





# ACTIVE EMPLOYEE

	<b>BlueCross BlueShield</b>	
Subscriber Name: _____		
Identification Number: TX _____		
Group Number: <b>039993</b>		
Coverage Date: <b>05/01/22</b>		
BCA		
_____		
_____		
		

<b>Deductible Information</b>	<b>Out of Pocket Maximum Information</b>
Ind/Fam In Network _____	Ind/Fam In Network \$ _____
Ind/Fam Out of Network _____	Ind/Fam Out of Network \$ _____
	<b>BlueCross BlueShield of Texas</b>
<b>Customer Service</b> <b>1-866-295-1212</b>	
<b>24/7 Nurseline</b> <b>1-800-581-0368</b>	
<b>MDLive</b> <b>1-888-680-8646</b>	
<b>Network coverage is available through participating network providers. Non-network services will be covered at a lower level. 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.</b>	<b>bcbstx.com/tamus</b>
_____	<b>BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded</b>