

# GET TO KNOW YOUR MEMBER ID CARD

Understanding your member ID card is important. New members receive their ID cards by mail within 7 to 10 business days of your first premium payment. If needed, you can reprint a temporary copy or order a replacement card through your Member Account. Always bring your ID card with you when you visit a doctor, get lab work, imaging or x-rays, and fill prescriptions. Your providers and pharmacies bill FHCP for the services you use.

## YOUR INFORMATION – always check for accuracy

### Your Name

**Member ID Number** - is found on the first line under your name.

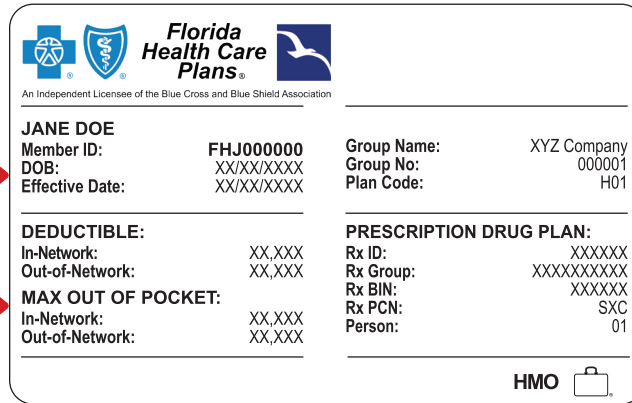
**DOB** – your date of birth.

**Effective Date** – the date that your coverage became effective.

### Deductible & Max Out of Pocket

Your Deductible is the amount you pay before insurance.

Your Max Out of Pocket is the maximum amount you are responsible to pay for the entire year excluding premiums.



**Florida Health Care Plans**  
An Independent Licensee of the Blue Cross and Blue Shield Association

**JANE DOE**  
Member ID: **FHJ000000**  
DOB: XX/XX/XXXX  
Effective Date: XX/XX/XXXX

**Group Name:** XYZ Company  
**Group No:** 000001  
**Plan Code:** H01

**DEDUCTIBLE:**  
In-Network: XX,XXX  
Out-of-Network: XX,XXX

**MAX OUT OF POCKET:**  
In-Network: XX,XXX  
Out-of-Network: XX,XXX

**PRESCRIPTION DRUG PLAN:**  
Rx ID: XXXXXX  
Rx Group: XXXXXXXX  
Rx BIN: XXXXXX  
Rx PCN: SXC  
Person: 01

**HMO**

### Group Information

This information is used by your provider to identify your plan information.

### Prescription Drug Plan

This information is used by your pharmacy to identify your prescription plan information.

## HMO BACK OF CARD

### Receiving Care from FHCP Network Providers

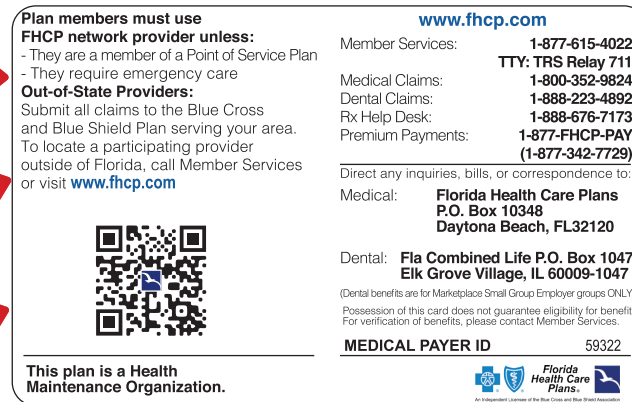
Verify your provider is a participating network provider by going to [fhcp.com](http://fhcp.com) or calling Member Services.

### Receiving Care Out-of-State

Verify your provider is a participating Blue Cross Blue Shield Provider by going to [fhcp.com](http://fhcp.com) or calling Member Services. Claims must be submitted for out-of-state service.

### Code

Scan this code to connect to your member account. Create an account by using the 6 digits in your Member ID Number to log in.



