

MEMBER IDENTIFICATION CARD GUIDE



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OVERVIEW OF THIS GUIDE

Purpose of This Guide

This guide will give you an overview of the various BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina member identification (ID) cards, the symbols on these cards and how to use the information on the cards.

This guide is for general reference. ID cards may vary per member. When a member arrives at your office or facility, always ask to see his or her current member ID cards at each visit. This will help you identify the product the member has and get health plan contact information. It will also help you with claims processing.

Remember, ID cards are for identification purposes only. They do not guarantee eligibility or payment of your claim. You should always verify patient eligibility by using My Insurance ManagerSM on our websites, www.SouthCarolinaBlues.com or www.BlueChoiceSC.com.

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INTRODUCTION

Blue Cross Blue Shield Association: Prefix Changes

The three-character prefix is a foundational component of the BlueCard Program. It defines the service relationships and arrangements between the Blue Plan and its subscribers.

Due to the growth of BlueCross and its affiliates, the number of available alpha prefix combinations is now exhausted. To accommodate this growth, we have increased the prefix pool by incorporating numbers into the prefix for new groups. All Blue Plans and providers must now be able to accept a prefix that includes a combination of alphanumeric characters.

When a BlueCross member arrives at your office or facility, continue to ask to see his or her current member ID card at each visit. Doing so will help you:

- Identify the member's product.
- Get health plan contact information.
- Speed claims processing.

Remember: ID cards are for identification purposes only. They do not guarantee eligibility or payment of the claim. Verify eligibility for BlueCross and BlueChoice members by using My Insurance Manager, our secure online tool. Verify eligibility for out-of-state members by calling 800-676-BLUE (2583).

Digital ID Cards

BlueCross and BlueChoice launched a feature in My Health Toolkit® for members to access digital copies of their ID cards. Members can access their digital ID cards anytime, anywhere from their computers or mobile devices. They can also order cards online, print copies, download images of the cards and email the images securely from My Health Toolkit.

How a member can access his or her digital ID card

If a member is at your office and doesn't have his or her plastic ID card, advise the member to:

- Go to www.SouthCarolinaBlues.com or www.BlueChoiceSC.com on his or her mobile device and log in to My Health Toolkit.
- Select Insurance Card from the main menu.

Advantages for providers

The digital ID card:

- Provides real-time information. The digital ID card is always current.
- Is readily accessible.
- Provides a new way to capture insurance information. If your office accepts patient emails, you can encourage members to email their cards. It can also expedite check-ins and annual updates.

Digital ID card emails will come from either NoReply@SouthCarolinaBlues.com or NoReply@BlueChoiceSC.com with the subject "Insurance Card."

Continue to verify eligibility and benefits when a member presents you with a copy of the ID card.

Consolidated Appropriations Act (CAA)

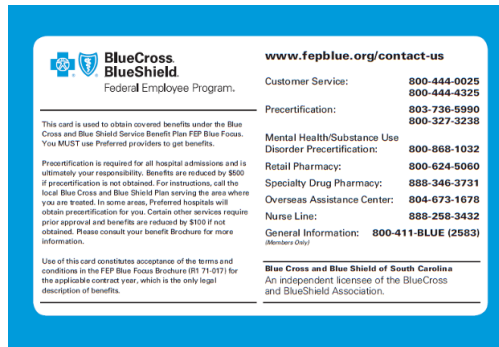
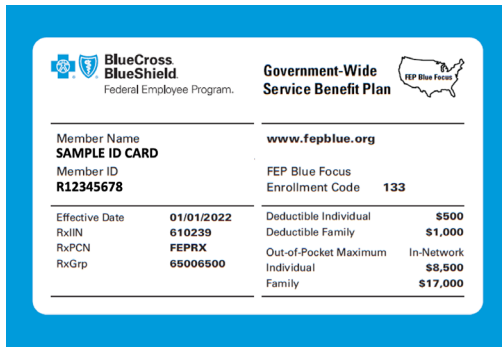
As part of the Consolidated Appropriations Act (CAA), effective Jan. 1, 2022, we have updated applicable ID cards to include the member's in-network and out-of-network deductibles and out-of-pocket maximums.

BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA

Federal Employee Program (FEP)

Preferred Blue Network

- Group products access the broad Preferred Blue network.
- Cards reflect the FEP product name.
- ID numbers begin with the letter R.
- The Basic and Standard plans operate as a traditional preferred provider organization (PPO).
- Blue Focus members do not have out-of-network benefits, except in the event of an emergency.

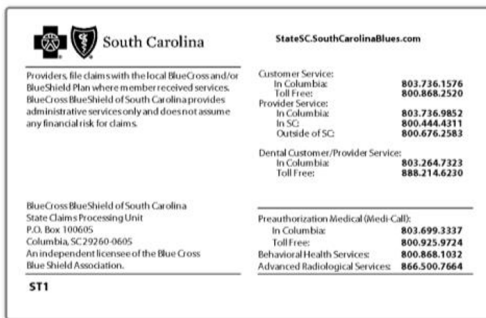
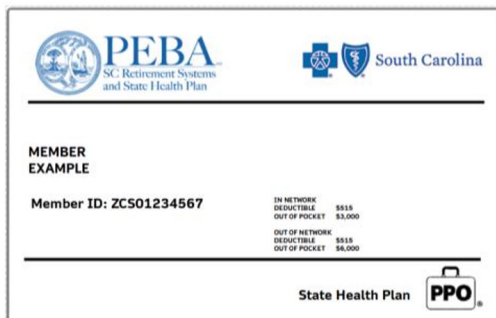


State Health Plan



State Health Plan Network

- Group products access the broad State Health Plan network.
- The State Standard and Savings Plan's prefix is ZCS.
- The Medical University of South Carolina (MUSC) Health Plan prefix is ZCK.
- Newer cards reflect the Public Employee Benefit Authority (PEBA) logo.
- The suitcase on the lower right of the front of the card indicates the network members access when out of state.

Standard - Individual




Standard - Family





MEMBER EXAMPLE

Member ID: ZCS01234567

	INDIVIDUAL	FAMILY
IN NETWORK DEDUCTIBLE	\$915	\$1,030
OUT OF POCKET	\$3,000	\$6,000
OUT OF NETWORK DEDUCTIBLE	\$515	\$1,030
OUT OF POCKET	\$6,000	\$12,000

State Health Plan



South Carolina

StateSCSouthCarolinaBlues.com

Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services. BlueCross BlueShield of South Carolina provides administrative services only and does not assume any financial risk for claims.



Customer Service:	
In Columbia:	803.736.1576
Toll Free:	800.868.2520
Provider Service:	
In Columbia:	803.736.9852
In SC:	800.444.4311
Outside of SC:	800.676.2583
Dental Customer/Provider Service:	
In Columbia:	803.264.7323
Toll Free:	888.214.6230

BlueCross BlueShield of South Carolina
 State Claims Processing Unit
 P.O. Box 100605
 Columbia, SC 29260-0605
 An independent licensee of the Blue Cross Blue Shield Association.

