



# PCS PREVIEW

Member Name **MEMBER NAME**  
 Member ID **AN1234567**  
 Job ID

Processed Date  
 Expected Mail Date  
 Actual Mail Date

Mail to Address  
**MEMBER NAME**  
**ADDRESS**

Card Front

Card Back

Card Slab 1 of 1

**MEMBER NAME**

Member ID:  
**JAUAN1234567**

Group No: **W51077M005**  
Plan: **330**

Coverage(s):  
Medical

Gold PPO Plan

Office Visit	<b>\$25</b>
Specialist	<b>\$35</b>
Emergency Room	<b>\$100</b>
Urgent Care	<b>\$50</b>

For detailed benefit information including Deductible and Out of Pocket maximums, please visit [anthem.com](http://anthem.com)

BLUE ACCESS

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**BlueCross BlueShield**

**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](http://www.availity.com)

Issued Date: 09/22/21

[anthem.com](http://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**

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.

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