



## Sample Identification (ID) Cards

The three (3) alpha characters displayed in **red** font will identify the plan/network that a member is enrolled in.

**BCA** = Blue Choice PPO Network

**BAV** = Blue Advantage HMO Network

**HMO** = HMO Blue Texas

### Blue Choice PPO<sup>SM</sup> Sample Group ID Card

**BlueCross BlueShield of Texas** **SAMPLE**

Subscriber Name: **SAMPLE CARD**  
Identification Number: **Z9P123456789**

Group Number: **123456**  
Coverage Date: **09/01/12**

Member Effective: **09/01/12**  
SINGLE **TDI BCA**

Office Visit \$20  
Emergency Room \$100  
Urgent Care \$45  
RX Copay \$15/40/55

RoBIN: 011552  
RoPCN: BCTX

**PPO** **Rx**

**Network Value**

**BlueCross BlueShield of Texas**

Customer Service 1-800-521-2227  
Presauth-Medical 1-800-441-9188  
Presauth-MH/CD 1-800-528-7264  
Blue Card Access 1-800-810-2583  
Provider Service 1-800-451-0287

Some services must be preauthorized, including Mental Health (MH) and Chemical Dependency (CD).  
Claims should be mailed to: HMO Blue Texas, P.O. Box 448844, Dallas, TX 75244-0844.

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

**PRIME**  
Pharmacy Benefits Manager

### Blue Advantage HMO<sup>SM</sup> Sample Group ID Card

**BlueCross BlueShield of Texas** **SAMPLE**

Subscriber Name: **SAMPLE CARD**  
Identification Number: **ZGY123456789**

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

Dependent Name: **TDI BAV**  
PCP: Dr. Smith MD  
972-123-4567 09/01/12

Dependent: **OV/Specialist \$30/\$50**  
**Urgent Care \$30**  
**Emergency Room \$150**  
**RX Generic Copay \$10**  
**RX Brand Copay \$35/\$65**

RoBIN: 011552  
RoPCN: BCTX

**HMO** **Rx**

**Network Value**

**BlueCross BlueShield of Texas**

Customer Service 1-877-299-2377  
Guest Membership 1-888-522-2396  
Presauth-Medical 1-800-441-9188  
Presauth-MH/CD 1-800-729-2422  
Blue Card Access 1-800-810-2583  
Provider Service 1-800-676-2583

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### HMO Blue Texas<sup>SM</sup> Sample Group ID Card

**BlueCross BlueShield of Texas** **SAMPLE**

Subscriber Name: **JOHN E. SAMPLE**  
Identification Number: **XXX123456789**

Group Number: **000000**

Member Effective: **09/01/08**  
PCP: JOHN DOE MD  
123-456-7890

Office Visit \$15  
Emergency Room \$75  
Urgent Care \$30  
Specialist \$15  
RX Copay \$10/15/30

RoBIN: 011552  
RoPCN: BCTX

**HMO Blue Texas** **Rx**

**Network Value**

**BlueCross BlueShield of Texas**

Customer Service 1-877-299-2377  
Guest Membership 1-888-522-2396  
Presauth-Medical 1-800-441-9188  
Presauth-MH/CD 1-800-729-2422  
Blue Card Access 1-800-810-2583  
Provider Service 1-800-676-2583

Some services must be preauthorized, including Mental Health (MH) and Chemical Dependency (CD).  
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Pharmacy Benefits Manager

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