



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

Independent licensees of the Blue Cross Blue Shield Association.

Member Identification Card Guide

Published by Provider Relations and Education
Your Partners in Outstanding Quality, Satisfaction and Service

Revised: May 2023

In the event of any inconsistency between information contained in this handbook and the agreement(s) between you and BlueCross, the terms of such agreement(s) shall govern. The information included is general information and in no event should be deemed to be a promise or guarantee of payment. We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication.

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 members arrive at your office or facility, **always ask to see their 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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Blue Cross and Blue Shield Association: Prefix Changes

The three-character prefix is a foundational component of the BlueCard® Program. The information the prefix contains 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 alpha and numeric characters.

When BlueCross members arrive at your office or facility, continue to ask to see their current member identification card (ID card) at each visit. Doing so will help you:

- Identify the member's product.
- Obtain 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 BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina 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 card. Members can access their digital ID cards anytime, anywhere from their computers or mobile devices. They will also be able to order cards online, print copies, download images of the cards and email the images securely from My Health Toolkit.

How members can access their digital ID card

If members are at your office and don't have their plastic ID card, advise them to:

- Go to www.SouthCarolinaBlues.com or www.BlueChoiceSC.com on their mobile devices 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 your practice of verifying 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, applicable ID cards have been updated to include the member's in-network and out-of-network deductibles and out-of-pocket maximums.

BlueCross 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.



**BlueCross.
BlueShield.**
Federal Employee Program.

**Government-Wide
Service Benefit Plan**



Member Name	www.fepblue.org		
SAMPLE ID CARD			
Member ID	FEP Blue Focus		
R12345678	Enrollment Code	133	

Effective Date	01/01/2022	Deductible Individual	\$500
RxLIN	610239	Deductible Family	\$1,000
RxPCN	FEPRX	Out-of-Pocket Maximum	In-Network
RxGrp	65006500	Individual	\$8,500
		Family	\$17,000



**BlueCross.
BlueShield.**
Federal Employee Program.

www.fepblue.org/contact-us

This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus. You MUST use Preferred providers to get benefits.

Precertification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if precertification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain precertification for you. Certain other services require prior approval and benefits are reduced by \$100 if not obtained. Please consult your benefit Brochure for more information.

Use of this card constitutes acceptance of the terms and conditions in the FEP Blue Focus Brochure (R1 71-017) for the applicable contract year, which is the only legal description of benefits.

Customer Service:	800-444-0025
	800-444-4325
Precertification:	803-736-5990
	800-327-3238
Mental Health/Substance Use Disorder Precertification:	800-868-1032
Retail Pharmacy:	800-624-5060
Specialty Drug Pharmacy:	888-346-3731
Overseas Assistance Center:	804-673-1678
Nurse Line:	888-258-3432
General Information:	800-411-BLUE (2583)

(Members Only)



Blue Cross and Blue Shield of South Carolina
An independent licensee of the BlueCross and BlueShield Association.

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 MUSC Health Plan prefix is **ZCK**.
- Newer cards reflect the Public Employee Benefit Authority (PEBA) logo.
- The suitcase on the lower right front of the card indicates the network members access when out of state.


Standard – Individual

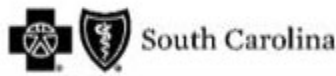



MEMBER EXAMPLE

Member ID: ZCS01234567

IN NETWORK DEDUCTIBLE	\$515
OUT OF POCKET	\$3,000
OUT OF NETWORK DEDUCTIBLE	\$515
OUT OF POCKET	\$8,000

State Health Plan 



StateSC.SouthCarolinaBlues.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.

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.

