



EMPLOYEES RETIREMENT SYSTEM OF TEXAS (ERS) ID CARD ELEMENTS QUICK REFERENCE GUIDE

Each ERS participant's Identification Card displays important information required for billing and determining benefits. When filing a BCBSTX claim, two of the most important elements are the participant's **ID Number** and **group number**.

The following pages are samples of ERS participant cards for **HealthSelect of Texas[®]**, **Consumer Directed HealthSelectSM**, **HealthSelectSM Out-of-State**, **Consumer Directed HealthSelectSM Out-of-State** and **HealthSelectSM Secondary**.


SAMPLE ID CARD



BlueCross BlueShield
of Texas

HealthSelect of Texas

FRONT

 **BlueCross BlueShield** **HealthSelect**[®] of Texas


Subscriber Name:
SAMPLE POLICY HOLDER

Identification Number:
JEA123456789

Group Number: **238000** PCP/Specialist
Coverage Date: **09/01/17** Emergency Room
HME Urgent Care
PCP: **JOHN SMITH MD** Virtual Visit

XXX-XXX-XXXX **09/01/17**
Referral Required

SAMPLE



PREFIX


NETWORK ID

PRIMARY CARE
PROVIDER (PCP)
NAME AND
PHONE #

HEALTHSELECT
OF TEXAS PLAN
IDENTIFIER

BACK

www.healthselectoftexas.com

 **BlueCross BlueShield
of Texas**

For Members 1-800
For Providers 1-800
Prior Auth 1-800

SAMPLE

This card does not guarantee coverage. To verify benefits, review claims, or find a provider visit www.healthselectoftexas.com or call toll-free (800)252-8039. To pay less, use providers in the HealthSelect network. Some services must be preauthorized. Refer to your benefits information for additional details. File claims with your local Blue Cross and/or Blue Shield Plan.

BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded

HEALTHSELECT OF
TEXAS WEBSITE


SAMPLE ID CARD



BlueCross BlueShield
of Texas

Consumer Directed HealthSelect

FRONT

 **BlueCross
BlueShield**

CONSUMER DIRECTED
HealthSelect


Subscriber Name:
SAMPLE POLICY HOLDER

Identification Number:
JNA123456789

Group Number: **238000**

Coverage Date: **03/01/20**

HME




CONSUMER
DIRECTED
HEALTHSELECT
PLAN IDENTIFIER

PREFIX

NETWORK ID

BACK

www.healthselectoftexas.com

 **BlueCross BlueShield
of Texas**

For Members **1-800**

For Providers **1-800**

Prior Auth **1-800**

SAMPLE

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HEALTHSELECT OF
TEXAS WEBSITE

SAMPLE ID CARD



BlueCross BlueShield
of Texas

HealthSelect Out-Of-State

FRONT

The front of the ID card features the BlueCross BlueShield logo on the left and the HealthSelect logo on the right. Below the logos, the card displays the following information:

Subscriber Name: SAMPLE POLICY HOLDER	
Identification Number: JXA123456789	
Group Number: 238000	PCP/Specialist
Coverage Date: 09/01/18	Emergency Room
	Urgent Care
	Virtual Visit
	SAMPLE
	PPO

At the bottom center, there is a suitcase icon with the word "PPO" written on it.

HEALTHSELECT
OF TEXAS PLAN
IDENTIFIER

PREFIX

NETWORK ID

PPO IN SUITCASE
IDENTIFIES
OUT-OF-STATE PLAN

BACK

The back of the ID card features the website address www.healthselectoftexas.com at the top left. Below this, there is a callout box pointing to the website address.

	BlueCross BlueShield of Texas	For Members	1-800	SAMPLE
		For Providers	1-800	
		Prior Auth	1-800	

Below the contact information, there is a disclaimer:

This card does not guarantee coverage. To verify benefits, review claims, or find a provider visit www.healthselectoftexas.com or call toll-free (800)252-8039. To pay less, use providers in the network. Some services must be preauthorized. Refer to your benefits information for additional details. File claims with your local Blue Cross and/or Blue Shield Plan.

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HEALTHSELECT OF
TEXAS WEBSITE

SAMPLE


SAMPLE ID CARD



BlueCross BlueShield
of Texas

Consumer Directed HealthSelect Out-Of-State

FRONT

 **BlueCross
BlueShield**

**CONSUMER DIRECTED
HealthSelect**


Subscriber Name:
SAMPLE POLICY HOLDER

Identification Number:
JVA123456789

Group Number: **238000**

Coverage Date: **11/01/19**

PPO

 **PPO**

CONSUMER
DIRECTED
HEALTHSELECT
PLAN IDENTIFIER


PREFIX

NETWORK ID

PPO IN SUITCASE
IDENTIFIES
OUT-OF-STATE PLAN

BACK

www.healthselectoftexas.com

 **BlueCross BlueShield
of Texas**

For Members **1-800**

For Providers **1-800**

Prior Auth **1-800**

SAMPLE

**HEALTHSELECT OF
TEXAS WEBSITE**

This card does not guarantee coverage. To verify benefits, review claims, or find a provider visit www.healthselectoftexas.com or call toll-free (800)252-8039. To pay less, use providers in the network. Some services must be preauthorized. Refer to your benefits information for additional details. File claims with your local Blue Cross and/or Blue Shield Plan.

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HEALTHSELECT OF
TEXAS WEBSITE

SAMPLE


SAMPLE ID CARD



BlueCross BlueShield
of Texas

HealthSelect Secondary

FRONT

	BlueCross BlueShield	HealthSelect [®]
Subscriber Name: SAMPLE POLICY HOLDER		
Identification Number: JYA123456789		
Group Number:	238000	
Coverage Date:	06/01/20	
NETWORK ID: TRAD		

PREFIX

HEALTHSELECT
OF TEXAS PLAN
IDENTIFIER

NETWORK ID

BACK

www.healthselectoftexas.com		
	BlueCross BlueShield of Texas	For Members: 1-800 For Providers: 1-800
This card does not guarantee coverage. To verify benefits, review claims, or find a provider visit www.healthselectoftexas.com or call toll-free (800)252-8039. To pay less, use providers in the network. Refer to your benefits information for additional details. File claims with your local Blue Cross and/or Blue Shield Plan.		SAMPLE
BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded		

HEALTHSELECT OF
TEXAS WEBSITE