



Baylor Scott & White  
Health Plan

# 2024 Provider Reference Guide



# Helpful Plan Information

	Commercial & Medicare	Medicaid
Website Resources	<ul style="list-style-type: none"> <li>• <a href="#">BSWHP Provider Home Page</a></li> <li>• <a href="#">BSWHP Provider Manual &amp; Training</a></li> <li>• <a href="#">BSWHP Provider Search Tool</a></li> <li>• <a href="#">Add Provider to Existing Contract</a></li> <li>• <a href="#">Provider Change of Address</a></li> <li>• <a href="#">Modify Existing Contract (Rates, add Products, update TIN, etc.)</a></li> <li>• <a href="#">Provider Termination</a></li> <li>• <a href="#">Update Medicaid/Medicare Number(s)</a></li> <li>• <a href="#">Join Our Network</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">RightCare Provider Home Page</a></li> <li>• <a href="#">FirstCare Provider Home Page</a></li> <li>• <a href="#">RightCare Provider Manual</a></li> <li>• <a href="#">FirstCare Provider Manual</a></li> <li>• <a href="#">RightCare Provider Search Tool</a></li> <li>• <a href="#">FirstCare Provider Search Tool</a></li> <li>• <a href="#">Add Provider to Existing Contract</a></li> <li>• <a href="#">Provider Change of Address</a></li> <li>• <a href="#">Modify Existing Contract (Rates, add Products, update TIN, etc.)</a></li> <li>• <a href="#">Provider Termination</a></li> <li>• <a href="#">Update Medicaid/Medicare Number(s)</a></li> <li>• <a href="#">Join Our Network</a></li> </ul>
Claims/Eligibility Verification	<p>Please visit <a href="http://Provider.BSWHealth.com">Provider.BSWHealth.com</a> to determine the appropriate portal for claims and eligibility verification.</p> <p>Eligibility Verification Line (IVR Line): 800.655.7947 or 800.321.7947</p>	<p><b>Provider Portal</b>  <a href="#">RightCare</a>  <a href="#">FirstCare</a>  <a href="#">TexMedConnect</a></p> <p>Customer Service  RightCare Medicaid: 855.897.4448  FirstCare CHIP: 877.639.2447  FirstCare STAR Medicaid: 800.431.7798</p>
Claims Filing	<p>Electronic Clearinghouse  Availity  Initial Filing Deadline  95/365 (Commercial/Medicare) days from date of service  Corrected Filing Deadline  90 (Commercial) days from the date of determination on the initially filed clean claim  365 (Medicare) days from the date of service</p> <p>Dates of Service on and prior to 12/31/2023  Baylor Scott &amp; White Health Plan  ATTN: Claims  PO Box 21800  Eagan, MN 55121-0800</p> <p>Dates of Service on and after 1/1/2024  Baylor Scott &amp; White Health Plan  ATTN: Claims  P.O. BOX 211342  Eagan, MN 55121-1342</p> <p>More Information  <a href="#">Claim Submission Guidelines</a>  <a href="#">Electronic Filing</a>  <a href="#">Paper Filing</a></p>	<p>Electronic Clearinghouse  Availity</p> <p>Initial Filing Deadline  95 days from date of service  Corrected Filing Deadline  120 days from the date of disposition</p> <p>RightCare from Scott and White Health Plan  ATTN: Claims  P.O. Box 981727  El Paso, TX 79998-1727</p> <p>FirstCare Health Plans  ATTN: Claims  P.O. BOX 211342  Eagan, MN 55121-1342</p> <p>More Information  <a href="#">Claim Submission Guidelines</a>  <a href="#">Electronic Filing</a>  <a href="#">Paper Filing</a></p>
Claim Appeals/Redeterminations	<p>Filing Deadline  <b>Commercial</b>  90 days  1 year (out-of-state providers)</p> <p><b>Medicare Advantage</b>  60 days(Non-Contracted Providers)  120 days(Contracted Providers)</p> <p>Dates of Service on and prior to 12/31/2023  Appeals Address  Baylor Scott &amp; White Health Plan  ATTN: Provider Claims Redetermination  PO Box 21800  Eagan, MN 55121-0800</p> <p>Dates of Service on and after 1/1/2024  Baylor Scott &amp; White Health Plan  ATTN: Provider Claims Redetermination  P.O. BOX 211342  Eagan, MN 55121-1342</p> <p>Medicare Redetermination Submission  <a href="#">Paper</a>  <a href="#">Electronic</a></p> <p>BSWH Provider Claim Review Line – 833.542.8355  NON-BSWH Provider Claim Review Line – 833.542.8179</p>	<p>Filing Deadline  120 days from the original determination date  Scott and White Health Plan  ATTN: <b>RightCare</b>  PO BOX 981727  El Paso, TX 79998-1727</p> <p><a href="#">Electronic submission</a></p> <p><b>OR</b></p> <p>Scott and White Health Plan  ATTN: <b>FirstCare</b>  P.O. BOX 211342  Eagan, MN 55121-1342</p> <p><a href="#">Electronic submission</a></p>