ST1


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**

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**



PEBA
SC Retirement Systems
and State Health Plan




South Carolina


MEMBER EXAMPLE

Member ID: ZCS01234567

	INDIVIDUAL	FAMILY
IN NETWORK DEDUCTIBLE	\$515	\$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

StateSC.SouthCarolinaBlues.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**

BlueCross BlueShield of South Carolina
State Claims Processing Unit
P.O. Box 100605
Columbia, SC 29260-0605
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Toll Free: **888.214.6230**

ST1



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In Columbia: **803.699.3337**

Toll Free: **800.925.9724**

Behavioral Health Services: **800.868.1032**


Advanced Radiological Services: **866.500.7664**

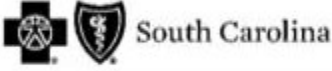



MEMBER EXAMPLE

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 



StateSC.SouthCarolinaBlues.com

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State Claims Processing Unit
P.O. Box 100605
Columbia, SC 29260-0605
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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**

Preauthorization Medical (Medi-Call):

In Columbia: **803.699.3337**
Toll Free: **800.925.9724**

Behavioral Health Services: 800.868.1032
Advanced Radiological Services: 866.500.7664


ST3





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 



StateSC.SouthCarolinaBlues.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.

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.

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**

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

ST3




PEBA
SC Retirement Systems
and State Health Plan




South Carolina

**MEMBER
EXAMPLE**
Member ID **ZCS01234567**

State Health Plan





South Carolina

StateSC.SouthCarolinaBlues.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.

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.

ST5




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

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

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 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		IN NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX		Customer Service: XXX-XXX-XXXX Dental Customer Service: XXX-XXX-XXXX PPO Network Providers: 800-810-2583 Essential Advocate™: 855-638-5839 Precertification: 800-334-7287 Mental Health and Substance Abuse Precertification: 800-868-1032 EyeMed: 866-939-3633 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089
Member ID XXX123456789012		OUT OF NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX		
RxBIN 021684 RxGRP BXMN	MAMMOGRAPHY NETWORK GRID+		Report all emergency admissions within 24 hours.	
www.SouthCarolinaBlues.com				Medical & Dental - Please submit claims to: P.O. Box 100300, Columbia, SC 29202
				BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.
				MOX

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 front of the card indicates the network members access when out of state.



 South Carolina		Preferred Blue Network	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID 012345678901			
RxBIN	021684	IN NETWORK	
RxGRP	BXGI	DEDUCTIBLE	\$XX,XXX
PLAN CODE	380	OUT OF POCKET	\$XX,XXX
MAMMOGRAPHY NETWORK		OUT OF NETWORK	
		DEDUCTIBLE	\$XX,XXX
		OUT OF POCKET	\$XX,XXX
www.SouthCarolinaBlues.com			


 South Carolina		www.SouthCarolinaBlues.com 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	
<i>Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions.</i> <i>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.</i>		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	
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 (Business BlueEssentialsSM) 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 front of the card indicates the network members access when out of state.

 South Carolina		Preferred Blue [®] Network	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID 012345678901		VSP Advantage Vision Network	
RxBIN	021684	IN NETWORK	
RxGRP	BXGI	DEDUCTIBLE	\$XX,XXX
PLAN CODE	380	OUT OF POCKET	\$XX,XXX
MAMMOGRAPHY NETWORK		OUT OF NETWORK	
		DEDUCTIBLE	\$XX,XXX
		OUT OF POCKET	\$XX,XXX
www.SouthCarolinaBlues.com			

 South Carolina		www.SouthCarolinaBlues.com 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	
<i>Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions.</i> <i>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.</i>		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	
An independent licensee of the Blue Cross and 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.

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

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.



South Carolina

<p>SUBSCRIBER'S FIRST NAME</p> <p>SUBSCRIBER'S LAST NAME</p> <p>Member ID XXX123456789012</p> <hr/> <p>RxBIN 021684</p> <p>RxGRP BXMN</p> <hr/> <p>MAMMOGRAPHY NETWORK</p> <p style="text-align: right;">GRID+</p> <p>www.SouthCarolinaBlues.com</p>	<p style="text-align: center;">STUDENT HEALTH PLAN</p> <hr/> <p>IN NETWORK</p> <p>DEDUCTIBLE \$XX,XXX</p> <p>OUT OF POCKET \$XX,XXX</p> <p>OUT OF NETWORK</p> <p>DEDUCTIBLE \$XX,XXX</p> <p>OUT OF POCKET \$XX,XXX</p> <div style="text-align: center; margin-top: 10px;">  </div>
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South Carolina

www.SouthCarolinaBlues.com

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. MRI/MRA/PET/CT and radiation oncology therapy will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefit payment consideration.