Preauthorization Medical (Medi-Cal):
 In Columbia: 803.699.3337
 Toll Free: 800.925.9724
 Behavioral Health Services: 800.868.1032
 Advanced Radiological Services: 866.500.7664

ST1


Savings - Individual





MEMBER EXAMPLE

Member ID: ZCS01234567

IN NETWORK DEDUCTIBLE	\$4,000
OUT OF POCKET	\$3,000
OUT OF NETWORK DEDUCTIBLE	\$4,000
OUT OF POCKET	\$6,000

Savings Plan



South Carolina

StateSCSouthCarolinaBlues.com

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 Toll Free: 800.925.9724
 Behavioral Health Services: 800.868.1032
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ST3


Savings - Family





MEMBER EXAMPLE

Member ID: ZCS01234567

IN NETWORK DEDUCTIBLE	\$8,000
OUT OF POCKET	\$6,000
OUT OF NETWORK DEDUCTIBLE	\$8,000
OUT OF POCKET	\$12,000

Savings Plan



South Carolina

StateSCSouthCarolinaBlues.com

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 Toll Free: 800.925.9724
 Behavioral Health Services: 800.868.1032
 Advanced Radiological Services: 866.500.7664

ST3


Standard - Medicare Supplement

MEMBER EXAMPLE

Member ID: ZCS01234567

State Health Plan



South Carolina

StateSCSouthCarolinaBlues.com

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Preauthorization Medical (Medi-Cal):
 In Columbia: 803.699.3337
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 Behavioral Health Services: 800.868.1032
 Advanced Radiological Services: 866.500.7664

ST5

Large Group PPO

Preferred Blue Network




- Group products access the broad Preferred Blue network.
- Prefixes and plan benefits vary.
- The suitcase on the lower right of the front of the card indicates the network members access when out of state.

 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME				Providers: File claims with the local BlueCross and/or BlueShield Plan whose member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. MRI/MRA/PET/CT, radiation oncology therapy, spine surgery and pain management will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. Report all emergency admissions within 24 hours.	
Member ID XXX123456789012				Customer Service: XXX-XXX-XXXX Dental Customer Service: XXX-XXX-XXXX PPO Network Providers: 800-810-2583 Essential Advocate™: 855-638-5839 Pre-certification: 800-334-7287 Mental Health and Substance Abuse Precertification: 800-868-1032 Eyebond: 866-939-3633 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089	
RxBIN 021684 RxGRP BXMN		IN NETWORK DEDUCTIBLE \$XXX,XXX OUT OF POCKET \$XXX,XXX OUT OF NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX		Medical & Dental: Please submit claims to: P.O. Box 100300, Columbia, SC 29202	
MAMMOGRAPHY NETWORK				BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.	
GRID+ www.SouthCarolinaBlues.com					

Small Group PPO

Preferred Blue Network

- Group products access the broad Preferred Blue network.
- The prefix is **ZCY**. This prefix may also represent an individual PPO policy.
- Plan benefits vary.
- The suitcase on the lower right of the front of the card indicates the network members access when out of state.




 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME		Preferred Blue Network		Member Resources Member Service Center: 800-868-2500, ext. 43475 Direct: 803-264-3475 24/7 Pharmacy Support: 855-819-0955 Mental Health & Substance Use Precertification: 800-868-1032	
Member ID 012345678901				Provider Resources Provider Services: 800-868-2510 Medical Preauthorization: 800-334-7287 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089	
RxBIN 021684 RxGRP BXGI PLAN CODE 380 MAMMOGRAPHY NETWORK		IN NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX OUT OF NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX		Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services.	
www.SouthCarolinaBlues.com				BlueCross BlueShield of South Carolina provides administrative services only and does not assume any financial risks for claims. BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association. BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202	

Note: Some ID cards may not reflect deductible and out-of-pocket amounts based on the member's benefits.

Small Group PPO

Preferred Blue Network

- Group products access the broad Preferred Blue network.
- The prefixes are **ZCV** and **ZCR**.
- Plan benefits vary.
- The suitcase on the lower right of the front of the card indicates the network members access when out of state.




 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID 012345678901		Preferred Blue® Network VSP Advantage Vision Network		Member Resources Member Service Center: 800-868-2500, ext. 43475 Direct: 803-264-3475 24/7 Pharmacy Support: 855-819-0955 Mental Health & Substance Use Precertification: 800-868-1032	
RxBIN 021684 RxGRP BXGI PLAN CODE 380 MAMMOGRAPHY NETWORK		<small>Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions.</small> <small>Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefits payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services.</small>		Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089	
www.SouthCarolinaBlues.com		An independent licensee of the Blue Cross and Blue Shield Association. X12		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202	
					

Note: Some ID cards may not reflect deductible and out-of-pocket amounts based on the member's benefits.

South Carolina Student Health Insurance

Preferred Blue Network

- Group products access the broad Preferred Blue network.
- The prefix is ZCW. This prefix may also represent a group product other than Student Health Insurance.
- Cards reflect the Student Health Plan name.
- Coverage is offered to students and dependents of these universities:
 - University of South Carolina (USC)
 - MUSC
 - Clemson University
 - Coastal Carolina
 - Winthrop University
 - The Citadel





 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID XXX123456789012		STUDENT HEALTH PLAN		<small>Providers file claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. IRR/IBAR/PET/CT and radiation oncology therapy will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefits payment consideration.</small>	
RxBIN 021684 RxGRP BXMN MAMMOGRAPHY NETWORK		IN NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX OUT OF NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX		<small>Customer Service: 855-823-0319 PPO Network Provider: 800-810-2583 Essential Advocate™: 855-638-5839 Precertification: 800-334-7287 Mental Health and Substance Abuse Precertification: 800-868-1032 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089</small>	
GRID+ www.SouthCarolinaBlues.com		Services provided outside the Student Health Center require referral. Report all emergency admissions within 24 hours.		Medical & Dental - Please submit claims to: PO Box 100300, Columbia, SC 29202	
				An independent licensee of the Blue Cross and Blue Shield Association.	

NOTE: Cards for these members include the language, "Services provided outside the Student Health Center require referral." However, at the start of the 2019 – 2020 academic school year, referrals were no longer required for services outside the Student Health Center. You are able to service members with this health plan without a referral.

Michelin

Southeastern Health Partners (SEHP) Novel Network




- Group products access the broad Southeastern Health Partners network.
- The prefix is MNV.
- Cards reflect the name Novel.
- Network consists of the following large hospital groups and their affiliated practices:
 - Bon Secours St. Francis
 - AnMed Health/AnMed Cannon
 - Spartanburg Regional
 - Self Regional
 - Lexington Medical Center
- Out-of-network benefits are not available unless for urgent or emergent services.