# Helpful Plan Information

	Commercial & Medicare	Medicaid
<b>Payment Methods</b>	<p>Providers will be reimbursed through a Virtual Credit Card (VCC) unless they opt out.</p> <p>To opt out of VCC, select Automatic Clearinghouse (ACH) or Electronic Funds Transfer (EFT), contact: ECHO Health 888.837.2945 <a href="#">Register</a> with ECHO Health.</p>	<p>Providers will receive Virtual Credit Card unless they enroll in EFT by registering with ECHO Health.</p> <p><a href="#">Register</a> with ECHO Health.</p>
<b>Refund Requests</b>	<p>Mail Refund Requests PO Box 840523 Dallas, TX 75284-0523</p>	<p>Medicaid/CHIP Refund Request Mail Refund Requests PO Box 211342 Eagan, MN 55121-1342</p>
<b>Medical Benefit Prior Authorization</b>	<p><a href="#">PA List and Request Form</a> BSWHP Health Services Division 888.316.7947 or 254.298.3088 <a href="#">PA look-up tool</a> (Link contains information regarding eviCore and Oncology Analytics)</p>	<p><a href="#">RightCare PA List and Request Form</a> <a href="#">FirstCare PA List and Request Form</a> <a href="#">RightCare PA Portal Request</a> <a href="#">FirstCare PA Portal Request</a> Medical Management Phone: 855.691.7947 Fax: 800.292.1349 Behavioral Health Management Phone: 855.395.9652 Fax: 844.436.8779</p>
<b>Pharmacy Resources</b>	<p><a href="#">Pharmacy Services</a> <a href="#">Drug Coverage Requests and Pharmacy PA Criteria</a> <a href="#">Prescription Drug Lists</a></p>	<p><a href="#">RightCare Pharmacy Information</a> <a href="#">FirstCare Pharmacy Information</a> Prescribing Providers 877.908.6023 Pharmacy Providers 877.908.6023</p>
<b>BSWHP Contact Information</b>	<p>Provider Service Center 800.321.7947 or 254.298.3064 Customer Advocacy Group-based: 844.633.5325 Marketplace 855.572.7238 RightCare Medicaid: 855.897.4448 FirstCare CHIP: 877.639.2447 FirstCare STAR Medicaid: 800.431.7798 BSW SeniorCare Advantage: 866.334.3141 (TTY 711) Covenant Health Advantage: 833.442.2405 (TTY 711) <a href="#">Find Your Provider Relations Rep</a></p>	

# IVR and Provider Portals for member information

## Interactive Voice Response System (IVR)\*

- ▼ Benefit details – except Skilled Nursing Facility (SNF)
- ▼ Claims status – up to one year from date of service
- ▼ Deductible and out-of-pocket maximum
- ▼ Claims filing address
- ▼ Eligibility

Health Plan	IVR Phone Number
Baylor Scott & White Health Plan	800.655.7947
RightCare (Medicaid)	877.639.2447
FirstCare STAR and CHIP	877.639.2447

## Provider Portal

- ▼ Benefit details
- ▼ Claims status
- ▼ Deductible and out-of-pocket maximum
- ▼ Eligibility
- ▼ Authorization request forms
- ▼ Provider registrations (add contracted providers)
- ▼ Claim denial reason codes
- ▼ Member network benefit information
- ▼ Reimbursement rates by code
- ▼ Authorization requirements by code

\*No registration required



Depending on your patient, the Provider Portal will vary. The correct portal is shown on the back of the patient (member) ID card or can be found at [Provider.BSWHealth.com](https://Provider.BSWHealth.com). You may also find the provider portal address for your patients in the chart below.

