



Wellmark Blue Cross Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and
Blue Shield Association

December 26, 2013

Member Name
Address
City, State Zip

Plan Member ID: [WID]

Confirmation of health care and pharmacy coverage

Dear Valued Member,

Thank you for choosing Wellmark to protect your health. This letter confirms you are enrolled in health coverage through Wellmark effective Jan. 1, 2014. Please present this letter to your health care provider when receiving health care services, or to your pharmacist when filling a prescription until you receive your Wellmark ID card.

For health care services

Your health care provider can verify your eligibility and benefits on Wellmark.com or by calling 800-819-0893. Please provide him or her with your Social Security number to confirm benefits and eligibility.

For pharmacy services

Please show this letter to your pharmacist when filling a prescription. Your pharmacist will need the following information:

- Pharmacy Benefits Manager: Catamaran
- Rx Bin number: 005947
- Rx Group number: WELLRX
- Social Security number
- Patient's date of birth

After receiving your Wellmark ID card, please destroy this letter and begin showing your ID card to your health care providers and pharmacists when receiving services. Or you can print or view a temporary ID card by registering and creating a personalized myWellmark account at Wellmark.com. To view or print your temporary ID card, visit Wellmark.com, select Register Now and fill out the form using the Plan Member ID found at the top of this letter. Once registered, select My Account, then click on Order ID card. Next, select View/Print ID Card.

Sincerely,

Paula May
Team Leader, Membership & Enrollment