

# SAMPLE ID CARD



BlueCross BlueShield  
of Texas

## Blue Advantage HMO<sup>SM</sup>

### 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

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Subscriber Name:  
SAMPLE CARD

Identification Number:  
ABC 123456789

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Group Number: 123456  
Member Effective: 08/01/12

TDI SAV

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

LRDC

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Dependent Name:

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OV/Specialist 620/650

Urgent Care

Emergency Room **SAMPLE**

RX Generic Copay

RX Brand Copay 333/350

RxBIN: 011552

RxPCN: BCTX

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### BACK

www.bcbstx.com

BlueCross BlueShield of Texas

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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.

Customer Service 1-877-300-3333

Guest Membership **SAMPLE**

Presouth-Medical

Presouth-MH/CD

Blue Card Access

Provider Service 1-800-670-6000

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PRIME  
THERAPEUTICS

Pharmacy Benefits Manager