



BlueCross.

**Keystone First
VIP Choice.**

Member Name:

<Member Name>

Member ID#:

YXM<123456789>

Health Plan #:

(80840) 7053314697

MEMBER CANNOT BE CHARGED

Cost sharing/copays: \$0 for doctor visits and hospital stays

RX BIN **019587**

RX PCN **06110000**

**Keystone First VIP Choice
(HMO-SNP) H4227-001**

Medicare_{Rx}
Prescription Drug Coverage



BlueCross.

Keystone First VIP Choice Claims Processing Center
P.O. Box 7143
London, KY 40742-7143

DO NOT bill Original Medicare.

Out-of-Area Providers:

File all claims with your local Blue Cross/Blue Shield plan.

Coverage of benefits and services may be limited outside of the Keystone First VIP Choice service area.

Submit Prescription Claims to:

PerformRx/Keystone First VIP Choice
P.O. Box 516
Essington, PA 19029

Pharmacists: RX ID is the Member ID

www.keystonefirstvipchoice.com

Members: Call Member Services at **1-800-450-1166 (TTY 711)** or visit our website at www.keystonefirstvipchoice.com.

Providers: Call **1-800-521-6007**.

Outside-of-Area: To verify member eligibility and coverage, or for pre-certification, call **1-800-521-6007**.

For Pharmacy Benefit Information:

Members call: **1-866-828-0021**. Providers call: **1-866-828-0023**.

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

PERFORMRx™

Next Generation Pharmacy Benefits