 BlueCross® BlueShield®																																			
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME		HEALTHY OPTIONS SELECT WITH HRA																																	
Member ID XXX123456789012		<table border="1"> <tr> <td></td> <td>INDIVIDUAL</td> <td>FAMILY</td> </tr> <tr> <td>IN NETWORK</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </table>			INDIVIDUAL	FAMILY	IN NETWORK	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX																							
	INDIVIDUAL	FAMILY																																	
IN NETWORK	\$XX,XXX	\$XX,XXX																																	
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		Out-of-State Emergency Services Only 																																	
<table border="1"> <tr> <td colspan="2"> South Carolina </td> <td colspan="2"> www.SouthCarolinaBlues.com </td> </tr> <tr> <td colspan="4"> This is an EPO plan. Members have limited out-of-area benefits, and any benefits are only available when receiving services from a BlueCard PPO network provider. </td> </tr> <tr> <td colspan="4"> Providers: File claims with the local BlueCross and/or BlueShield Plan whose member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. "Day and Bill" specialty drugs require precertification for benefit payment consideration. </td> </tr> <tr> <td colspan="4"> Report all emergency admissions within 24 hours. </td> </tr> <tr> <td colspan="4"> Medical - Please submit claims to: P.O. Box 100000, Columbia, SC 29202 </td> </tr> <tr> <td colspan="2"> Members: Customer Service: 833-644-1304 PPO Network Provider: 800-810-2583 </td> <td colspan="2"> Providers: Precertification: 800-334-7287 Buy and Bill Drugs - Precertification: 877-440-0089 </td> </tr> <tr> <td colspan="2"> Personnel Service Center (PSC): 877-435-7868 Benefits Advocate: 866-623-2802 EAP/Behavioral Health: 800-537-5221 Ortho/Musculoskeletal: 855-298-0340 </td> <td colspan="2"> BlueCross BlueShield of South Carolina provides administrative services only and does not assume any financial risk for claims. </td> </tr> <tr> <td colspan="4"> BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association. </td> </tr> </table>				South Carolina		www.SouthCarolinaBlues.com		This is an EPO plan. Members have limited out-of-area benefits, and any benefits are only available when receiving services from a BlueCard PPO network provider.				Providers: File claims with the local BlueCross and/or BlueShield Plan whose member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. "Day and Bill" specialty drugs require precertification for benefit payment consideration.				Report all emergency admissions within 24 hours.				Medical - Please submit claims to: P.O. Box 100000, Columbia, SC 29202				Members: Customer Service: 833-644-1304 PPO Network Provider: 800-810-2583		Providers: Precertification: 800-334-7287 Buy and Bill Drugs - Precertification: 877-440-0089		Personnel Service Center (PSC): 877-435-7868 Benefits Advocate: 866-623-2802 EAP/Behavioral Health: 800-537-5221 Ortho/Musculoskeletal: 855-298-0340		BlueCross BlueShield of South Carolina provides administrative services only and does not assume any financial risk for claims.		BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.			
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Short-Term Health Plan

Preferred Blue Network

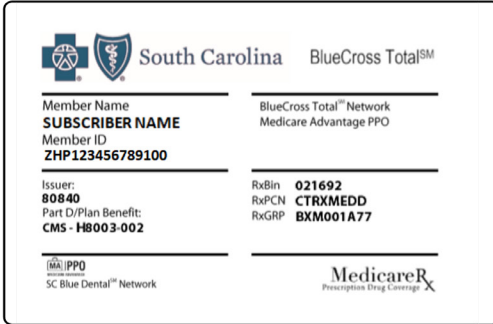
- Individual products access the broad Preferred Blue network.
- The prefix is **ZCX**.
- Preexisting conditions are not covered.
- Policy offers medical benefits.
- Pharmacy benefit is discount only.
- Members **do not have out-of-state benefits**, except in the event of an emergency.
- Effective dates vary frequently. **Always** verify eligibility and benefits at each visit to ensure coverage.

 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
Member Name SUBSCRIBER NAME		Preferred Blue® Network		Member Resources	
Member ID XXX123614046483				Member Service Center: 855-895-1684 Mental Health & Substance Use Pre-certification: 800-868-1032	
RxBIN 021684		Pharmacy Discount Program		Provider Resources	
RxGRP BXGI				Provider Services: 800-868-2510	
PLAN CODE 380		IN NETWORK		Medical Authorization: 855-895-1682	
		DEDUCTIBLE \$XX,XXX		BlueCross BlueShield of South Carolina	
		OUT OF POCKET \$XX,XXX		P.O. Box 100300	
				Columbia, SC 29202	
				An independent licensee of the BlueCross and BlueShield Association.	
www.SouthCarolinaBlues.com		Out-of-State Emergency Services Only		X15	
					

Medicare Advantage

BlueCross TotalSM PPO Network

- Individual products access the broad BlueCross Total PPO network.
- The prefix for this plan is ZHP.
- Cards reflect the plan name and network.
- Out-of-network services received at a Medicare participating provider are reimbursable. A higher out-of-network cost sharing will apply.



South Carolina BlueCross TotalSM

Member Name
SUBSCRIBER NAME

Member ID
ZHP123456789100

Issuer:
80840
Part D/Plan Benefit:
CMS - HB003-002

RxBin **021692**
RxPCN **CTRXMEDD**
RxGRP **BXM001A77**

BlueCross TotalSM Network
Medicare Advantage PPO

MedicareRx
Prescription Drug Coverage

MA PPO
SC Blue DentalSM Network



South Carolina www.SCBuesMedAdvantage.com

Members: Use network services for maximum benefits. There will be no reimbursement for services from providers who are ineligible to receive Medicare payments.

Members: **1-855-204-2744**
Health Providers: **1-855-209-7267**
Dental Providers: **1-800-222-7156**
TTY Users: **711**
Pharmacy Help Desk: **1-855-540-5951**
Prior Authorization: **1-855-843-2325**
Mental Health: **1-800-868-1032**

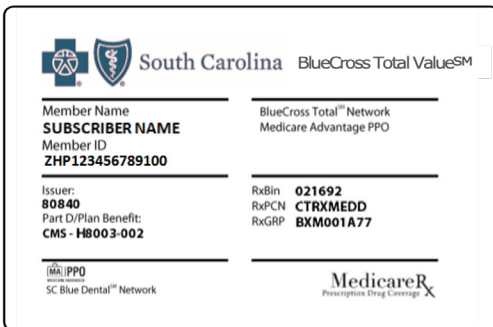
Providers: Do not bill Medicare. Medicare limiting charges apply to ineligible providers. File claims with the local BlueCross and/or BlueShield Plan where member received services.

BlueCross BlueShield of South Carolina
P.O. Box 100191
Columbia, SC 29202-3191
An independent licensee of the Blue Cross and Blue Shield Association.

A51

BlueCross Total ValueSM PPO Network

- Individual products access the broad BlueCross Total PPO network.
- The prefix for this plan is ZHP.
- Cards reflect the plan name and network.
- Out-of-network services received at a Medicare participating provider are reimbursable. A higher out-of-network cost sharing will apply.



South Carolina BlueCross Total ValueSM

Member Name
SUBSCRIBER NAME

Member ID
ZHP123456789100

Issuer:
80840
Part D/Plan Benefit:
CMS - HB003-002

RxBin **021692**
RxPCN **CTRXMEDD**
RxGRP **BXM001A77**

BlueCross TotalSM Network
Medicare Advantage PPO

MedicareRx
Prescription Drug Coverage

MA PPO
SC Blue DentalSM Network



South Carolina www.SCBuesMedAdvantage.com

Members: Use network services for maximum benefits. There will be no reimbursement for services from providers who are ineligible to receive Medicare payments.

