

Your member ID card

Important: Show your new card to your providers – even if you were a Baylor Scott & White Health Plan member last year. Your ID number or other information may have changed, and your provider needs your current information to check your coverage and bill the correct amount.

		Group: 3 Group #: 4 Network: 5 Benefit Effective Date: 6
1 SUBSCRIBER John Sample	2 MEMBER ID 000000000000	IN-NETWORK PLAN BENEFITS* Adult PCP/Spec: 7 Pediatric PCP/Spec: 7 ER/Urgent: 8 Med Deductible: 8 Out-of-Pocket Max: 8 Rx Ded: 9 Rx: 9
DEPENDENTS Jane Sample Jack Sample		000000000000 000000000000
		*Deductible may apply. Refer to plan document.
		PHARMACISTS ONLY
		Pharmacy Help Desk: 855-205-9182 BIN: 610011 PCN: IRX GRP: SWPBSWCP

FOR PROVIDERS Electronic Claims: Availity: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Visit the provider portal Fax: 800-626-3042 Phone: 888-316-7947 Provider Portal: swhpprovider.firstcare.com Card Issue Date: 08/15/2022	FOR MEMBERS Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Important Information: <ul style="list-style-type: none"> In a medical emergency, call 911 or go to the nearest emergency facility. Customer Service: 844-633-5325 (TTY: 711) A Telehealth Options: <ul style="list-style-type: none"> 1. MyBSWHealth app or MyBSWHealth.com 2. MDLIVE app or 800-718-5082 24/7 Nurse Line: 877-505-7947 Self-Service Portal: MyBSWHealth.com To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com/
CUSTOMER SERVICE: 844-633-5325 • BSWHealthPlan.com D	

- 1 Member name
- 2 Member ID number
- 3 Group name
- 4 Group ID number
- 5 Network name
- 6 Benefit effective date
- 7 Copays/coinsurance
- 8 Deductible
- 9 Pharmacy/prescription drug info

- A Customer service phone number
- B 24/7 Nurse Line
- C Member portal information
- D BSWHP website

Your member ID card will be mailed to your home. You can view your card on the MyBSWHealth app and download/print a copy or request a replacement through the member portal at MyBSWHealth.com.



		Group: Group #: Network: Benefit Effective Date:
SUBSCRIBER John Sample	MEMBER ID 000000000000	IN-NETWORK PLAN BENEFITS* Adult PCP/Spec: Pediatric PCP/Spec: ER/Urgent: Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
DEPENDENTS Jane Sample Jack Sample		000000000000 000000000000
		*Deductible may apply. Refer to plan document.
		PHARMACISTS ONLY
		Pharmacy Help Desk: 855-205-9182 BIN: 610011 PCN: IRX GRP: SWPBSWCP

The ID card shown above is a sample. The exact location of certain elements may vary on your card.