Member	Payer ID	Letters in Member ID	Portal	Claims Address
<b>Baylor Scott &amp; White Health Plan</b>				
RIGHTCARE MEDICAID	74205		<a href="https://rightcare.firstcare.com/Web/">rightcare.firstcare.com/Web/</a>	RightCare from Scott and White Health Plan Attn: Claims P.O. Box 981727 El Paso, TX 79998-1727
BAYLOR SCOTT & WHITE HEALTH EMPLOYEE PLAN	94999		<a href="https://swhpprovider.firstcare.com/Web/">swhpprovider.firstcare.com/Web/</a>	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
MARKETPLACE	94999	BSW	<a href="https://swhpprovider.firstcare.com/Web/">swhpprovider.firstcare.com/Web/</a>	Baylor Scott & White Health Plan Attn: Claims P.O. Box 211342 Eagan, MN 55121-1342
COMMERCIAL GROUPS	94999		<a href="https://swhpprovider.firstcare.com/Web/">swhpprovider.firstcare.com/Web/</a>	Baylor Scott & White Health Plan Attn: Claims P.O. Box 211342 Eagan, MN 55121-1342
BSW SENIORCARE ADVANTAGE	94999	MCR	<a href="https://swhpprovider.firstcare.com/Web/">swhpprovider.firstcare.com/Web/</a>	Baylor Scott & White Health Plan Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
COVENANT HEALTH ADVANTAGE HMO	94999	MCR	<a href="https://swhpprovider.firstcare.com/Web/">swhpprovider.firstcare.com/Web/</a>	Baylor Scott & White Health Plan Attn: Claims P.O. Box 211342 Eagan, MN 55121-1342
<b>FirstCare Health Plans</b>				
STAR MEDICAID	94999		<a href="https://my.firstcare.com/Web/">my.firstcare.com/Web/</a>	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
CHIP	94999		<a href="https://my.firstcare.com/Web/">my.firstcare.com/Web/</a>	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342
MARKETPLACE (no longer offered as of 12/31/23)	94999	HIM	<a href="https://my.firstcare.com/Web/">my.firstcare.com/Web/</a>	FirstCare Health Plans Attn: Claims P.O. BOX 211342 Eagan, MN 55121-1342

# Medicare ID card samples



Baylor Scott & White Health Plan offers a variety of plans. We have included sample ID cards below; however, card details may vary from plan to plan.

## Medicare Advantage (BSW SeniorCare Advantage)

			
<b>JOHN SAMPLE</b> <b>Member No.:</b> SMPL0001 <b>Health Plan:</b> <b>RX BIN:</b> 610011 <b>RX PCN:</b> IRX <b>RX Group:</b> SWPMED		<b>HMO-POS</b> <b>Benefit Effective Date:</b> <b>Group No.:</b> <b>PCP/Spec:</b> <b>ER/Urgent:</b>	
<p>Please have this card available at all times. This card is for identification purposes only and does not guarantee membership or coverage.</p>			
		<p>CMS H8142_004</p>	

<b>FOR PROVIDERS</b> <b>Electronic Claims:</b> Availty: 94999 <b>Medical Paper Claims:</b> Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 <b>Prior Authorization:</b> Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 <b>Provider Service:</b> swhpprovider.firstcare.com Phone: 800-655-7947 <b>Card Issue Date:</b> 12/15/2023	<b>FOR MEMBERS</b> Emergency and urgently needed services are covered outside the plan service area. If you require inpatient admission following an emergency, please notify the health plan within 48 hours of emergency services. <b>Important Information:</b> <ul style="list-style-type: none"> <li>In a medical emergency, call 911 or go to the nearest emergency facility.</li> <li>Customer Service: 866-334-3141 (TTY: 711)</li> <li>Self-Service Portal: MyBSWHealth.com</li> <li>OptumRx Help Desk: 844-230-9357</li> <li>24-Hour Nurse Advice: 877-505-7947</li> <li>Virtual Care: MyBSWHealth.com or MyBSWHealth app</li> <li>To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com</li> </ul> 
<p>CUSTOMER SERVICE: 866-334-3141 • BSWHealthPlan.com/Medicare</p>	

## Medicare Advantage (Covenant Health Advantage)

			
<b>JOHN SAMPLE</b> <b>Member No.:</b> SMPL0001 <b>Health Plan:</b> <b>RX BIN:</b> 610011 <b>RX PCN:</b> IRX <b>RX Group:</b> SWPMED		<b>HMO</b> <b>Benefit Effective Date:</b> <b>Group No.:</b> <b>PCP/Spec:</b> <b>ER/Urgent:</b>	
<p>Please have this card available at all times. This card is for identification purposes only and does not guarantee membership or coverage.</p>			
		<p>CMS H4943_002</p>	

