



**BlueCross
BlueShield**



Subscriber Name:
DERIC SALLAS
Identification Number:
W4F826081055

Whole Foods Market

Group Number: **272553**
Coverage Date: **01/01/20**

BCA SINGLE

RxBIN: 004336 RxGRP: RX4133
RxPCN: ADV





BlueCross BlueShield
of Texas

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.
Submit Pharmacy paper claims: CVS Caremark
Claims Dept PO Box 52136 Phoenix, AZ
85072-2136

CVS/caremark

Customer Service	1-800-269-0420
Preauth-Medical	1-800-441-9188
Preauth-MH/CD	1-800-528-7264
Virtual Visits	1-888-680-8646
24/7 Nurseline	1-800-581-0368
TMAP*	1-877-273-2715
CVS/Caremark**	1-855-305-3024
RX Help Desk**	1-800-364-6331
*Group contracts directly	

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

**Pharmacy Benefits Manager