



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work[®]

PO BOX 1609
NEWARK, NJ 07101-1609

We are pleased to present
your **NEW** identification card



Horizon Medicare
Blue TotalCare (HMO SNP)

| | | |
|---------------------------------|-----------------|---------------|
| Member Name | OFFICE VISIT: | \$00 |
| J D DOE JR | SPECIALIST: | \$00 |
| Member ID Number | EMERGENCY ROOM: | \$00 |
| YHV3HZN12345678 | | CMS-H3154-020 |
| GROUP NUMBER 00-421B2 | RXBIN | 004336 |
| EFFECTIVE DATE 01/01/2012 | RXPCN | MEDDADV |
| BC/BS PLAN CODES 280/780 | ISSUER | (80840) |
| | RXGRP | RXHRZN |



THIS IS AN EXTRA IDENTIFICATION CARD FOR ELIGIBLE FAMILY MEMBERS OR YOUR OWN USE
PLEASE CHECK YOUR CARD(S) FOR ACCURACY AND REPORT ANY ERRORS



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JOHN DOE JR
3 PENN PLAZA EAST
NEWARK NJ 07055-1234

0 10/05/2011 302838 ID CLR-B 1 1



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Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.
PROVIDERS MUST NOT BILL MEDICARE.
 HMO products are provided by Horizon Healthcare of New Jersey, Inc., an independent licensee of the Blue Cross and Blue Shield Association.
 Insured by Horizon BCBSNJ.



www.horizonblue.com/Medicare
Member Services: 1-800-365-2223
Medical TTY/TDD: 1-800-855-2881
Pharmacy Services: 1-866-236-7373
Pharmacy TTY/TDD: 1-866-236-1069
Prior Authorization: 1-800-664-2583
Behavioral Health: 1-800-626-2212
24/7 Nurse Line: 1-800-711-5952
Lab Services in NJ: 1-800-845-6167
Provider Services: 1-800-624-1110
Emergency Services: 911

Submit medical claims to:
 Horizon Healthcare of NJ, Inc.
 PO Box 1609
 Newark, NJ 07101-1609
Submit prescription claims to:
CAREMARK: PO Box 52066
Phoenix, AZ 85072-2066
 AN INDEPENDENT COMPANY ADMINISTERING PHARMACY BENEFITS.

YOUR ID NUMBER identifies you as a subscriber of Horizon Blue Cross Blue Shield of New Jersey. Always carry your ID card with you and present it when you or enrolled family members need health care.

YOUR CARD contains important information about your benefits. Please be sure to read it.

WHEN CONTACTING US, please have the following information handy:

- ID number (including all letters and numbers)
- Your name
- Name of patient
- Date of service
- Name of hospital, doctor or health care professional
- Amount of bill

IF YOUR CARD IS LOST OR STOLEN please contact us immediately to obtain a replacement.



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