BlueCross BlueShield of Texas

MyBlue Health℠

FRONT

3 CHARACTER PREFIX

NETWORK ID

TDI INDICATES FULLY INSURED MEMBER

PRIMARY CARE PROVIDER (PCP) NAME AND PHONE NUMBER

MYBLUE HEALTH SELECT PCP PORG, IF APPLICABLE; EFFECTIVE 01/01/2022.
CentroMed - **CTRM**
CommUnityCare - **CCAR**
Lone Star Circle of Care - **LSCO**
Independent Community Physicians - **ICPH**

SANITAS - **SNTX**, EFFECTIVE 01/01/2020

BlueCross BlueShield of Texas — **HMO** — **MyBlue Health**℠

Member Name — TDI — BFT — QHP

Member ID
T2G

Group No.
Effective Date

PCP:

BIN
Rx PCN
Rx Generic Copay
Rx Brand Copay
Rx Specialty Copay
Emergency Room
PCP Copay
Specialist Copay

SAMPLE

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BACK

Web Customer Service: www.bcbstx.com/BAM

BlueCross BlueShield of Texas

Call for preauthorization prior to services, including, but not limited to, admissions, home health care, and specified outpatient services. Refer to your coverage documents for a full listing.
Caution: Confirm your provider is in your plan's network.
Go to www.bcbstx.com.
File MEDICAL CLAIMS with your local BCBS Plan.

Member Customer
Pre-Authorization:
Behavioral Health:
24/7 Nurseline:

SAMPLE

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Pharmacy Benefits Manager

PRIME THERAPEUTICS®