



TEACHER RETIREMENT SYSTEM

ID CARD QUICK REFERENCE GUIDE

Each **TRS-ActiveCare** and **TRS-Care Standard** participant's identification card displays important information required for billing and determining benefits. When filing a BCBSTX claim, two of the most important elements are the participant's ID Number and group number.

The following pages are samples of participant cards for:

- ❖ **TRS-ActiveCare Primary**
- ❖ **TRS-ActiveCare Primary+**
- ❖ **TRS-ActiveCare HD**
- ❖ **TRS-ActiveCare 2**
- ❖ **TRS-Care Standard**



BlueCross BlueShield of Texas


TRS-ActiveCare Primary


FRONT

Three Character
Prefix

PCP Name and
Phone #

PORG

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

**TRS** ACTIVECARE
YOUR PRE-RETIRED BENEFIT CONTINUATION PLAN

Subscriber Name:
Member Name


Identification Number:
T2U123456789

Group Number: 385003
Coverage Date: 09/01/24

PCP: First Last Name APN
999-999-9999 09/01/24
Referral Required

PCP/Specialist \$30/\$70
Urgent Care \$50
Emergency Room 30% after ded
Free-Standing ER \$500 + ded + 30%
Teladoc / RediMD \$12 / \$0


AUFS



TRS-ActiveCare
Logo

TRS-ActiveCare
Plan Name

BACK

**BlueCross BlueShield**
of Texas

www.bcbstx.com/trsactivecare
Customer Service 1-866-355-5999
24/7 Nurseline 1-833-968-1770

This card does not guarantee coverage and to verify benefits, review claims, or find a provider visit www.bcbstx.com/trsactivecare or call toll-free 1-866-355-5999.
This plan requires a PCP for diagnostic care and referrals for specialist. Make sure the PCP listed on front of card is the provider you are seeing.
For questions or changes contact BCBS customer service. File claims with your local BCBS Plan.
Text MYTRS to 33633 for Benefit Information.

Deductible Information
Ind/Fam In Network \$2,500/\$5,000
Ind/Fam Out of Network Not Offered

Out of Pocket Maximum Information
Ind/Fam In Network \$8,050/\$16,100
Ind/Fam Out of Network Not Offered

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

TRS-ActiveCare
Website and
Contact #'s




Identifies
Participant is in
TRS-ActiveCare
Administrative
Services Only
Self Funded
Plan




BlueCross BlueShield of Texas

TRS-ActiveCare Primary+

FRONT

Three Character Prefix	PCP Name and Phone #	PORG	 BlueCross BlueShield of Texas <small>An Independent licensee of the Blue Cross and Blue Shield Association</small>	 TRS-ActiveCare <small>TRUSTEES RETIREMENT PROGRAM OF TEXAS</small>	TRS-ActiveCare Logo	TRS-ActiveCare Plan Name
			Subscriber Name: _____	TRS-ActiveCare Primary +		
			Member Name _____			
			Identification Number: _____			
			T2U123456789			
			Group Number: 385001	PCP/Specialist \$15/\$70		
			Coverage Date: 09/01/23	Urgent Care \$50		
				ER 20% after ded.		
			PCP: First Last Name MD	Free-Standing ER \$500 + ded + 20%		
			999-999-9999 09/01/23	Teladoc / RediMD \$12 / \$0		
			Referral Required			
			LOIF			
						

BACK

 BlueCross BlueShield of Texas	www.bcbstx.com/trsactivecare Customer Service 1-866-355-5999 24/7 Nurseline 1-833-968-1770	TRS-ActiveCare Website and Contact #'s
<p>This card does not guarantee coverage and to verify benefits, review claims, or find a provider visit www.bcbstx.com/trsactivecare or call toll-free 1-866-355-5999.</p> <p>This plan requires a PCP for diagnostic care and referrals for specialist. Make sure the PCP listed on front of card is the provider you are seeing. For questions or changes contact BCBS customer service. File claims with your local BCBS Plan.</p> <p>Text MYTRS to 33633 for Benefit Information.</p>		Identifies Participant is in TRS-ActiveCare Administrative Services Only Self Funded Plan
Deductible Information Ind/Fam In Network \$1,200/\$2,400 Ind/Fam Out of Network Not Offered		
Out of Pocket Maximum Information Ind/Fam In Network \$6,900/\$13,800 Ind/Fam Out of Network Not Offered		
<p>BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded</p>		



BlueCross BlueShield of Texas

TRS-ActiveCare HD

FRONT

The front of the insurance card features the BlueCross BlueShield of Texas logo on the top left, the TRS-ActiveCare logo on the top right, and a dashed border. The card contains the following information:

Subscriber Name: Member Name Identification Number: T2S123456789		TRS-ActiveCare HD	
Group Number: 385000	Coverage Date: 09/01/24	Deductible \$3,200/\$6,400	Medical Services 30% after ded.
BCA SINGLE		Free-Standing ER \$500 + ded + 30%	Teladoc / RediMD \$42 / \$30
		Blue Edge® PPO®	

