







BlueCross BlueShield of Texas

# Blue Advantage HMO<sup>SM</sup> SAMPLE ID CARD

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ALPHA PREFIX	 <b>BlueCross BlueShield of Texas</b> <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>	<b>HMO</b>	
NETWORK ID		Subscriber Name: <b>SAMPLE CARD</b>	
TDI INDICATES FULLY INSURED MEMBER		Identification Number: <b>ABC 123456789</b>	
PRIMARY CARE PROVIDER (PCP) NAME AND PHONE #		Group Number: <b>123456</b>	Dependent Name:
PCP PORG IF APPLICABLE		Member Effective: <b>08/01/12</b>	OV/Specialist <b>020456</b>
	<b>TDI BAV</b>	Urgent Care	<b>SAMPLE</b>
	PCP: <b>JOHN SMITH MD</b>	Emergency Room	
	<b>972-123-4567</b> <b>09/01/12</b>	RX Generic Copay <b>0.00</b>	
	<b>LRDC</b>	RX Brand Copay <b>0.00</b>	
		RxBIN: <b>011552</b>	
		RxPCN: <b>BCTX</b>	
			

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<a href="http://www.bcbstx.com">www.bcbstx.com</a>	
	
 <b>BlueCross BlueShield of Texas</b>	Customer Service Guest Membership Presauth-Medical Presauth-MH/CD Blue Card Access Provider Service
Some services must be preauthorized, including Mental Health (MH) and Chemical Dependency (CD). Claims should be mailed to HMO Blue Texas, P.O. Box 660644, Dallas, TX 75266-0644.	<b>SAMPLE</b>
 <b>PRIME</b> <small>PHARMACY</small>	BlueCross BlueShield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the BlueCross BlueShield Association.  Pharmacy Benefits Manager