






BlueCross BlueShield of Texas

SAMPLE ID CARDS

H-E-B PPO Plan

FRONT


		BlueCross BlueShield	
Subscriber Name FirstName LastName		Group Name H-E-B	
Subscriber ID# H4B1234567CH			
Group ID:	712345	MDLIVE Virtual	\$15
Plan:	BCBSTX PPO Plan	HEB WPC Clinic/PCP	\$0 / \$30
Partner Care Team & Member Services (24/7) (See back of card for phone number)		Mental Health	\$15
		Specialist	\$45 / \$55
		Urgent Care	\$65
		ER	\$400 + 20%
Collective Health	BCBSTX has hired Collective Health to handle member contact for health plan administration. See back for contact information.		

Prefix **H4B** and ID# ends with **CH**

Collective Health Logo

H-E-B Logo and Group Name

BACK

	BlueCross BlueShield of Texas	heb-bcbstx.collectivehealth.com
Deductible Information Ind/Fam In Network \$350 / \$1,050 Ind/Fam Out of Network \$1,000 / \$3,000	Subscriber Support: Collective Health (24/7) PCT & Member Services MDLIVE Virtual (24/7) HEB WPC Clinics*	866-432-7289 888-680-8646 855-803-9355
Out of Pocket Maximum Information Ind/Fam In Network \$4,000 / \$8,000 Ind/Fam Out of Network \$7,000 / \$14,000	Provider Support:	800-451-0287
Subscribers: When submitting inquiries always include your Subscriber ID number from the face of this card. Possession or use of this card does not guarantee payment. Inpatient stays and certain other procedures must be pre-authorized.	*Group contracts directly	
Providers: File medical claims with your local BCBS plan.	Blue Cross and Blue Shield of Texas, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.	

Website







BlueCross BlueShield of Texas

SAMPLE ID CARDS

H-E-B Retiree 90 10 Plan

FRONT

		BlueCross BlueShield			
Subscriber Name FirstName Lastname			Group Name H-E-B		
Subscriber ID# H4B1234567CH					
Group ID:	712344	Mental Health	\$15		
Plan:	Retiree 90 10 Plan	ER	\$300 + 10%		
		HEB WPC Clinic	\$0		
Partner Care Team & Member Services (24/7) (See back of card for phone number)					
		BCBSTX has hired Collective Health to handle member contact for health plan administration. See back for contact information.			


Prefix **H4B** and ID # ends with **CH**

Plan Name

Collective Health Logo

H-E-B Logo and Group Name

BACK

		BlueCross BlueShield of Texas		heb-bcbstx.collectivehealth.com	
Deductible Information Ind/Fam In Network \$300 / \$900 Ind/Fam Out of Network \$1,000 / \$3,000			Subscriber Support: Collective Health (24/7) PCT & Member Services 866-432-7289 HEB WPC Clinics* 855-803-9355		
Out of Pocket Maximum Information Ind/Fam In Network \$4,000 / \$8,000 Ind/Fam Out of Network \$7,000 / \$14,000			Provider Support: 800-451-0287		
Subscribers: When submitting inquiries always include your Subscriber ID number from the face of this card. Possession or use of this card does not guarantee payment. Inpatient stays and certain other procedures must be pre-authorized.			*Group contracts directly		
Providers: File medical claims with your local BCBS plan.			Blue Cross and Blue Shield of Texas, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.		

Website






BlueCross BlueShield of Texas

SAMPLE ID CARDS

H-E-B Retiree 80 20 Plan

FRONT


		BlueCross BlueShield			
Subscriber Name FirstName LastName		Group Name H-E-B			
Subscriber ID# H4B1234567CH					
Group ID:	712343	MDLIVE Virtual	\$15		
Plan:	Retiree 80 20 Plan	HEB WPC Clinic/PCP	\$0 / \$30		
		Mental Health	\$15		
		Specialist	\$45 / \$55		
		Urgent Care	\$65		
		ER	\$400 + 20%		
Partner Care Team & Member Services (24/7) (See back of card for phone number)					
Collective Health		BCBSTX has hired Collective Health to handle member contact for health plan administration. See back for contact information.			

Prefix **H4B** and ID# ends with **CH**

Plan Name

Collective Health Logo

H-E-B Logo and Group Name

	BlueCross BlueShield of Texas	heb-bcbstx.collectivehealth.com
Deductible Information Ind/Fam In Network \$350 / \$1,050 Ind/Fam Out of Network \$1,000 / \$3,000	Subscriber Support: Collective Health (24/7) PCT & Member Services MDLIVE Virtual (24/7) HEB WPC Clinics*	866-432-7289 888-680-8646 855-803-9355
Out of Pocket Maximum Information Ind/Fam In Network \$4,000 / \$8,000 Ind/Fam Out of Network \$7,000 / \$14,000	Provider Support:	800-451-0287
Subscribers: When submitting inquiries always include your Subscriber ID number from the face of this card. Possession or use of this card does not guarantee payment. Inpatient stays and certain other procedures must be pre-authorized.	*Group contracts directly	
Providers: File medical claims with your local BCBS plan.	Blue Cross and Blue Shield of Texas, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.	

Website