



**BlueCross
BlueShield**



Name **See Blue Cross Member ID Card
ROBERTCARDTEST
TESTCARD**
ID # **See Blue Cross Member ID Card
JZD123456789001**

GRP **10476711**
U of MN Student Health Benefit Plan
GRP **See Blue Cross Member ID Card**

SvcType **Medical, Rx**
RxBIN **610455**
RxPCN **HMHS**

Care Type **Comp Major Med**
Office Copay **\$0**
Retail Health Clinic **\$10**



**BlueCross
BlueShield**

www.bluecrossmn.com/uofmn

Members: Enrollment contingent upon assessment of cost of coverage. See your Benefit Booklet for requirements and covered services. Possession of this card does not guarantee eligibility of benefits.

Customer Service: **1-866-873-5943**
Provider Service: **1-888-420-2227**
Find a Provider: **1-800-810-2583**
Find a Pharmacy: **1-800-509-0545**
Pharmacist Only: **1-800-821-4795**

Providers: Claim filing and inquiries to local Blue Cross and/or Blue Shield plan. For all other inquiries, notifications, or authorizations, call Provider Service.

The medical plan is that of the employer. Blue Cross and Blue Shield of Minnesota and Blue Plus, are nonprofit, independent licensees of the Blue Cross and Blue Shield Association, serve only as claims administrator, and do not assume financial risk for claims.