Three Character Prefix

Network ID

TRS-ActiveCare Logo

TRS-ActiveCare Plan Name

Nationwide PPO Network

BACK

The back of the insurance card features the BlueCross BlueShield of Texas logo on the top left, the TRS-ActiveCare logo on the top right, and a dashed border. The card contains the following information:

<p>This card does not guarantee coverage and to verify benefits, review claims, or find a provider visit www.bcbstx.com/trsactivecare or call toll-free 1-866-355-5999.</p> <p>File claims with your local BCBS Plan.</p> <p>Text MYTRS to 33633 for Benefit Information</p>	<p>www.bcbstx.com/trsactivecare</p> <p>Customer Service 1-866-355-5999</p> <p>24/7 Nurseline 1-833-968-1770</p>
	<p>Deductible Information</p> <p>Ind/Fam In Network \$3,200/\$6,400</p> <p>Ind/Fam Out of Network \$6,400/\$12,800</p>
	<p>Out of Pocket Maximum Information</p> <p>Ind/Fam In Network \$8,050/\$16,100</p> <p>Ind/Fam Out of Network \$20,250/\$40,500</p>
	<p>BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded</p>

TRS-ActiveCare Website and Contact #'s



Identifies Participant is in TRS-ActiveCare Administrative Services Only Self Funded Plan



BlueCross BlueShield of Texas

TRS-ActiveCare 2

FRONT

 BlueCross BlueShield of Texas <small>An Independent licensee of the Blue Cross and Blue Shield Association</small>	
Subscriber Name: Member Name Identification Number: T2S123456789	TRS-ActiveCare 2
Group Number: 385002 Coverage Date: 09/01/22	PCP/Specialist \$30/\$70 Urgent Care \$50 ER \$250 + ded + 20% Free-Standing ER \$500 + ded + 20% Teladoc / RediMD \$12 / \$0
BCA SINGLE	
Blue Edge® PPO®	

Three Character
Prefix


Network ID

TRS-ActiveCare
Logo

TRS-ActiveCare
Plan Name

Nationwide
PPO Network

BACK

 BlueCross BlueShield of Texas	www.bcbstx.com/trsactivecare Customer Service 1-866-355-5999 24/7 Nurseline 1-833-968-1770
<small>This card does not guarantee coverage and to verify benefits, review claims, or find a provider visit www.bcbstx.com/trsactivecare or call toll-free 1-866-355-5999. File claims with your local BCBS Plan. Text MYTRS to 33633 for Benefit Information</small>	
Deductible Information Ind/Fam In Network \$1,000/\$3,000 Ind/Fam Out of Network \$2,000/\$6,000	
Out of Pocket Maximum Information Ind/Fam In Network \$7,900/\$15,800 Ind/Fam Out of Network \$23,700/\$47,400	
<small>BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded</small>	

TRS-ActiveCare
Website and
Contact #'s

Identifies
Participant is in
TRS-ActiveCare
Administrative
Services Only
Self Funded Pan



TRS-ActiveCareStandard

FRONT

The front of the ID card features the BlueCross BlueShield of Texas logo and the TRS-Care logo. It includes fields for Subscriber Name, Member Name, Identification Number (T3X123456789), Group Number (485000), Coverage Date (01/01/25), and Network ID (BCA). It also lists Deductible (\$1,650/\$3,300), Medical Services (20% after ded.), Emergency Room (20% after ded.), Teladoc (\$42 Medical), and RediMD (\$30 Medical). The card is labeled as a Blue Edge PPO.

BlueCross BlueShield of Texas An Independent licensee of the Blue Cross and Blue Shield Association		TRS-Care TEACHER RETIREMENT SYSTEM OF TEXAS
Subscriber Name: Member Name Identification Number: T3X123456789		TRS-Care Standard
Group Number: Coverage Date:	485000 01/01/25	Deductible Medical Services Emergency Room Teladoc RediMD
BCA		\$1,650/\$3,300 20% after ded. 20% after ded. \$42 Medical \$30 Medical
		Blue Edge PPO

Three Character Prefix

Network ID

TRS-Care Logo

TRS-Care Standard Plan Logo

Nationwide PPO Network

BACK

The back of the ID card provides contact information, including the website (www.bcbstx.com/trscarestandard), Customer Service (1-866-355-5999), and 24/7 Nurseline (1-833-968-1770). It also includes Deductible Information, Out of Pocket Maximum Information, and a disclaimer.

BlueCross BlueShield of Texas This card does not guarantee coverage and to verify benefits, review claims, or find a provider visit www.bcbstx.com/trscarestandard or call toll-free 1-866-355-5999. File claims with your local BCBS Plan.	www.bcbstx.com/trscarestandard Customer Service 1-866-355-5999 24/7 Nurseline 1-833-968-1770
Deductible Information Ind/Fam In Network \$1,650/\$3,300 Ind/Fam Out of Network \$3,300/\$6,600	Out of Pocket Maximum Information Ind/Fam In Network \$5,650/\$11,300 Ind/Fam Out of Network \$11,300/\$22,600
BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded	

TRS-Care Standard Website and Contact #'s

Identifies Participant is in TRS-Standard Administrative Services Only Self Funded Plan