


# Blue Premier Sample

## Front

 **BlueCross  
BlueShield**

Subscriber Name: **B PREMIER**

Identification Number: **ZGW12345678**

Group Number: **123456**

Coverage Date: **05/01/15**

PCP: **HMH** PCP Name

**BLUE PREMIER**

**Sample**


Alpha Prefix

Network ID

Product Offering

## Back

[www.bcbstx.com](http://www.bcbstx.com)

 **BlueCross BlueShield  
of Texas**

**Sample**

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

Network coverage is available through participating network Providers. Non-network services will not be covered, except in case of emergency. Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD). Refer to your benefits booklet for claims filing address and additional information. Providers: File claims with your local BCBS plan. File dental to PO Box 680247, Dallas, TX 75266-0247

BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims processing only and assumes no financial risk for claims.

# Blue Premier Access Sample

## Front

Alpha Prefix

Network ID

Product Offering

**BlueCross BlueShield**

Subscriber Name:  
**B PREMIER ACCESS**

Identification Number:  
**VCE 23456789**

Group Number: **123456**  
Coverage Date: **05/01/15**

**HMH**  
**BLUE PREMIER ACCESS**  
**OPEN ACCESS**

**Sample**

## Back

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**BlueCross BlueShield of Texas**

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**Sample**