

Blue High Performance Network®

Front



BlueCross  
BlueShield

Blue High  
Performance  
Network®

Subscriber Name:  
NAME  
Identification Number:  
XXXXXXXXXXXX  
Group Number:123456

HPN

RxBIN: 011552  
RxPCN: ILDR

Blue  
Edge



Back



BlueCross BlueShield  
of Illinois

Pre-authorization: Call one day before inpatient or skilled nursing facility admission, receiving home health care or private duty nursing services; and within two days of an emergency, maternity or for a mental health/substance abuse admission.

Provider: File medical claims with your local BCBS Plan. Coverage at non-BlueHPN providers is limited to emergent care within the BlueHPN service area and to urgent and emergent care outside of the BlueHPN service area.

**Deductible Information**  
Ind/Fam In Network \$3,400/\$5,400  
Ind/Fam Out of Network Not Covered

**Out of Pocket Maximum Information**  
Ind/Fam In Network \$3,400/\$5,400  
Ind/Fam Out of Network Not Covered

BlueCross BlueShield of Illinois, an independent licensee of the BlueCross BlueShield Association, provides claims processing only and assumes no financial risk for claims. Not Regulated by IDOL.



Pharmacy Benefits Manager

[www.bcbsil.com](http://www.bcbsil.com)  
Customer Service  
Preauth-Medical  
Preauth-MH/SA  
Provider Locator  
24/7 Nurseline  
Pharmacy Program  
Teladoc VirtualPC

1-800-318-4442  
1-800-318-4442  
1-800-318-4442  
1-800-810-2583  
1-800-299-0274  
1-800-423-1973  
1-800-835-2362