

# STATE OF ARIZONA – ID CARD MOCKUPS (IN-STATE)

## TRIPLE CHOICE PLAN (Active and Pre-Medicare Retirees)

ARIZONA

<p><b>Member Name:</b> <b>Member Name</b></p> <p><b>Member ID:</b> <b>SYD123456789</b></p> <p><b>Employee ID:</b> <b>00000000</b></p> <hr/> <p><b>Group No:</b> 030855 <b>Flu Shot Bin #:</b> 000000 <b>Rx Copay:</b> <b>Level 1/Level 2:</b> \$15/\$40 <b>Level 3:</b> \$60</p>	<p><b>Dependent(s) Name:</b> <b>Dependent One</b> <b>Dependent Two</b> <b>Dependent Three</b></p> <hr/> <p><b>Tier 1 Deductible Ind/Family:</b> \$200/\$400 <b>Tier 2 Deductible Ind/Family:</b> \$1000/\$2000 <b>Copays Apply After Deductible</b> <b>Inpatient Copay:</b> \$250 <b>PCP/Specialist Copay:</b> \$20/\$40 <b>UC Copay/ER Access Fee:</b> \$75/\$200</p>
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Arizona Department of Administration has hired MedImpact™ to handle pharmacy claims and customer service. See back for contact information.

ARIZONA

[azblue.com/member](http://azblue.com/member)

**Customer Service** **1-866-287-1980**

To locate a BCBS Network provider

Outside of Arizona	1-800-810-2583
24/7 Nurse Line	1-866-422-2729
Chiropractic Benefits	1-800-678-9133
MedImpact Pharmacy*	1-888-648-6769

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**Blue Cross® Blue Shield® of Arizona**  
P.O. Box 2924  
Phoenix, AZ 85062-2924

An independent licensee of the Blue Cross and Blue Shield Association

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\*Pharmacy benefits administrator  
ADDA contracts directly with MedImpact  
RxPCN: 28914      Rx Bin: 003595

## TRIPLE CHOICE PLAN (Retiree – Medicare-eligible)

ARIZONA

<p><b>Member Name:</b> <b>Member Name</b></p> <p><b>Member ID:</b> <b>XYZ123456789</b></p> <hr/> <p><b>Group No:</b> 0234567 <b>Flu Shot Bin #:</b> 0000000</p>	<p><b>Dependent(s) Name:</b> <b>Dependent One</b> <b>Dependent Two</b> <b>Dependent Three</b></p> <hr/> <p><b>Tier 1 Deductible Ind/Family:</b> \$200/\$400 <b>Tier 2 Deductible Ind/Family:</b> \$1000/\$2000 <b>Copays Apply After Deductible</b> <b>Inpatient Copay:</b> \$250 <b>PCP/Specialist Copay:</b> \$20/\$40 <b>UC Copay/ER Access Fee:</b> \$75/\$200</p>
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# STATE OF ARIZONA – ID CARD MOCKUPS (IN-STATE)

## HDHP (Active only)



**BlueCross  
BlueShield**  
Arizona

# ARIZONA

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**Member Name:**  
**Member Name**

**Member ID:**  
**SYD123456789**

**Employee ID:**  
**00000000**

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**Group No:** 030855  
**Flu Shot Bin #:** 603017  
**Rx Copay:**  
**Level 1/Level 2:** \$15/\$40  
**Level 3:** \$60


**Dependent(s) Name:**  
**Dependent One**  
**Dependent Two**  
**Dependent Three**


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**Individual Contract Deductible:** \$1500  
**Family Contract Deductible:** \$3000  
**Coinsurance:** 10%

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**BlueCross  
BlueShield**  
Arizona

[azblue.com/member](http://azblue.com/member)

**Customer Service** **1-866-287-1980**

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24/7 Nurse Line 1-866-422-2729  
Chiropractic Benefits 1-800-678-9133  
MedImpact Pharmacy\* 1-888-648-6769

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Possession of this card does not guarantee eligibility for benefits. Certain health services may require precertification.

File claims with the local BCBS Plan, except file directly with Medicare when Medicare is primary and file chiropractic claims with the Chiropractic Benefits Administrator. Contact Blue Cross Blue Shield of Arizona (BCBSAZ) for air ambulance and ancillary claim filing directions.


BCBSAZ provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims, except to the extent of any stop-loss coverage provided by BCBSAZ.

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\*Pharmacy benefits administrator  
AZA contracts directly with MedImpact  
RxPCN: 28914 Rx Bin: 003585

# ID CARD MOCKUPS

## GENERAL USE



BCBSAZ Plan

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Employer Group Logo

Member Name:  
**Member Name**

Member ID:  
**SYD123456789**

Employee ID:  
**00000000**

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Group No:	0234567
Flu Shot Bin #:	603017
Rx Copay:	
Level 1/Level 2:	\$15/\$40
Level 3:	\$60


Dependent(s) Name:  
**Dependent One**

**Dependent Two**

**Dependent Three**

Individual Contract Deductible:	\$1500
Family Contract Deductible:	\$3000
Coinsurance:	10%





BCBSAZ Plan

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Employer Group Logo

[azblue.com/member](http://azblue.com/member)

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**MedImpact**

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ADOA contracts directly with MedImpact  
RxPCN: 28914 Rx Bin: 003585


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## 2021 UHC insurance cards

 **ARIZONA**

Health Plan (80840) 911-87726-04  
Member ID: 123456789 Group Number: 705963

Member: SUBSCRIBER FULLPOP State of Arizona  
Payer ID 87726

  
Rx Bin: 003585  
Rx PCN: 28914

OBGYN/PCP/Ped \$20  
Specialist \$40 / Other-see website  
UrgCare \$75/ ER \$200


0502 UnitedHealthcare Choice Plus  
Administered by [Appropriate Legal Entity]

Printed: 08/02/20

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.  
For Members: myuhc.com 800-896-1067

You will notice an AR ID, rather than your SSN, EE or Univ ID assigned

For Providers: UHCprovider.com 877-842-3210  
Medical Claims: PO Box 30884, Salt Lake City UT 84130

 **MedImpact**

Pharmacy Claims: MedImpact, PO Box 509098 San Diego, CA 92150  
For Pharmacists: 888-648-6769 For Members Rx: 888-648-6769