



SAMPLE ID CARD



BlueCross BlueShield
of Texas

Blue Advantage PlusSM HMO

FRONT

TDI INDICATES FULLY INSURED MEMBER	 BlueCross BlueShield of Texas	HMO Plus ← Blue Advantage HMO SM	DESIGNATES BLUE ADVANTAGE PLUS HMO PLAN	
	Member Name ABC SAMPLE	TDI	BAV	QHP ← QUALIFIED HEALTH PLAN
ALPHA PREFIX	Member ID ABC123456789			
PRIMARY CARE PROVIDER (PCP) NAME & PHONE #	Group No. 123456 Effective Date 01/01/18 PCP: JOHN SMITH MD XXX-XXX-XXXX 02/01/2018	BIN Rx PCN Rx Generic Copay Rx Brand Co-Ins Rx Specialty Co-Ins Emergency Room PCP Copay Specialist Copay	SAMPLE	NETWORK ID
		Rx 		

BACK

Web Customer Service: www.bcbstx.com/BAM	
 BlueCross BlueShield of Texas	Member Customer Service:
Call for preauthorization prior to services, including, but not limited to, admissions, home health care, and specified outpatient services. Refer to your coverage documents for a full listing. Caution: Confirm your provider is in your plan's network. Go to www.bcbstx.com . File MEDICAL CLAIMS with your local BCBS Plan.	Pre-Authorization: SAMPLE Behavioral Health: 24/7 Nurseline:
 PRIME THERAPEUTICAL	A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Pharmacy Benefits Manager