



BlueCross BlueShield of Texas

Blue PremierSM SAMPLE ID CARD

FRONT

ALPHA PREFIX → ABC

TDI INDICATES FULLY INSURED MEMBER → TDI

NETWORK ID → HMH

PRIMARY CARE PROVIDER (PCP) NAME AND PHONE # → PCP: TOMAS LUMICAO JR MD
713-798-7700 02/01/18

PCP PORG (IF APPLICABLE) → LXXX

BlueCross BlueShield of Texas
An Independent licensee of the Blue Cross and Blue Shield Association

HMO

Subscriber Name: **ABC SAMPLE**

Identification Number: **ABC 123456789**

Group Number: **123456**

Dependent Name: **ABC SAMPLE**

PCP/Specialist **\$40/\$80**

Emergency Room **\$30**

Urgent Care **\$65**

RX Generic Copay **\$10**

RX Brand Copay **30%/30%**

RxBIN: 011552

RxPCN: BCTX

BACK

www.bcbstx.com

BlueCross BlueShield of Texas

Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD).
Claims should be mailed to: HMO Blue Texas, P.O. Box 680044, Dallas, TX 75266-0044.

Customer Service
Guest Membership
Preauth-Medical
Preauth-MH/CD
Blue Card Access
Provider Service

SAMPLE

BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded

PRIME THERAPEUTICS
Pharmacy Benefits Manager