

# Payer Specification Sheet

For Prime Therapeutics' Commercial Clients



General information		
Prime Therapeutics LLC	January 1, 2024	
Plan Name	BIN	PCN
BCBS of Alabama	ØØ4915	Not Required
BCBS of Alabama Work Related Injury Benefit		WRI
BCBS of Florida	Ø12833	FLBC
Truli for Health		THP
BCBS of North Carolina	Ø159Ø5	Not Required
BCBS of Illinois		ILDR
BCBS of Illinois (Blue Script)	Ø11552	ILSC
BCBS of Illinois Trustmark		ILTM
BCBS of New Mexico		NMDR
BCBS of Oklahoma (Drug Card)		1215
BCBS of Oklahoma (Comp Card)		1217
BCBS of Texas		BCTX
Boeing		BOE
HCSC Collective Health		HCCH
Horizon BCBS of New Jersey	Ø16499	HZRX
Horizon BCBS of New Jersey Medigap		HZNPIP
Horizon Casualty Services, Inc Personal Injury Protection		HZNWC
Horizon Casualty Services, Inc Workers' Compensation		
AmeriHealth Administrators	61Ø455	AHA
BlueCross BlueLink		AHPCOM
AHP StandaloneRx		KSBSCS
BCBS of Kansas		BCBSKS
BCBS of Kansas		HMHS
BCBS of Minnesota		PGIGN
BCBS of Minnesota		PGNB1 or PGIGN
BCBS of Minnesota (Cenex Harvest)		HMGAP
BCBS of Minnesota (Gap Groups)		CARVE
NON BCBS Clients (Carve Out Groups)		HMBC
BCBS of Montana		NDBCSUP
BCBS of North Dakota		BCRI
Blue Cross Blue Shield of Rhode Island		CBC
Blue Cross Blue Shield of Rhode Island Work Related Injury		ADV
Capital Blue Cross		ADVD
Capital Health Plan		NEHM
Capital Health Plan Dual Eligible		HORMEL
Highmark Blue Cross Blue Shield (ASO)		IMAINC
Hormel Foods		MDT
IMA		UHCO
Medtronic-Covidien		UMEMP
Sheet Metal #10		
University of Minnesota UPlan		
BCBS of Wyoming	8ØØØØ1	BCSWY
Bridgespan Idaho	610212	Ø23ØØØØØ
Bridgespan Oregon		Ø232ØØØØ
Bridgespan Utah		Ø233ØØØØ