



An Independent Licensee of the Blue Cross Blue Shield Association

Need Your Benefits Before Your ID Card Arrives?



We've Got You Covered

Your employer has recently contracted with Blue Cross® Blue Shield® of Arizona (BCBSAZ) to provide or administer healthcare coverage. BCBSAZ wants to make sure you can access your available benefits as soon as your coverage is effective, even if you haven't yet received your ID card and welcome letter. This flyer explains how to access your benefits and obtain covered services if you don't yet have your BCBSAZ ID card and coverage materials.

Need to fill prescriptions?*

First, confirm that your pharmacy is contracted with BCBSAZ. You can find a participating pharmacy by going to [azblue.com/findadoctor](https://www.azblue.com/findadoctor), selecting your network, and searching for "Pharmacy" under **Places By Type**. Let the pharmacy know you are a member of a newly enrolled group with BCBSAZ insurance, but you haven't yet received your ID card. Please provide as much information as possible to the pharmacy, such as the:

- Employer's group policy number (available from your employer)
- Name of the employer's business
- Covered employee's full name
- Covered employee's date of birth
- Effective date of your group health insurance coverage (available from your employer)
- BCBSAZ BIN number 603017 (some participating pharmacies can submit the claim online using the BIN number)

If your pharmacy would like assistance in submitting a claim online, they can reach the BCBSAZ Prescription Benefits Unit at **1-866-325-1794** (available 24/7).

Some pharmacies may still require you to pay the retail cost for prescriptions until you have your ID card. If you pay for prescriptions before you receive your ID card, please follow the steps outlined below:

- Be sure you get itemized prescription receipts at the pharmacy.
- Mail the original prescription receipts (or photocopies) and the Prescription Reimbursement Form to:

BCBSAZ
Mail Stop A115
P.O. Box 13466
Phoenix, AZ 85002-3466

Receipts should include the name of the member (patient), medication name, the prescribing doctor's name, quantity, NDC number, pharmacy name, and amount paid. You can find the Prescription Reimbursement Form at [azblue.com/individualsandfamilies/resources/forms](https://www.azblue.com/individualsandfamilies/resources/forms) when you click on **Pharmacy Claims**.



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*HMO plan members: Except for emergency situations, in-network pharmacies must be used for prescriptions to be covered.

If your provider needs to verify benefits or precertify treatment:

They should call the Provider Assistance number below and explain that you are a member of a newly enrolled group who does not yet have your ID card. Your provider will need to give the following information to the representative:

- Group policy number (available from your employer)
- Name of your employer
- Covered employee's full name
- Covered employee's date of birth
- Effective date of your group health insurance coverage (available from your employer)



Call us for assistance

Prescription Benefits Unit *(available 24/7)*

1-866-325-1794

Provider Assistance

(These numbers are for use by physicians, hospitals, and ancillary providers only. Covered members should call the customer service number listed above.)

602-864-4320 or

1-800-232-2345 ext. 4320

Once you receive your BCBSAZ ID card, use it to receive covered services and in all correspondence with medical providers or the BCBSAZ Customer Service and Claims departments.

This is not a guarantee of coverage. Only BCBSAZ has the authority to approve coverage and assign rates and effective dates of coverage.

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de BCBSAZ, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

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