Members: **1-855-204-2744**
Health Providers: **1-855-209-7267**
Dental Providers: **1-800-222-7156**
TTY Users: **711**
Pharmacy Help Desk: **1-855-540-5951**
Prior Authorization: **1-855-843-2325**
Mental Health: **1-800-868-1032**

Providers: Do not bill Medicare. Medicare limiting charges apply to ineligible providers. File claims with the local BlueCross and/or BlueShield Plan where member received services.

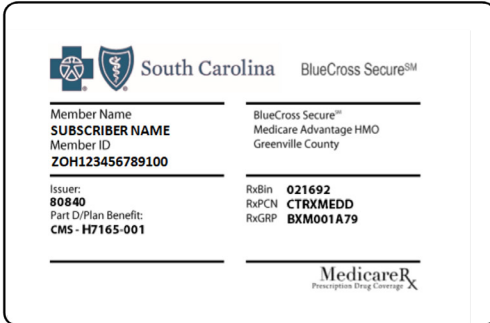
BlueCross BlueShield of South Carolina
P.O. Box 100191
Columbia, SC 29202-3191
An independent licensee of the Blue Cross and Blue Shield Association.


A51

Medicare Advantage

BlueCross SecureSM HMO Greenville County Network

- Individual products access the narrow Medicare Advantage HMO Greenville County network.
- The prefix for this plan is ZOH.
- Cards reflect the plan name and network.
- Members may use the full Medicare Advantage provider network but do not have out-of-state benefits, except in cases of emergency.





South Carolina BlueCross SecureSM

Member Name
SUBSCRIBER NAME
Member ID
ZOH123456789100

BlueCross SecureSM
Medicare Advantage HMO
Greenville County

Issuer:
80840
Part D/Plan Benefit:
CMS - H7165-001

RxBin 021692
RxPCN CTRXMEDD
RxGRP BXM001A79






South Carolina

www.SCBuesMedAdvantage.com

Members: Use the Greenville network for benefits except in case of emergency. There will be no reimbursement for services from providers who are out of the network or ineligible to receive Medicare payments.
Members: 1-855-204-2744
Health Providers: 1-855-209-7267
Dental Providers: 1-800-222-7156
TTY Users: 711
Pharmacy Help Desk: 1-855-540-5951
Prior Authorization: 1-855-843-2325
Mental Health: 1-800-868-1032

Providers: Do not bill Medicare. Medicare limiting charges apply to ineligible providers. File claims with the local BlueCross and/or BlueShield Plan where member received services.

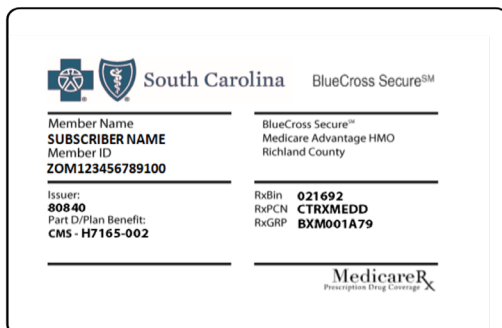
BlueCross BlueShield of South Carolina
 P.O. Box 100191
 Columbia, SC 29202-3191
 An independent licensee of the Blue Cross and Blue Shield Association.




A50

BlueCross SecureSM HMO Richland County Network

- Individual products access the narrow Medicare Advantage HMO Richland County network.
- The prefix for this plan is ZOM.
- Cards reflect the plan name and network.
- Members may use the full Medicare Advantage provider network but do not have out-of-state benefits, except in cases of emergency.





South Carolina BlueCross SecureSM

Member Name
SUBSCRIBER NAME
Member ID
ZOM123456789100

BlueCross SecureSM
Medicare Advantage HMO
Richland County

Issuer:
80840
Part D/Plan Benefit:
CMS - H7165-002

RxBin 021692
RxPCN CTRXMEDD
RxGRP BXM001A79






South Carolina

www.SCBuesMedAdvantage.com

Members: Use the Richland network for benefits except in case of emergency. There will be no reimbursement for services from providers who are out of the network or ineligible to receive Medicare payments.
Members: 1-855-204-2744
Health Providers: 1-855-209-7267
Dental Providers: 1-800-222-7156
TTY Users: 711
Pharmacy Help Desk: 1-855-540-5951
Prior Authorization: 1-855-843-2325
Mental Health: 1-800-868-1032

Providers: Do not bill Medicare. Medicare limiting charges apply to ineligible providers. File claims with the local BlueCross and/or BlueShield Plan where member received services.

BlueCross BlueShield of South Carolina
 P.O. Box 100191
 Columbia, SC 29202-3191
 An independent licensee of the Blue Cross and Blue Shield Association.

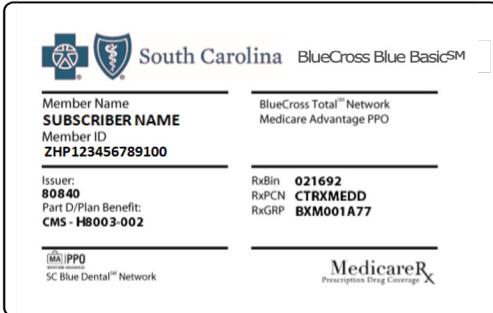


A54

Medicare Advantage

BlueCross Blue BasicSM

- Individual products access the broad BlueCross Total PPO network.
- The prefix for this plan is **ZHP**.
- Cards reflect the plan name and network.
- Out-of-network services received at a Medicare participating provider are reimbursable. A higher out-of-network cost sharing will apply.



South Carolina BlueCross Blue BasicSM

Member Name
SUBSCRIBER NAME

Member ID
ZHP123456789100

Issuer:
80840

Part D/Plan Benefit:
CMS - H8003-002

BlueCross TotalSM Network
Medicare Advantage PPO

RxBin **021692**
RxPCN **CTRXMEDD**
RxGRP **BXM001A77**

MA PPO
SC Blue DentalSM Network

Medicare^R
Prescription Drug Coverage



South Carolina

www.SCBuesMedAdvantage.com

Members: Use network services for maximum benefits. There will be no reimbursement for services from providers who are ineligible to receive Medicare payments.

Members: **1-855-204-2744**
Health Providers: **1-855-209-7267**
Dental Providers: **1-800-222-7156**
TTY Users: **711**
Pharmacy Help Desk: **1-855-540-5951**
Prior Authorization: **1-855-843-2325**
Mental Health: **1-800-868-1032**

Providers: Do not bill Medicare. Medicare limiting charges apply to ineligible providers. File claims with the local BlueCross and/or BlueShield Plan where member received services.

BlueCross BlueShield of South Carolina
P.O. Box 100191
Columbia, SC 29202-3191
An independent licensee of the Blue Cross and Blue Shield Association.


