



## EMPLOYEES RETIREMENT SYSTEM OF TEXAS (ERS) ID CARD ELEMENTS QUICK REFERENCE GUIDE

Each ERS 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 ERS participant cards for **HealthSelect of Texas<sup>®</sup>**, **Consumer Directed HealthSelect<sup>SM</sup>**, **HealthSelect<sup>SM</sup> Out-of-State**, **Consumer Directed HealthSelect<sup>SM</sup> Out-of-State** and **HealthSelect<sup>SM</sup> Secondary**.


# SAMPLE ID CARD



BlueCross BlueShield  
of Texas

## HealthSelect of Texas

### FRONT

 **BlueCross BlueShield** **HealthSelect**<sup>of Texas</sup>

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Subscriber Name:  
**SAMPLE POLICY HOLDER**

Identification Number:  
**JEA123456789**


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Group Number: **238000**      PCP/Specialist  
Coverage Date: **09/01/17**      Emergency Room  
**HME**      Urgent Care  
PCP: **JOHN SMITH MD**      Virtual Visit

---

**XXX-XXX-XXXX**      09/01/17  
Referral Required

**SAMPLE**



PREFIX


NETWORK ID

PRIMARY CARE PROVIDER (PCP) NAME AND PHONE #

HEALTHSELECT OF TEXAS PLAN IDENTIFIER

### BACK

[www.healthselectoftexas.com](http://www.healthselectoftexas.com)

 **BlueCross BlueShield of Texas**

For Members      1-800  
For Providers      1-800  
Prior Auth      1-800

**SAMPLE**

This card does not guarantee coverage. To verify benefits, review claims, or find a provider visit [www.healthselectoftexas.com](http://www.healthselectoftexas.com) or call toll-free (800)252-8039. To pay less, use providers in the HealthSelect network. Some services must be preauthorized. Refer to your benefits information for additional details. File claims with your local Blue Cross and/or Blue Shield Plan.

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

HEALTHSELECT OF TEXAS WEBSITE


# SAMPLE ID CARD



BlueCross BlueShield  
of Texas

## Consumer Directed HealthSelect

FRONT

 **BlueCross  
BlueShield**


**CONSUMER DIRECTED**  
**HealthSelect**

Subscriber Name:  
**SAMPLE POLICY HOLDER**

Identification Number:  
**JNA123456789**

Group Number: **238000**  
Coverage Date: **03/01/20**

**HME**




CONSUMER  
DIRECTED  
HEALTHSELECT  
PLAN IDENTIFIER

PREFIX

NETWORK ID

BACK

[www.healthselectoftexas.com](http://www.healthselectoftexas.com)

 **BlueCross BlueShield  
of Texas**

For Members **1-800**  
For Providers **1-800**  
Prior Auth **1-800**

**SAMPLE**

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HEALTHSELECT OF  
TEXAS WEBSITE

# SAMPLE ID CARD



BlueCross BlueShield  
of Texas

## HealthSelect Out-Of-State

### FRONT

 **BlueCross BlueShield** **HealthSelect**<sup>of Texas</sup>

Subscriber Name:  
**SAMPLE POLICY HOLDER**

Identification Number:  
**JXA123456789**

Group Number: **238000** PCP/Specialist  
Coverage Date: **09/01/18** Emergency Room  
Urgent Care  
Virtual Visit

**SAMPLE**

**PPO**

 **PPO**

HEALTHSELECT  
OF TEXAS PLAN  
IDENTIFIER


PREFIX

NETWORK ID

PPO IN SUITCASE  
IDENTIFIES  
OUT-OF-STATE PLAN

### BACK

[www.healthselectoftexas.com](http://www.healthselectoftexas.com)

 **BlueCross BlueShield  
of Texas**

For Members **1-800**  
For Providers **1-800**  
Prior Auth **1-800** **SAMPLE**

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HEALTHSELECT OF  
TEXAS WEBSITE


# SAMPLE ID CARD



BlueCross BlueShield  
of Texas

## Consumer Directed HealthSelect Out-Of-State

### FRONT

 **BlueCross  
BlueShield**

**CONSUMER DIRECTED  
HealthSelect**


Subscriber Name:  
**SAMPLE POLICY HOLDER**

Identification Number:  
**JVA123456789**

Group Number: **238000**

Coverage Date: **11/01/19**

**PPO**

 **PPO**

PREFIX


CONSUMER  
DIRECTED  
HEALTHSELECT  
PLAN IDENTIFIER

NETWORK ID

PPO IN SUITCASE  
IDENTIFIES  
OUT-OF-STATE PLAN

### BACK

[www.healthselectoftexas.com](http://www.healthselectoftexas.com)

 **BlueCross BlueShield  
of Texas**

For Members **1-800**

For Providers **1-800**

Prior Auth **1-800**

**SAMPLE**

**HEALTHSELECT OF  
TEXAS WEBSITE**

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HEALTHSELECT OF  
TEXAS WEBSITE

**SAMPLE**


# SAMPLE ID CARD



BlueCross BlueShield  
of Texas

## HealthSelect Secondary

### FRONT

 **BlueCross BlueShield** **HealthSelect** of Texas

Subscriber Name: \_\_\_\_\_  
**SAMPLE POLICY HOLDER**

Identification Number: \_\_\_\_\_  
**JYA123456789**

Group Number: **238000** \_\_\_\_\_  
Coverage Date: **06/01/20** \_\_\_\_\_

**TRAD** \_\_\_\_\_


PREFIX

HEALTHSELECT  
OF TEXAS PLAN  
IDENTIFIER

NETWORK ID

### BACK

[www.healthselectoftexas.com](http://www.healthselectoftexas.com)

 **BlueCross BlueShield of Texas**

For Members: **1-800**  
For Providers: **1-800** **SAMPLE**

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HEALTHSELECT OF  
TEXAS WEBSITE