



BlueCross BlueShield of Texas

Blue EssentialsSM SAMPLE ID CARD

FRONT


ALPHA PREFIX

TDI INDICATES
FULLY INSURED
MEMBER

NETWORK ID

PRIMARY CARE
PROVIDER
(PCP) NAME & PHONE #

PCP PORG (IF APPLICABLE)

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

HMO

Subscriber Name:
ABC SAMPLE

Identification Number:
ZGZ123456789

Group Number: 123456
Member Effective: 01/01/10



HMO TDI

PCP: SORAB M ITALIA DO
281-558-6700 01/01/17

RNPO


Office Visit \$10
Emergency Room \$100
Specialist \$30
RX Copay \$15/\$35/\$50


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: Blue Cross Blue
Shield of Texas, P.O. Box 660044, Dallas, TX
75266-0044.

Customer Service 1-877-300-3377
Guest Members 396
Presauth-Medical **SAMPLE** 188
Presauth-MH/CD 422
Blue Card Access 583
Provider Service 1-800-676-2583

BlueCross BlueShield of Texas, a Division of
Health Care Service Corporation, a Mutual Legal
Reserve Company, an independent licensee of
the BlueCross BlueShield Association.

 **PRIME**
THERAPEUTICS

Pharmacy Benefits Manager