A51


BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA


Primary Choice Large Group


BlueChoice HMO Network

- Group products access the BlueChoice HMO network.
- Members must select a primary care physician.
- Members need referrals to see specialists within the network.
- The prefix is ZCC.
- Cards reflect the plan name.
- Members do not have out-of-network benefits, except in cases of an emergency.

		Primary Choice	
SUBSCRIBER'S FIRST NAME _____ SUBSCRIBER'S LAST NAME _____ Member ID _____ ZCC000000000		Health Benefits _____ IN NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX	
PLAN HMO PLAN CODE 380.02 RxBIN 021684 RxGRP CHC	www.BlueChoiceSC.com		

		www.BlueChoiceSC.com	
MEMBERS Member Services: 800-868-2528 Out of Area: 800-810-2583 PROVIDERS Mental Health: 800-868-1032 Authorization: 800-950-5387 Pharmacy: 855-811-2218			
Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services. Providers, file all claims with the local BlueCross and/or BlueShield Plan where member received services. BlueChoice HealthPlan provides administrative services and does not assume any financial risk for claims.			
BlueChoice HealthPlan P.O. Box 6170 Columbia, SC 29260-6170			
B39		Rx Powered by BlueChoice HealthPlan	




		Primary Choice		BCBSSC EE
SUBSCRIBER'S FIRST NAME _____ SUBSCRIBER'S LAST NAME _____ Member ID _____ ZCC000000000		Health Benefits _____ IN NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX		
PLAN HMO PLAN CODE 380.02 RxBIN 021684 RxGRP CHC	www.BlueChoiceSC.com			


		www.BlueChoiceSC.com		
MEMBERS Member Services: 800-868-2528 Out of Area: 800-810-2583 PROVIDERS Mental Health: 800-868-1032 Authorization: 800-950-5387 Pharmacy: 855-811-2218				
Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services. Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services. BlueChoice HealthPlan provides administrative services only, and does not assume any financial risk for claims.				
BlueChoice HealthPlan P.O. Box 6170 Columbia, SC 29260-6170				
B38		Rx Powered by BlueChoice HealthPlan		

Advantage Plus Large Group

Advantage Network

- Group products access the broad Advantage network.
- The alpha prefix is ZCL.
- Cards reflect the plan name and network.
- The suitcase on the lower right of the front of the card indicates the network members access when out of state.


		Advantage Plus	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID ZCL00000000		Advantage Network	
PLAN PPO PLAN CODE 380.04 RxBIN 021684 RxGRP CHC	IN NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX OUT OF NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX	www.BlueChoiceSC.com  	

		www.BlueChoiceSC.com	
Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services.		MEMBERS Member Services: 800-868-2528 Out of Area: 800-810-2583	
Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services.		PROVIDERS Mental Health: 800-868-1032 Authorization: 800-950-5387 Pharmacy: 855-811-2218	
BlueChoice HealthPlan provides administrative services only, and does not assume any financial risk for claims.		BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.	
BlueChoice HealthPlan P.O. Box 6170 Columbia, SC 29260-6170		Rx Powered by BlueChoice HealthPlan	
837			

CarolinaADVANTAGESM and CarolinaADVANTAGESM With Dental Small Group

Advantage Network


- Group products access the broad Advantage network.
- The alpha prefix is ZCL.
- Cards reflect the plan name and network.
- The suitcase on the lower right of the front of the card indicates the network members access when out of state.



SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
Member ID
ZCL00000000



PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

www.BlueChoiceSC.com



Advantage Network

IN NETWORK	
DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
OUT OF NETWORK	
DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX



Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services. Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services.

BlueChoice HealthPlan
P.O. Box 6170
Columbia, SC 29260-6170

www.BlueChoiceSC.com


MEMBERS
Member Services: **800-868-2528**
Out of Area: **800-810-2583**

PROVIDERS
Mental Health: **800-868-1032**
Authorization: **800-950-5387**
Pharmacy: **855-811-2218**

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.

B45


Rx Powered by BlueChoice HealthPlan



SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
Member ID
ZCL00000000



PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

www.BlueChoiceSC.com



Advantage Network

IN NETWORK	
DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
OUT OF NETWORK	
DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX



Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services. Providers, file all claims with the local BlueCross and/or BlueShield Plan where member received services.

BlueChoice HealthPlan
P.O. Box 6170
Columbia, SC 29260-6170

file medical claims to:
BlueChoice HealthPlan
P.O. Box 6170
Columbia, SC 29260-6170

file SC dental claims to:
Columbia Service Center
P.O. Box 100300
Columbia, SC 29207-2300

www.BlueChoiceSC.com

MEMBERS
Member Services: **800-868-2528**
Out of Area: **800-810-2583**

PROVIDERS
Mental Health: **800-868-1032**
Pharmacy: **855-811-2218**
Authorization: **800-950-5387**
Dental Inquiries: **800-222-7156**

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.


B46

Rx Powered by BlueChoice HealthPlan

BusinessADVANTAGESM Small Group

Advantage Network

- Group products access the broad Advantage network.
- The alpha prefix is ZCL.
- Cards reflect the plan name and network.
- The suitcase on the lower right of the front of the card indicates the network members access when out of state.



BlueChoice[®] HealthPlan
South Carolina

BusinessADVANTAGE



SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
Member ID
ZCL00000000


PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

Advantage Network

IN NETWORK	
DEDUCTIBLE	\$XXXX
OUT OF POCKET	\$XXXX
OUT OF NETWORK	
DEDUCTIBLE	\$XXXX
OUT OF POCKET	\$XXXX

www.BlueChoiceSC.com



BlueChoice[®] HealthPlan
South Carolina

www.BlueChoiceSC.com

Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services.
Providers, file all claims with the local BlueCross and/or BlueShield Plan where member received services.
File medical claims to:
BlueChoice HealthPlan
P.O. Box 6170
Columbia, SC 29260-6170
File SC dental claims to:
Columbia Service Center
P.O. Box 100300
Columbia, SC 29202-3300


MEMBERS
Member Services: **800-868-2528**
Out of Area: **800-810-2583**

PROVIDERS
Mental Health: **800-868-1032**
Pharmacy: **855-811-2218**
Authorization: **800-950-5387**
Vision: **800-997-2736**
Dental Inquiries: **800-222-7156**

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.

B34

Rx Powered by BlueChoice HealthPlan



BlueChoice[®] HealthPlan
South Carolina

BusinessADVANTAGE



SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
Member ID
ZCL00000000


PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

Advantage Network

IN NETWORK	
DEDUCTIBLE	\$XXXX
OUT OF POCKET	\$XXXX
OUT OF NETWORK	
DEDUCTIBLE	\$XXXX
OUT OF POCKET	\$XXXX

www.BlueChoiceSC.com



BlueChoice[®] HealthPlan
South Carolina

www.BlueChoiceSC.com

Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services.
Providers, file all claims with the local BlueCross and/or BlueShield Plan where member received services.
File medical claims to:
BlueChoice HealthPlan
P.O. Box 6170
Columbia, SC 29260-6170

MEMBERS
Member Services: **800-868-2528**
Out of Area: **800-810-2583**

PROVIDERS
Mental Health: **800-868-1032**
Authorization: **800-950-5387**
Pharmacy: **855-811-2218**
Vision: **800-997-2736**

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.


