ENROLLEE NUMBER: 12345-999999999-00	
Preferred Copy:	Other copy:
MedicareRx Plans	
RxBIN 610014	
RxPCN 610014	
RxGRP XYZRX1	
ISSUER (XYZRX1)	
MEMBERSHIP ID	0123456789-1
NAME	John Q. Public

SOCIAL SECURITY	
	
000 - 00 - 0000	
THIS NUMBER HAS BEEN ESTABLISHED FOR	
JOHN DOE	
<u>John Doe</u>	

MINNESOTA
DRIVER'S LICENSE

UNDER 21

SAMPLE



GAYLE ELIZABETH SAMPLE
123 MAIN STREET NORTHWEST
MINNEAPOLIS, MN 12345-6000

Date of Birth: **05-22-1984**

Sex	Eyes	Class
F	BLU	D

Height: 5-08 Weight: 100 **DONOR** M

ISSUED 11-2003 EXPIRES 05-22-2005

Gayle Sample

D616603235374

