

SAMPLE ID CARD



BlueCross BlueShield
of Texas

Blue Advantage HMOSM

FRONT

ALPHA PREFIX

NETWORK ID

TDI INDICATES FULLY INSURED MEMBER

PRIMARY CARE PROVIDER (PCP) NAME AND PHONE #

PCP PORG IF APPLICABLE

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

HMO

Subscriber Name: **SAMPLE CARD**

Identification Number: **ABC 123456789**

Group Number: **123456**

Member Effective: **08/01/12**

PCP: **JOHN SMITH MD**
972-123-4567 09/01/12

LRDC

Dependent Name:

OV/Specialist **620/650**

Urgent Care



Emergency Room **SAMPLE**

RX Generic Copay **333/350**

RX Brand Copay

RxBIN: 011552

RxPCN: BCTX

BACK

www.bcbstx.com



BlueCross BlueShield of Texas

Customer Service **1-877-300-3333**

Guest Membership **SAMPLE**

Presouth-Medical

Presouth-MH/CD

Blue Card Access

Provider Service **1-800-670-6000**

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 468044, Dallas, TX 75246-0644.

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

 **PRIME**
THERAPEUTICS

Pharmacy Benefits Manager