B33

Rx Powered by BlueChoice HealthPlan

My Choice Individual and My Choice Individual HDHP

BlueChoice Network


- Individual products access the broad BlueChoice network.
- The prefix is ZCL.
- Cards reflect the plan name.
- The suitcase on the lower right of the front of the card indicates the network members access when out of state.




**My Choice
Individual Coverage**

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
Member ID
ZCL00000000

PLAN	PPO		
PLAN CODE	380.04	Health Benefits	
RxBIN	021684	IN NETWORK	
RxGRP	CHC	DEDUCTIBLE	\$XX,XXX
		OUT OF POCKET	\$XX,XXX
		OUT OF NETWORK	
		DEDUCTIBLE	\$XX,XXX
		OUT OF POCKET	\$XX,XXX

www.BlueChoiceSC.com Rx 



**BlueChoice
HealthPlan**
South Carolina
www.BlueChoiceSC.com


MEMBERS
Member Services: **800-868-2528**
Out of Area: **800-810-2583**

PROVIDERS
Mental Health: **800-868-1032**
Authorization: **800-950-5387**
Pharmacy: **855-811-2218**
Vision: **800-997-2736**

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.
Benefits available in network only.

Rx Powered by BlueChoice HealthPlan


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**My Choice
Individual Coverage
HDHP**

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
Member ID
ZCL00000000

PLAN	PPO		
PLAN CODE	380.04	Health Benefits	
RxBIN	021684	IN NETWORK	
RxGRP	CHC	DEDUCTIBLE	\$XX,XXX
		OUT OF POCKET	\$XX,XXX
		OUT OF NETWORK	
		DEDUCTIBLE	\$XX,XXX
		OUT OF POCKET	\$XX,XXX

www.BlueChoiceSC.com Rx 



**BlueChoice
HealthPlan**
South Carolina
www.BlueChoiceSC.com

MEMBERS
Member Services: **800-868-2528**
Out of Area: **800-810-2583**

PROVIDERS
Mental Health: **800-868-1032**
Authorization: **800-950-5387**
Pharmacy: **855-811-2218**
Vision: **800-997-2736**

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.
Benefits available in network only.



Rx Powered by BlueChoice HealthPlan

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Healthy BlueSM: BlueChoice HealthPlan of South Carolina

BlueChoice HealthPlan Medicaid Network

- Individual products access the broad BlueChoice HealthPlan Medicaid network.
- Members are required to also carry their state-issued Healthy Connections ID cards (also pictured here).
- The prefix is ZCD.
- These ID cards also feature the Healthy Connections logo.

 Healthy BlueSM <small>BlueChoiceSM HealthPlan of SC</small>		 Healthy Connections	
MEMBER SUBSCRIBER NAME MEMBER ID 123456789	PRIMARY CARE PROVIDER (PCP) PROVIDER NAME XXX-XXX-XXXX	www.HealthyBlueSC.com Customer Care Center: 1-866-781-5094 TTY Line: 1-866-773-9634 Help for Pharmacists: 1-833-253-4711 Pharmacy Member Svcs: 1-833-207-3118 Retail Drug Prior Auth: 1-844-410-6990 24-Hour Nurseline: 1-866-577-9710 TTY Line: 1-800-368-4424 For Current Eligibility: 1-866-757-8286 Hospitals: For inpatient admissions, call 1-865-902-1699 within 24 hours or the first business day.	Member: Show this card and your Healthy Connections card when you get covered services. See Your Evidence of Coverage to learn more about covered benefits. In an emergency, call 911. Or go to the nearest emergency room. You don't need an OK ahead of time. We will pay for these services. Ask the hospital to call your PCP right away. Providers: This card is for ID purposes and does not constitute proof of eligibility. In-state claims: File using payer code 00403. Out-of-state claims: Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services. BC1965
Group No. RxBIN RxPCN RxGROUP Benefit Plan Effective Date	Group ID 020107 FM WFSA Plan Code MEM_CURR_BEG_DT_FORMATTED	Healthy Blue P.O. Box 100124 Columbia, SC 29202-3124 BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.	0707 SC0014749 0508

SOUTH CAROLINA
Healthy Connections
 MEDICAID



SUBSCRIBER NAME
DOB 12/12/2012
Medicaid Member Number: 1234567890

South Carolina Healthy Connections
THIS CARD DOES NOT GUARANTEE ELIGIBILITY

Attention Providers:
 Call 1-888-289-0709 for coverage questions or visit provider.scdhs.gov


Attention Member:
 Carry this card with you at all times and present it each time you receive a medical service from your doctor, pharmacy, dentist, etc.
 It is against the law to let someone else use your card. Violators will be prosecuted.
 Call 1-888-549-0620 if you have questions about Member Services.
 Call 1-800-834-2680 with complaints regarding Pharmacy Services.
 To report possible fraud or abuse call 1-888-368-3324

AFFORDABLE CARE ACT (ACA) INDIVIDUAL PLANS

BlueCross: Blue EssentialsSM

BlueEssentials Network

- Only individual products access the BlueEssentials network.
- The prefixes are ZCF and ZCU.
- Cards reflect the network: BlueEssentials network exclusive provider organization (EPO).
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency. However, services from providers in bordering counties outside of South Carolina that are contracted and participate in the BlueEssentials network are considered in network.



South Carolina

Member Name
SUBSCRIBER NAME
Member ID
ZCU123456789999


RxBIN **021684**
RxGRP **BXGI**
PLAN CODE **380**


www.SouthCarolinaBlues.com

Blue EssentialsSM Network
Exclusive Provider Organization

	INDIVIDUAL	FAMILY
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX
OUT OF POCKET	\$XX,XXX	\$XX,XXX

Out-of-State Emergency Services Only





South Carolina


www.SouthCarolinaBlues.com

Member Resources
Member Service Center:
855-404-6752
24/7 Pharmacy Support:
855-823-0387
Mental Health & Substance Use Precertification:
800-868-1032

Provider Resources
Provider Services:
800-868-2510
Medical Authorization:
855-895-1682
Pharmacy Help Desk:
855-811-2218
Buy and Bill Drugs - Precertification:
877-440-0089

BlueCross BlueShield of South Carolina
P.O. Box 100300
Columbia, SC 29202
An independent licensee of the Blue Cross and Blue Shield Association.

X14



South Carolina

Member Name
SUBSCRIBER NAME
Member ID
ZCF123456789999


RxBIN **021684**
RxGRP **BXGI**
PLAN CODE **380**


www.SouthCarolinaBlues.com

Blue EssentialsSM Network
Exclusive Provider Organization

	INDIVIDUAL	FAMILY
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX
OUT OF POCKET	\$XX,XXX	\$XX,XXX

Out-of-State Emergency Services Only





South Carolina

www.SouthCarolinaBlues.com

Member Resources
Member Service Center:
855-404-6752
24/7 Pharmacy Support:
855-823-0387
Mental Health & Substance Use Precertification:
800-868-1032

Provider Resources
Provider Services:
800-868-2510
Medical Authorization:
855-895-1682
Pharmacy Help Desk:
855-811-2218
Buy and Bill Drugs - Precertification:
877-440-0089

BlueCross BlueShield of South Carolina
P.O. Box 100300
Columbia, SC 29202
An independent licensee of the Blue Cross and Blue Shield Association.