<b>FOR PROVIDERS</b> <b>Electronic Claims:</b> Availty: 94999 <b>Medical Paper Claims:</b> Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 <b>Prior Authorization:</b> Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 <b>Provider Service:</b> swhpprovider.firstcare.com Phone: 833-442-2405 <b>Card Issue Date:</b> 12/15/2023	<b>FOR MEMBERS</b> Emergency and urgently needed services are covered outside the plan service area. If you require inpatient admission following an emergency, please notify the health plan within 48 hours of emergency services. <b>Important Information:</b> <ul style="list-style-type: none"> <li>In a medical emergency, call 911 or go to the nearest emergency facility.</li> <li>Customer Service: 833-442-2405 (TTY: 711)</li> <li>Self-Service Portal: Covenant.BSWHealthPlan.com</li> <li>OptumRx Help Desk: 844-230-9357</li> <li>Virtual Care: Covenant.BSWHealthPlan.com or MDLIVE.com/CovenantMA</li> <li>To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com/find-provider</li> </ul> 
<p>CUSTOMER SERVICE: 833-442-2405 • BSWHealthPlan.com/Medicare</p>	



# Marketplace and Medicaid ID card samples

Baylor Scott & White Health Plan offers a variety of plans. We have included sample ID cards below; however, card details may vary from plan to plan.

## Marketplace

Group:  
Group # :  
Network:  
Benefit IE: ffectiv eD ate:

<b>SUBSCRIBER</b> JOHN SAMPLES	<b>MEMBER ID</b> MPL0001	<b>IN-NETWORK PLAN BENEFITS*</b> <b>Adult PCP/Spec:</b> / <b>Pediatric PCP/Spec:</b> / <b>ER/Urgent:</b> <b>Med Deductible:</b> <b>Out-of-Pocket Max:</b> <b>Rx Ded:</b> <b>Rx:</b>
<b>DEPENDENTS</b> JANE SAMPLE JIMMY SAMPLE		<b>PHARMACISTS ONLY</b> OptumRx® Help Desk: 855-205-9182 <b>BIN:</b> 610011 <b>PCN:</b> IRX <b>GRP:</b> SWPBSWACA

**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: 866-384-3488  
  
**Provider Service:**  
 swhpprovider.firstcare.com  
 Phone: 855-572-7238  
  
**Card Issue Date:**  
 12/06/2023

**FOR MEMBERS**  
 Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed.  
  
**Important Information:**

- In a medical emergency, call 911 or go to the nearest emergency facility.
- Customer Service: 855-572-7238** (TTY: 711)
- Telehealth options:
  - MDLIVE app or 800-718-5082
  - MyBSWHealth app or MyBSWHealth.com
- 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: 855-572-7238 • BSWHealthPlan.com

## RightCare Medicaid

RIGHTCARE

STAR/Medicaid

Member Name: RIGHTCARE SAMPLE  
 Member ID#: 999990003  
 Effective Date: 06/01/2019  
 PCP: PCP NAME  
 PCP Phone #: (555) 999-1234  
 Effective Date of PCP: 06/15/2019

Customer Service Phone #: 1-855-TX-RIGHT (1-855-897-4448)  
 RCSWHP 6145

Important Information/Información Importante

24/7 Member Services/24-7 Departamento de Servicios para Miembros (gratis) 1-855-897-4448  
 24/7 Behavioral Health Crisis Line/24/7 Línea de Crisis de Salud Mental 1-844-436-8781  
 24/7 Nurse Hotline/24/7 Línea directa de enfermería 1-855-828-1013  
 Vision Services/Servicios para la Vista 1-800-879-6901  
 Member Portal/Portal para miembros <https://rightcare.firstcare.com>

Directions for what to do in an emergency. In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.

Instrucciones en caso de emergencia. En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP dentro de las 24 horas o tan pronto como sea posible.

NOTICE TO PROVIDER: The member whose name appears on the face of this card is covered by RightCare from Scott & White Health Plan for STAR/Medicaid services. For Medical Prior Authorization or UM questions, call 1-855-691-7947. The Medical UM FAX number is 1-800-292-1349.

For Behavioral Health Prior Authorization or UM questions, call 1-855-395-9652.

