





BlueCross BlueShield  
of Texas




# Medicaid (STAR), STAR KIDS, and CHIP

SAMPLE ID CARDS

# STAR Kids Member ID Cards

 <b>BlueCross BlueShield of Texas</b> <small>A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association.</small>		 <b>TEXAS STAR Kids</b> <small>Your Health Plan ★ Your Choice</small>	
<b>Member Name:</b> <F_NAMEM_INITL_NAME>		<b>PCP: &lt;PCP_NAME&gt;</b>	
<b>AlphaPrefix:</b> WZG		<b>&lt;PCP_PHONE&gt;</b>	
<b>SubscriberID:</b> <SBSB_ID>		<hr/>	
<b>Medicaid ID Number:</b> <MEME_MEDCD_NO>		<hr/>	
<b>PCP Effective Date:</b> <EFFDT>		<hr/>	
<b>Rx Group No.:</b> <RxGroup>		<hr/>	
<b>Rx BIN:</b> 011552		<hr/>	
<b>Rx PCN:</b> TXCAID		<hr/>	
<b>PBM:</b> PRIME		<hr/>	



 <b>Your Texas Benefits</b> <small>Health and Human Services Commission</small>	
<b>Medicaid ID Card</b>	
<b>Member name:</b> Your name goes here	<b>Medical plan / Plan médico:</b> Your medical plan goes here. El nombre de su plan médico va aquí.
<b>Member ID (Medicaid ID):</b> 999999999	<b>Dental plan / Plan dental:</b> Your dental plan goes here. El nombre de su plan dental va aquí.
<b>Issuer ID: (80840)</b> 999999999	<b>Date card sent:</b> 06/01/2011
<b>RxBIN:</b> 001111 <b>RxPCN:</b> ADV <b>RxGRP:</b> RX1234	

## STAR Kids members receive two identification cards upon enrollment:



- State issued Medicaid identification card (*Your Texas Medicaid Benefit Card*); this is a permanent card and may be replaced if lost or stolen
- STAR Kids BCBSTX card either a STAR kids or STAR Kids Dual Eligible member ID

# STAR Kids ID Card Examples

These are two STAR Kids ID cards:

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<hr/> <b>Member Name:</b> <F_NAMEM_INITL_NAME> <b>AlphaPrefix:</b> <b>WZG</b> <b>SubscriberID:</b> <SBSB_ID> <b>Medicaid ID Number:</b> <MEME_MEDCD_NO>		<hr/> <b>PCP:</b> <PCP_NAME> <PCP_PHONE>	
<hr/> <b>PCP Effective Date:</b> <EFFDT> <b>Rx Group No.:</b> <RxGroup> <b>Rx BIN:</b> <b>011552</b> <b>Rx PCN:</b> <b>TXCAID</b> <b>PBM:</b> <b>PRIME</b>		<hr/>	



STAR Kids



 <b>BlueCross BlueShield of Texas</b> <small>A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association.</small>		 <b>TEXAS STAR Kids</b> <small>Your Health Plan ★ Your Choice</small> <b>STAR Kids Dual Eligible</b>	
<hr/> <b>Member Name:</b> <F_NAMEM_INITL_NAME> <b>Alpha Prefix:</b> <b>WZG</b> <b>Subscriber ID:</b> <SBSB_ID> <b>Medicaid ID Number:</b> <MEME_MEDCD_NO>		<hr/> <b>PCP:</b> <PCP_NAME> <PCP_PHONE>	
<hr/> <b>PCP Effective Date:</b> <EFFDT> <b>Rx Group No.:</b> <RxGroup2> <b>Rx BIN:</b> <b>011552</b> <b>Rx PCN:</b> <b>TXCAID</b> <b>PBM:</b> <b>PRIME</b>		<hr/> <b>LONG TERM SERVICES AND SUPPORT BENEFITS ONLY:</b> You receive primary, acute and behavioral health services through Medicare. You receive only long term care services through BCBSTX. <b>SERVICIOS A LARGO PLAZO Y SERVICIOS DE APOYO ÚNICAMENTE:</b> Usted recibe servicios de atención médica básica, especializada y de salud mental a través de Medicare. Usted solamente recibe los servicios de atención médica a largo plazo a través de BCBSTX.	



STAR Kids Dual Eligible



# Medicaid (STAR) and CHIP Identification Cards

Examples of other BCBSTX identification cards:

 <b>BlueCross BlueShield of Texas</b> <small>A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association.</small>		 <b>TEXAS STAR</b> <small>Your Health Plan • Your Choice</small>	
<b>Member Name:</b> <F_NAME M_INIT L_NAME> Alpha Prefix: ZGT Subscriber ID: <SBSB_ID> Medicaid ID Number: <MEME_MEDCD_NO>		<b>PCP:</b> <PCP_NAME> <PCP_PHONE>	
<b>PCP Effective Date:</b> <EFF DT> <b>Rx Group No.:</b> <RX_GROUP2>			
<b>Rx BIN:</b> 011552 <b>Rx PCN:</b> TXCAID <b>PBM:</b> PRIME			

 <b>BlueCross BlueShield of Texas</b> <small>A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association.</small>		 <b>CHIP</b>	
<b>Member Name:</b> <F_NAME M_INIT L_NAME> Alpha Prefix: ZGC Subscriber ID: <SBSB_ID> CHIP ID Number: <CHIP ID No.>		<b>PCP:</b> N/A <N/A>	
<b>PCP Effective Date:</b> <EFFDT> <b>Rx Group No.:</b> <RxGroup> <b>Rx BIN:</b> 011552 <b>Rx PCN:</b> TXCAID <b>PBM:</b> PRIME		<b>Office Visit/                  Visitas al consultorio:</b> <SXX> <b>Non-Emergency ER/                  No emergencias en la ER:</b> <SXX> <b>Hospital per admit/                  por hospital admiten:</b> <SXX> <b>Emergency Room/                  Emergencia en la ER:</b> <SXX> <b>Pharmacy (Brand)/                  farmacia (marca):</b> <SXX> <b>Pharmacy (Generic)/                  farmacia (generico):</b> <SXX>	

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		<b>Perinate</b>	
<b>Member Name:</b> <F_NAME M_INIT L_NAME> Alpha Prefix: ZGE Subscriber ID: <SBSB_ID> CHIP ID Number: <CHIP ID No.>		<b>PCP:</b> N/A <N/A>	
<b>PCP Effective Date:</b> <EFFDT> <b>Rx Group No.:</b> <RxGroup> <b>Rx BIN:</b> 011552 <b>Rx PCN:</b> TXCAID <b>PBM:</b> PRIME			

 <b>BlueCross BlueShield of Texas</b> <small>A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association.</small>		 <b>CHIP</b>	
		<b>Perinate NB</b>	
<b>Member Name:</b> <F_NAME M_INIT L_NAME> Alpha Prefix: ZGE Subscriber ID: <SBSB_ID> CHIP ID Number: <MEME_MEDCD_NO>		<b>PCP:</b> <PCP_NAME> <PCP_PHONE>	
<b>PCP Effective Date:</b> <EFFDT> <b>Rx Group No.:</b> <RxGroup> <b>Rx BIN:</b> 011552 <b>Rx PCN:</b> TXCAID <b>PBM:</b> PRIME		For CHIP Perinate newborns no co-payment or cost-sharing for covered services	