Services provided outside the Student Health Center require referral.

Report all emergency admissions within 24 hours.

Medical & Dental - Please submit claims to:
P.O. Box 100300, Columbia, SC 29202

Customer Service: **855-823-0319**

PPO Network Providers: **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**


An independent licensee of the Blue Cross and Blue Shield Association.

MUH


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


Member ID
XXX123456789012

HEALTHY OPTIONS SELECT WITH HRA

	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

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 where member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. "Buy 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 100300, Columbia, SC 29202

Members:
Customer Service: **833-644-1304**
PPO Network Providers: **800-810-2583**

Providers:
Precertification: **800-334-7287**
Buy and Bill Drugs - Precertification: **877-440-0089**

Michelin:
Personnel Service Center (PSC): **877-435-7868**
Benefits Advocate: **866-623-3802**
EAP/Behavioral Health: **800-537-5221**
Ortho/Musculoskeletal: **855-293-0340**

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.

MOX

Short-Term Health Plan

Preferred Blue Network

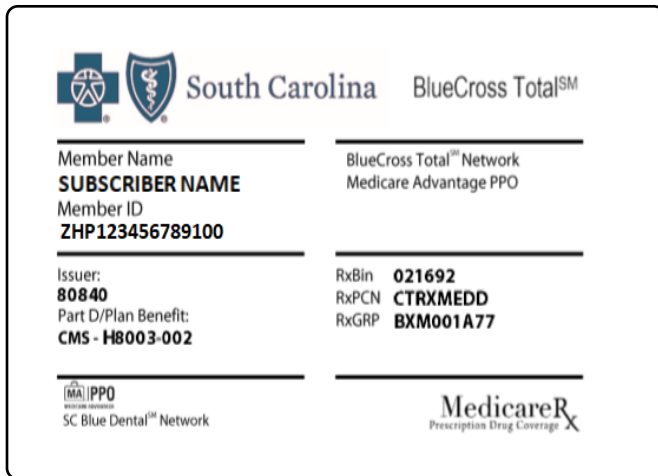
- **Individual** products access the broad **Preferred Blue Network**.
- The prefix is **ZCX**.
- Pre-existing conditions are not covered.
- Policy offers medical benefits.
- Pharmacy benefit is discount only.
- Members **do not have out-of-state benefits**, except in the event of an emergency.
- Effective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


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






Member Name
SUBSCRIBER NAME


Member ID
ZHP123456789100

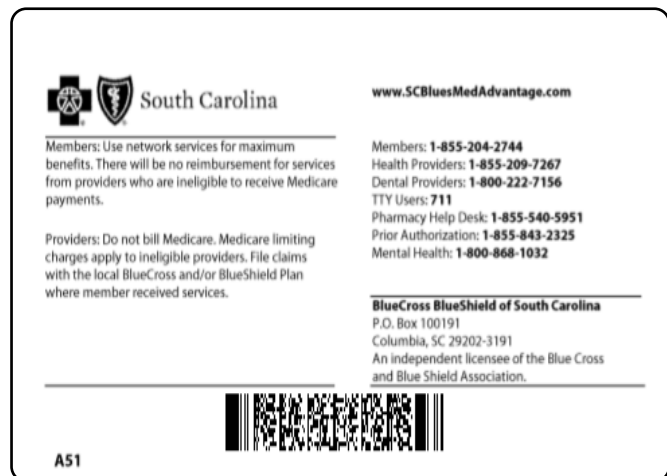
Issuer:
80840


Part D/Plan Benefit:
CMS - H8003-002

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










www.SCBluesMedAdvantage.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.

