


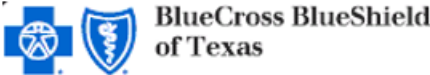


Blue Cross Medicare Advantage Dual Care (HMO SNP)SM

Sample ID Card

(Front & Back)

		Blue Cross Medicare Advantage (HMO SNP) SM
Name: Member Name ID: ZGJ804XXXXXX Plan (80840): 9101000260 Plan: Blue Cross Medicare Advantage Dual Care (HMO SNP) SM	Office Visit: \$ x Specialist: \$ xx Emergency Room: \$ xx	
RxBin: 011552 RxPCN: TXSNP Part B RxPCN: TXPARTBS RxGrp: 0009 RxID: 804XXXXXX	PCP / PCN Name / NO PCP Selected / Unassigned PCP Phone: 1-###-###-#### XWPR_GRP_NAME	
HPID: TBD CMS H8133 009		

www.getbluetx.com/dsnp 	
Provider: File medical claims with your local BCBS Plan.	Pharmacy Line: 1-877-277-7898 Customer Service: 1-877-895-6437 TTY/TDD: 711 Behavioral Health: 1-800-327-9251 Nurse Advise Line: 1-800-631-7023
	
HMO Special Needs Plan provided by Blue Cross and Blue Shield of Texas, which refers to GHS Insurance Company (GHS), an Independent Licensee of the Blue Cross and Blue Shield	Association. GHS is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program.