



BlueCross BlueShield of Texas

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

## FRONT

TDI INDICATES FULLY INSURED MEMBER		BlueCross BlueShield of Texas	HMO Plus	Blue Advantage HMO <sup>SM</sup>	DESIGNATES BLUE ADVANTAGE PLUS HMO PLAN
		Member Name ABC SAMPLE	TDI	BAV	QHP
ALPHA PREFIX		Member ID ABC123456789			QUALIFIED HEALTH PLAN
		Group No. 123456 Effective Date 01/01/18			NETWORK ID
PRIMARY CARE PROVIDER (PCP) NAME & PHONE #		PCP: JOHN SMITH MD XXX-XXX-XXXX 02/01/2018			
			BIN Rx PCN Rx Generic Copay Rx Brand Co-Ins Rx Specialty Co-Ins Emergency Room PCP Copay Specialist Copay	SAMPLE	
			Rx		

## BACK

Web Customer Service: <a href="http://www.bcbstx.com/BAM">www.bcbstx.com/BAM</a>	
 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 <a href="http://www.bcbstx.com">www.bcbstx.com</a> . File MEDICAL CLAIMS with your local BCBS Plan.	Member Customer Service: Pre-Authorization: Behavioral Health: 24/7 Nurseline:  A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.
 PRIME THERAPEUTICS	Pharmacy Benefits Manager