The Behavioral Health UM FAX number is 1-844-436-8779.  
 Submit Claims to: RightCare from Scott & White Health Plan  
 PO Box 981727, El Paso, TX 79998-1727 Payer ID: 74205  
 Prescription Drug Information (Navitus): 1-877-908-6023  
 BIN: 610602 PCN: MCD GROUP: SWH  
 www.RightCare.SWH.org

REV 07/22

## FirstCare Medicaid

Group (Grupo):  
 Group # (N.º de grupo):  
 Service Area (Área de servicio):  
 Benefit Effective Date (Fecha efectiva de beneficios):

<b>MEMBER INFO</b> (Información del Miembro) <b>Name</b> (Nombre): JOHN SAMPLE <b>Member #</b> (N.º de miembro): SMPL0001 <b>Sex</b> (Sexo): <b>DOB</b> (Fecha de nacimiento): <b>PCP</b> (Proveedor de atención primaria) <b>Name</b> (Nombre): <b>Effective Date</b> (Fecha efectiva): <b>Network</b> (Red): Vea el dorso para obtener información adicional.	<b>PHARMACISTS ONLY</b> <b>Navitus:</b> 877-908-6023 <b>BIN:</b> 610602 <b>PCN:</b> MCD <b>GRP:</b> FCH 
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**FOR PROVIDERS**  
**Electronic Claims:**

- Availity/Healthsmart: 94999
- Change Healthcare: P: TH003 I: 12T03

**Paper Claims:**  
 FirstCare STAR  
 PO Box 211342  
 Eagan, MN 55121-1342  
  
**Prior Authorization:**  
 is mandatory for inpatient elective admissions. For authorizations, call 800-894-4905 or go to FirstCare.com/STAR.

**FOR MEMBERS**  
**In case of emergency, call 911 or go to the closest emergency room.** After treatment, call your/your child's PCP within 24 hours or as soon as possible.
 

- Customer Service: 800-431-7798** (TTY: 711)
- Behavioral health services: 800-327-6934
- Virtual Care (telehealth): 800-718-5082
- 24/7 Nurse Line: 855-828-1013
- Self-Service Portal: myFirstCare.com
- Provider Directory: FirstCare.com/FindAProvider

**PARA MIEMBROS**  
**En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana.** Después del tratamiento, llame a su médico o al médico de su niño/a dentro de las 24 horas o tan pronto como sea posible.
 

- Servicio al cliente: 800-431-7798** (TTY: 711)
- Servicios de salud conductual: 800-327-6934
- Cuidado médico virtual (telesalud): 800-718-5082
- Línea de enfermeras 24/7: 855-828-1013
- Portal de autoservicio: myFirstCare.com
- Directorio de proveedores: FirstCare.com/FindAProvider





**Card Issue Date:**  
 08/02/2023

FirstCare.com/STAR

# Group ID card samples

ID cards for members of group-based health plans look similar but sometimes contain unique information or logos.





## BSW Access PPO

 Group: Group #: Network: Benefit Effective Date:		
<b>SUBSCRIBER</b> JOHN SAMPLE	<b>MEMBER ID</b> SMPL0001	<b>In-Network Plan Benefits*</b> Adult PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
<b>DEPENDENTS</b> JANE SAMPLE JIMMY SAMPLE		<b>Out-of-Network Plan Benefits*</b> Adult PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: / Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
<b>PHARMACISTS ONLY</b>  OptumRx® Pharmacy Help Desk: 855-205-9182 BIN: 610011 PCN: IRX GRP: SWPBSWC		
		

<b>BSWHP PROVIDERS</b> <b>Electronic Claims:</b> Availity: 94999 <b>Paper Claims:</b> Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 <b>Prior Authorization:</b> Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 <b>Provider Service:</b> swhpprovider.firstcare.com Phone: 844-633-5325 <b>Card Issue Date:</b> 12/07/2023	<b>FOR MEMBERS</b> Possession of this card does not guarantee coverage. <b>Important Information:</b> <ul style="list-style-type: none"> <li>In a medical emergency, call 911 or go to the nearest emergency facility.</li> <li><b>Customer Service: 844-633-5325</b> (TTY: 711)</li> <li><b>24/7 Nurse Line: 877-505-7947</b></li> <li><b>Self-Service Portal:</b> MyBSWHealth.com</li> <li><b>Find a Provider:</b> BSWHealthPlan.com</li> </ul> <hr/> <b>UnitedHealthcare Providers (UHSS)</b> Website: uhss.umn.com Phone: 888-830-0179 Medical Claims: EDI # 39026, UHSS, PO Box 30783 Salt Lake City, UT 84130-0783 UHSS Grp# Medical services rendered within the BSW Area refer to <b>BSWHP</b> . Medical services rendered outside of the BSW Area refer to <b>UHSS</b> .
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Members using our BSW Access PPO network have this card. Note the UnitedHealthcare (UHC) Options PPO Network logo in the top right corner. Members have access to the UHC network outside the BSW Health Plan service area. Filing information for UHC providers is also included on the back of the card.



