

SAMPLE ID CARD



BlueCross BlueShield
of Texas

Blue PremierSM

FRONT

ALPHA PREFIX → HMO

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
Blue Premier

PCP PORG (IF APPLICABLE) → LXXX



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

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 660044, 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**
THERAPEUTICSSM

Pharmacy Benefits Manager