**Plan members must use FHCP network provider unless:**  
- They are a member of a Point of Service Plan  
- They require emergency care

**Out-of-State Providers:**  
Submit all claims to the Blue Cross and Blue Shield Plan serving your area. To locate a participating provider outside of Florida, call Member Services or visit [www.fhcp.com](http://www.fhcp.com)

**www.fhcp.com**

Member Services: 1-877-615-4022  
TTY: TRS Relay 711  
Medical Claims: 1-800-352-9824  
Dental Claims: 1-888-223-4892  
Rx Help Desk: 1-888-676-7173  
Premium Payments: 1-877-FHCP-PAY (1-877-342-7729)

Direct any inquiries, bills, or correspondence to:  
Medical: **Florida Health Care Plans**  
P.O. Box 10348  
Daytona Beach, FL 32120

Dental: **Fia Combined Life P.O. Box 1047**  
Elk Grove Village, IL 60009-1047  
(Dental benefits are for Marketplace Small Group Employer groups ONLY)  
Possession of this card does not guarantee eligibility for benefits. For verification of benefits, please contact Member Services.

**MEDICAL PAYER ID** 59322

**Florida Health Care Plans**  
An Independent Licensee of the Blue Cross and Blue Shield Association

### Important Contact Information

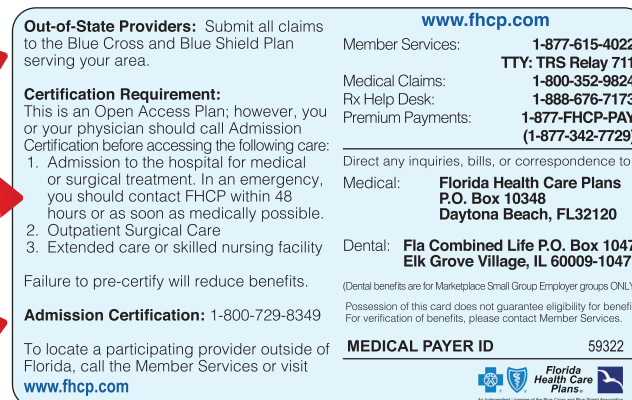
Member Services  
Medical Claims  
Dental Claims  
Rx Help Desk  
Premium Payments

## TRIPLE OPTION OR POINT-OF-SERVICE PLANS BACK OF CARD

### Receiving Care Out-of-State

Claims must be submitted for out-of-state service.

**Certification Requirement:** If admitted to a hospital for in-patient, emergency services, or 23-hour observation services, your provider or, in the case of an out-of-area emergency, you must notify Admission Certification at the number shown. Pre-certification will determine the level of financial responsibility.



**Out-of-State Providers:** Submit all claims to the Blue Cross and Blue Shield Plan serving your area.

**Certification Requirement:**  
This is an Open Access Plan; however, you or your physician should call Admission Certification before accessing the following care:  
1. Admission to the hospital for medical or surgical treatment. In an emergency, you should contact FHCP within 48 hours or as soon as medically possible.  
2. Outpatient Surgical Care  
3. Extended care or skilled nursing facility  
Failure to pre-certify will reduce benefits.

**Admission Certification:** 1-800-729-8349  
To locate a participating provider outside of Florida, call the Member Services or visit [www.fhcp.com](http://www.fhcp.com)

**www.fhcp.com**

Member Services: 1-877-615-4022  
TTY: TRS Relay 711  
Medical Claims: 1-800-352-9824  
Rx Help Desk: 1-888-676-7173  
Premium Payments: 1-877-FHCP-PAY (1-877-342-7729)

Direct any inquiries, bills, or correspondence to:  
Medical: **Florida Health Care Plans**  
P.O. Box 10348  
Daytona Beach, FL 32120

Dental: **Fia Combined Life P.O. Box 1047**  
Elk Grove Village, IL 60009-1047  
(Dental benefits are for Marketplace Small Group Employer groups ONLY)  
Possession of this card does not guarantee eligibility for benefits. For verification of benefits, please contact Member Services.

**MEDICAL PAYER ID** 59322

**Florida Health Care Plans**  
An Independent Licensee of the Blue Cross and Blue Shield Association

### Important Contact Information

Member Services  
Medical Claims  
Rx Help Desk  
Premium Payments

## HELPFUL TIPS TO KEEPING YOUR INFORMATION SAFE

Keep your ID card confidential and keep it handy for emergency purposes. Only provide your ID information to your doctor or pharmacy. Monitor your claims through your Member Account or by calling Claims Department. Treat your ID card as if it was a credit card. Destroy it when you receive a new card. When you present your card at your doctor or pharmacy, make sure it is returned to you. If you have multiple individuals on your plan, Keep track of these additional cards. Only receive your durable medical equipment through approved FHCP vendors.

