

Standard Group ID Card Elements Quick Reference Guide

Blue Cross and Blue Shield of Oklahoma (BCBSOK) offers a wide variety of health care products. Each member's/subscriber's identification (ID) card displays important information required for billing and determining benefits. When filing a BCBSOK claim, two of the most important elements are the member's/subscriber's **ID number** and **group number**.

Most members with coverage through a Blue Cross Blue Shield Plan are assigned a three letter **alpha prefix** that appears at the beginning of their their unique identification number. The alpha prefix is very important to the identification number as the prefix acts as a key element in confirming the member's eligibility and coverage information. Prefixes are also used to identify and correctly route claims to the appropriate Blue Cross Blue Shield Plan for processing.

There are two types of alpha prefixes: plan-specific and account-specific. The plan-specific alpha prefixes are assigned to every Blue Cross Blue Shield plan and start with X, Y or Q. The first two positions indicate the Plan to which the member/subscriber belongs while the third position identifies the product in which the member/subscriber is enrolled. Note: YU identifies the Oklahoma Plan

The account-specific alpha prefixes are assigned to national accounts; national accounts are employer groups that have offices across multiple states and offer uniform coverage benefits to their employees and the alpha prefix assigned to the national account will associate to the employer's name.

Identifying the **network** that a member is a part of is now easier with the addition of the three (3) character network value that will be displayed in a red font. The network value will appear on Medical Identification cards where network benefits may apply.

Common Network values:

PPO = BlueChoice PPO Network

EPP = BluePreferred PPO Network

BVP = Blue Advantage PPO Network

HMO = Blue Lincs HMO Network