X13

Note: Some ID cards may not reflect deductible and out-of-pocket amounts based on the member's benefits. If there is only one individual on the policy, the "Individual" and "Family" headings will not be listed; only the amounts. Also, if the deductible or out-of-pocket is \$0, you will see "N/A."

Reedy Network

- The prefixes are RBX and RBN.
- Members must reside in Greenville, Laurens, Oconee or Pickens County.
- Members can only use the Prisma Health Upstate network.
- Cards reflect the plan name and network.
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency.

IMPORTANT: A BlueCross BlueShield of South Carolina Upstate Blue Network Provider Agreement is required to service these members. These members are not part of the historical and broader BlueCross Individual Health Insurance Exchange preferred provider network. This product is separate from the other Affordable Care Act network products.



South Carolina

Member Name
SUBSCRIBER NAME
Member ID
RBX123456789999

RxBIN **021684**

RxGRP **BXGI**


PLAN CODE **380**


www.SouthCarolinaBlues.com

BlueExclusiveSM Reedy
PRISMA Health Upstate Network

	INDIVIDUAL	FAMILY
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX
OUT OF POCKET	\$XX,XXX	\$XX,XXX

Out-of-Area Emergency Services Only





South Carolina


www.SouthCarolinaBlues.com

Member Resources
Member Service Center: 855-404-6752
24/7 Pharmacy Support: 855-823-0387
Mental Health & Substance Use Precertification: 800-868-1032

Provider Resources
Provider Services: 800-868-2510
Medical Authorization: 855-895-1682
Pharmacy Help Desk: 855-811-2218
Buy and Bill Drugs - Precertification: 877-440-0089

BlueCross BlueShield of South Carolina
P.O. Box 100300
Columbia, SC 29202
An independent licensee of the Blue Cross and Blue Shield Association.

X19



South Carolina

Member Name
SUBSCRIBER NAME
Member ID
RBN123456789999

RxBIN **021684**

RxGRP **BXGI**


PLAN CODE **380**


www.SouthCarolinaBlues.com

BlueExclusiveSM Reedy
PRISMA Health Upstate Network

	INDIVIDUAL	FAMILY
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX
OUT OF POCKET	\$XX,XXX	\$XX,XXX

Out-of-Area Emergency Services Only





South Carolina

www.SouthCarolinaBlues.com

Member Resources
Member Service Center: 855-404-6752
24/7 Pharmacy Support: 855-823-0387
Mental Health & Substance Use Precertification: 800-868-1032

Provider Resources
Provider Services: 800-868-2510
Medical Authorization: 855-895-1682
Pharmacy Help Desk: 855-811-2218
Buy and Bill Drugs - Precertification: 877-440-0089

BlueCross BlueShield of South Carolina
P.O. Box 100300
Columbia, SC 29202
An independent licensee of the Blue Cross and Blue Shield Association.




X17




Note: Some ID cards may not reflect deductible and out-of-pocket amounts based on the member's benefits. If there is only one individual on the policy, the "Individual" and "Family" headings will not be listed; only the amounts. Also, if the deductible or out-of-pocket is \$0, you will see "N/A."

Cooper Network

- The prefixes are MBX and MBY.
- Members must reside in Berkeley, Charleston, Dorchester, Orangeburg or Williamsburg County.
- Members can only use the MUSC Health Alliance network.
- Cards reflect the plan name and network.
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency.

IMPORTANT: A BlueCross BlueShield of South Carolina Lowcountry Blue Network Provider Agreement is required to service these members. These members are not part of the historical and broader BlueCross Individual Health Insurance Exchange preferred provider network. This product is separate from the other Affordable Care Act network products.




 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
Member Name SUBSCRIBER NAME Member ID MBX123456789999		BlueExclusiveSM Cooper MUSC Health Alliance Network		Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health & Substance Use Precertification: 800-868-1032	
RxBIN 021684		INDIVIDUAL FAMILY		Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089	
RxGRP BXGI		IN NETWORK DEDUCTIBLE \$XX,XXX \$XX,XXX OUT OF POCKET \$XX,XXX \$XX,XXX		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross and Blue Shield Association.	
PLAN CODE 380		Out-of-Area Emergency Services Only			
www.SouthCarolinaBlues.com		X18			

 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
Member Name SUBSCRIBER NAME Member ID MBY123456789999		BlueExclusiveSM Cooper MUSC Health Alliance Network		Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health & Substance Use Precertification: 800-868-1032	
RxBIN 021684		INDIVIDUAL FAMILY		Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089	
RxGRP BXGI		IN NETWORK DEDUCTIBLE \$XX,XXX \$XX,XXX OUT OF POCKET \$XX,XXX \$XX,XXX		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross and Blue Shield Association.	
PLAN CODE 380		Out-of-Area Emergency Services Only			
www.SouthCarolinaBlues.com		X16			

Note: Some ID cards may not reflect deductible and out-of-pocket amounts based on the member's benefits. If there is only one individual on the policy, the "Individual" and "Family" headings will not be listed; only the amounts. Also, if the deductible or out-of-pocket is \$0, you will see "N/A."

BlueExtendSM Network

- The prefix is BXZ.
- Cards reflect the network BlueExtend network EPO.
- Members must use providers participating in the BlueEssentials network when receiving services in South Carolina.
- Members will have access to the BlueCard Program when traveling outside of South Carolina, but they must use a network PPO.
- Members do not have out-of-network benefits, except in the event of an emergency.




 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
Member Name SUBSCRIBER NAME Member ID XXX123456789999		BlueExtendSM Network Exclusive Provider Organization		Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health & Substance Use Precertification: 800-868-1032	
RxBIN 021684		INDIVIDUAL FAMILY		Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs – Precertification: 877-440-0089	
RxGRP BXGI		IN NETWORK		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.	
PLAN CODE 380		DEDUCTIBLE \$XX,XXX \$XX,XXX OUT OF POCKET \$XX,XXX \$XX,XXX		This policy only provides benefits for covered services received in network.	
www.SouthCarolinaBlues.com				X20	




Note: Some ID cards may not reflect deductible and out-of-pocket amounts based on the member's benefits.

Congaree Network

- The prefixes are CNN and CNS.
- Members must reside in Kershaw, Lexington or Richland County.
- The network includes Lexington Medical Center and MUSC Health.
- Cards reflect the plan name and network.
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency.

IMPORTANT: These members are not part of the historical and broader BlueCross Individual Health Insurance Exchange preferred provider network. This product is separate from the other Affordable Care Act network products.