## Teacher Retirement System (TRS)

 Group: Group #: Network: Benefit Effective Date:		
<b>SUBSCRIBER</b> JOHN SAMPLE	<b>MEMBER ID</b> SMPL0001	<b>IN-NETWORK PLAN BENEFITS*</b> PCP/Spec: / Pediatric PCP/Spec: / ER/Urgent: */ Med Deductible: Out-of-Pocket Max: Rx Ded: Rx: * *Deductible may apply.
<b>DEPENDENTS</b> JANE SAMPLE JIMMY SAMPLE		<b>PHARMACISTS ONLY</b>  OptumRx® Pharmacy Help Desk: 855-205-9182 BIN: 610011 PCN: IRX GRP: SWPBSWCP
		

<b>FOR PROVIDERS</b> <b>Electronic Claims:</b> Availity: 94999 <b>Paper Claims:</b> Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 <b>Prior Authorization:</b> Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 <b>Provider Service:</b> swhpprovider.firstcare.com Phone: 844-633-5325 <b>Card Issue Date:</b> 12/06/2023	<b>FOR MEMBERS</b> Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. <b>Important Information:</b> <ul style="list-style-type: none"> <li>In a medical emergency, call 911 or go to the nearest emergency facility.</li> <li><b>Customer Service: 844-633-5325</b> (TTY: 711)</li> <li>Telehealth options:             <ol style="list-style-type: none"> <li>MyBSWHealth app or MyBSWHealth.com</li> <li>MDLIVE app or 800-718-5082</li> </ol> </li> <li><b>24/7 Nurse Line: 877-505-7947</b></li> <li><b>Self-Service Portal:</b> MyBSWHealth.com</li> <li>*To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com/TRS</li> </ul>
<b>CUSTOMER SERVICE: 844-633-5325 • BSWHealthPlan.com/TRS</b>	

Cards for certain employer group-based members may include the logo of the employer in the top or bottom right corner. This group-specific example is for the group TRS and includes the TRS logo.

## BSW Employee Plan

 BSWHP Employee Medical Plan		
<b>SUBSCRIBER</b> JOHN SAMPLE	<b>MEMBER ID</b> SMPL0001	<b>EQA</b> <b>IN-NETWORK PLAN BENEFITS</b> Primary: Specialist: Urgent: Emergency: Medical Ded (Ind): Medical Ded (Fam): OOP Max (Ind): OOP Max (Fam):
<b>DEPENDENTS</b> JANE SAMPLE JIMMY SAMPLE		<b>PHARMACY ONLY</b>  Pharmacy Help Desk: 800-728-7947 RX BIN: 610011 RX PCN: IRX RX Group: SWPBSWASO RX Generic: RX Preferred: RX Non-Preferred:

<b>BSWHP PROVIDERS</b> <b>Electronic Claims:</b> Availity: 94999 <b>Paper Claims:</b> Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 <b>Prior Authorization:</b> Visit the provider portal Fax: 800-626-3042 Phone: 866-384-3488 <b>Provider Service:</b> swhpprovider.firstcare.com Phone: 800-655-7947 <b>Card Issue Date:</b> 12/07/2023	<b>FOR MEMBERS</b> Possession of this card does not guarantee coverage. <b>Important Information:</b> <ul style="list-style-type: none"> <li>In a medical emergency, call 911 or go to the nearest emergency facility.</li> <li><b>Customer Service: 844-633-5325</b> (TTY: 711)</li> <li><b>24/7 Nurse Line: 800-724-7037</b></li> <li><b>Self-Service Portal:</b> MyBSWHealth.com</li> <li><b>Find a Provider:</b> BSWHealthPlan.com/BSWHP</li> </ul> <hr/> <b>NON-BSWHP PROVIDERS</b> Urgent/Emergent services rendered by Non-BSWHP contracted providers refer to: UnitedHealthcare Providers (UHSS) Website: uhss.umn.com Phone: 888-830-0179 UHSS Grp# 78-800258 Medical Claims: EDI # 39026, UHSS, PO Box 30783 Salt Lake City, UT 84130-0783
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This sample represents the BSW Employee EQA plan, as indicated by “EQA” on the front of the card. PPO, SEQA and HDHP card versions vary slightly. BSW Employee Plan ID cards no longer display a group number, as a group number is not necessary to process the claim.