 South Carolina		 South Carolina		www.SouthCarolinaBlues.com										
Member Name SUBSCRIBER NAME Member ID CNN123456789999		BlueExclusiveSM Congaree Congaree Network		Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health/Substance Use Precertification: 800-868-1032										
RxBIN 021684 RxGRP BXGI PLAN CODE 380		<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK DEDUCTIBLE</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </tbody> </table>			INDIVIDUAL	FAMILY	IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX	Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs – Precertification: 877-440-0089	
	INDIVIDUAL	FAMILY												
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX												
OUT OF POCKET	\$XX,XXX	\$XX,XXX												
www.SouthCarolinaBlues.com		Out-of-State Emergency Services Only 		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.										
				X23										




 South Carolina		 South Carolina		www.SouthCarolinaBlues.com										
Member Name SUBSCRIBER NAME Member ID CNS123456789999		BlueExclusiveSM Congaree Congaree Network		Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health/Substance Use Precertification: 800-868-1032										
RxBIN 021684 RxGRP BXGI PLAN CODE 380		<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK DEDUCTIBLE</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </tbody> </table>			INDIVIDUAL	FAMILY	IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX	Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs – Precertification: 877-440-0089	
	INDIVIDUAL	FAMILY												
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX												
OUT OF POCKET	\$XX,XXX	\$XX,XXX												
www.SouthCarolinaBlues.com		Out-of-State Emergency Services Only 		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.										
				X22										

Pee Dee Network

- The prefixes are PEQ and PEZ.
- Members must reside in Florence, Georgetown, Horry or Marion County.
- The network includes Conway Medical Center, MUSC Health and Tideland Health.
- Cards reflect the plan name and network.
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency.

IMPORTANT: These members are not part of the historical and broader BlueCross Individual Health Insurance Exchange preferred provider network. This product is separate from the other Affordable Care Act network products.


 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
Member Name SUBSCRIBER NAME Member ID PEQ123456789999		BlueExclusive SM Pee Dee Pee Dee Network		Members: Report all emergency admissions within 24 hours. Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network. Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.	
RxBIN	021684	INDIVIDUAL	FAMILY	Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health/Substance Use Precertification: 800-868-1032	
RxGRP	BXGI	IN NETWORK		Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs – Precertification: 877-440-0089	
PLAN CODE	380	DEDUCTIBLE	\$XX,XXX	\$XX,XXX	BlueCross BlueShield of South Carolina P.O. Box 500300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.
		OUT OF POCKET	\$XX,XXX	\$XX,XXX	
www.SouthCarolinaBlues.com		Out-of-State Emergency Services Only			

 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
Member Name SUBSCRIBER NAME Member ID PEZ123456789999		BlueExclusive SM Pee Dee Pee Dee Network		Members: Report all emergency admissions within 24 hours. Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network. Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.	
RxBIN	021684	INDIVIDUAL	FAMILY	Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health/Substance Use Precertification: 800-868-1032	
RxGRP	BXGI	IN NETWORK		Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs – Precertification: 877-440-0089	
PLAN CODE	380	DEDUCTIBLE	\$XX,XXX	\$XX,XXX	BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.
		OUT OF POCKET	\$XX,XXX	\$XX,XXX	
www.SouthCarolinaBlues.com		Out-of-State Emergency Services Only			

Note: Some ID cards may not reflect deductible and out-of-pocket amounts based on the member's benefits.

Blue VirtuConnect

- The prefixes are ZCF and ZCU.
- Members must reside in Aiken, Anderson, Spartangburg or York County.
- Members can only use the BlueEssentials network.
- Cards reflect the plan name and network.
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency.




South Carolina

Member Name
SUBSCRIBER NAME
Member ID
ZCU123456789999

RxBIN **021684**
RxGRP **BXGI**
PLAN CODE **380**

www.SouthCarolinaBlues.com




Blue VirtuConnect

Virtual-first primary care. Use the Blue VirtuConnectSM telehealth platform for primary care to save money.

Virtual visits 1-4 \$0
After the 4th visit \$10

	INDIVIDUAL	FAMILY
IN NETWORK		
DEDUCTIBLE	\$XX,XXX	\$XX,XXX
OUT OF POCKET	\$XX,XXX	\$XX,XXX

BlueEssentialsSM Network
Out-of-Area Emergency Services Only





South Carolina

Members: Report all emergency admissions within 24 hours.

Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network.

Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.




X27

www.SouthCarolinaBlues.com

Member Resources
Member Service Center:
855-404-6752
24/7 Pharmacy Support:
855-823-0387
Mental Health/Substance Use Precertification:
800-868-1032

Provider Resources
Provider Services:
800-868-2510
Medical Authorization:
855-895-1682
Pharmacy Help Desk:
855-811-2218
Buy and Bill Drugs - Precertification:
877-440-0089

BlueCross BlueShield of South Carolina
P.O. Box 100300
Columbia, SC 29202
An independent licensee of the Blue Cross Blue Shield Association.




South Carolina

Member Name
SUBSCRIBER NAME
Member ID
ZCF123456789999

RxBIN **021684**
RxGRP **BXGI**
PLAN CODE **380**

www.SouthCarolinaBlues.com




Blue VirtuConnect

Virtual-first primary care. Use the Blue VirtuConnectSM telehealth platform for primary care to save money.

Virtual visits 1-4 \$0
After the 4th visit \$10

	INDIVIDUAL	FAMILY
IN NETWORK		
DEDUCTIBLE	\$XX,XXX	\$XX,XXX
OUT OF POCKET	\$XX,XXX	\$XX,XXX

BlueEssentialsSM Network
Out-of-Area Emergency Services Only





South Carolina

Members: Report all emergency admissions within 24 hours.

Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network.

Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.



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www.SouthCarolinaBlues.com


Member Resources
Member Service Center:
855-404-6752
24/7 Pharmacy Support:
855-823-0387
Mental Health/Substance Use Precertification:
800-868-1032

Provider Resources
Provider Services:
800-868-2510
Medical Authorization:
855-895-1682
Pharmacy Help Desk:
855-811-2218
Buy and Bill Drugs - Precertification:
877-440-0089

BlueCross BlueShield of South Carolina
P.O. Box 100300
Columbia, SC 29202
An independent licensee of the Blue Cross Blue Shield Association.

Blue Option Network

- Only individual products access the Blue Option network.
- The prefix is ZCJ.
- Cards reflect the plan name and network.
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency. However, services from providers in bordering counties outside of South Carolina that are contracted and participate in the Blue Option network are considered in network.




Blue Option™


Blue Option Network

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
Member ID
ZCJ00000000

PLAN CODE	380.04				
RxBIN	021684	Health Benefits	INDIVIDUAL	FAMILY	
RxGRP	CHC	IN NETWORK			
		DEDUCTIBLE	\$XX,XXX	\$XX,XXX	
		OUT OF POCKET	\$XX,XXX	\$XX,XXX	

www.BlueOptionSC.com





www.BlueOptionSC.com

MEMBERS
 Member Services: 855-816-7636
 Out of Area: 800-810-1583

PROVIDERS
 Mental Health: 800-868-1032
 Pharmacy: 855-811-2218
 Authorization: 800-950-5387
 Vision: 800-368-3609

BlueChoice HealthPlan
 P.O. Box 6170
 Columbia, SC 29260-6170

835

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.

Rx Powered by BlueChoice HealthPlan



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross Blue Shield Association.

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