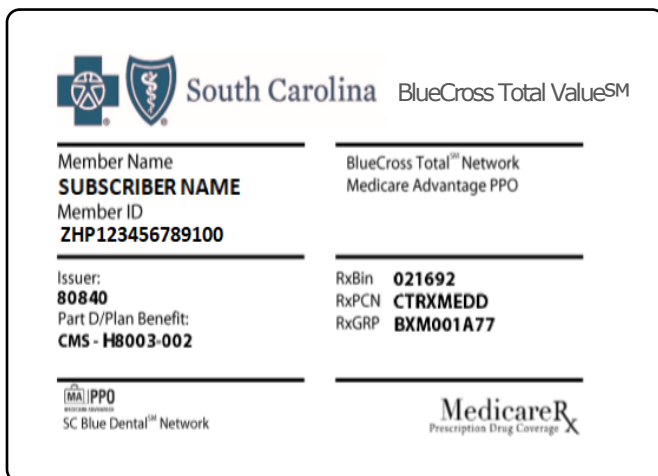
BlueCross BlueShield of South Carolina
 P.O. Box 100191
 Columbia, SC 29202-3191
 An independent licensee of the Blue Cross and Blue Shield Association.




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.






Member Name
SUBSCRIBER NAME


Member ID
ZHP123456789100

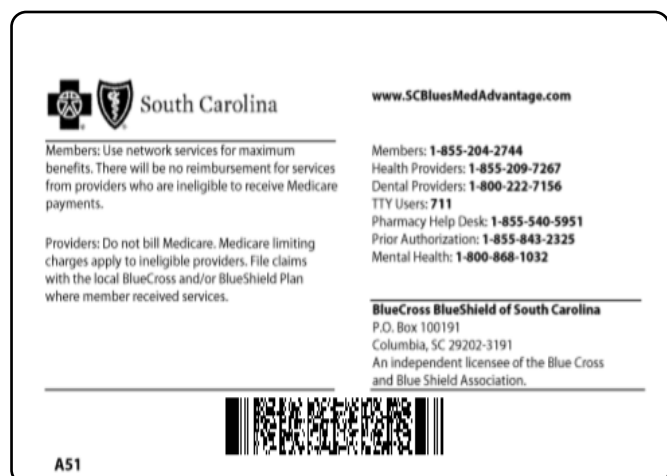
Issuer:
80840


Part D/Plan Benefit:
CMS - H8003-002

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










www.SCBluesMedAdvantage.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	BlueCross Secure SM
SUBSCRIBER NAME	Medicare Advantage HMO
Member ID	Greenville County
ZOH123456789100	

Issuer:	RxBin 021692
80840	RxPCN CTRXMEDD
Part D/Plan Benefit:	RxGRP BXM001A79
CMS - H7165-001	

MedicareRx
Prescription Drug Coverage



South Carolina www.SCBlesMedAdvantage.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	BlueCross Secure SM
SUBSCRIBER NAME	Medicare Advantage HMO
Member ID	Richland County
ZOM123456789100	

Issuer:	RxBin 021692
80840	RxPCN CTRXMEDD
Part D/Plan Benefit:	RxGRP BXM001A79
CMS - H7165-002	

MedicareRx
Prescription Drug Coverage




South Carolina www.SCBlesMedAdvantage.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.



Member Name
SUBSCRIBER NAME

Member ID
ZHP123456789100


Issuer:
80840


Part D/Plan Benefit:
CMS - H8003-002


RxBin **021692**

RxPCN **CTRXMEDD**

RxGRP **BXM001A77**

 SC Blue DentalSM Network

 Medicare^{Rx}
Prescription Drug Coverage



www.SCBluesMedAdvantage.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		<hr/>	
PLAN HMO PLAN CODE 380.02 RxBIN 021684 RxGRP CHC	Health Benefits IN 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 all 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 and does not assume any financial risk for claims.		Use HCA affiliates to receive the maximum benefit.	
BlueChoice HealthPlan P.O. Box 6170 Columbia, SC 29260-6170		BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.	
B39		Rx Powered by BlueChoice HealthPlan	


		Primary Choice		BCBSSC EE
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID ZCC000000000		<hr/>		
PLAN HMO PLAN CODE 380.02 RxBIN 021684 RxGRP CHC	Health Benefits IN 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 and BlueCross BlueShield of South Carolina are independent licensees of the Blue Cross and Blue Shield Association.	
BlueChoice HealthPlan P.O. Box 6170 Columbia, SC 29260-6170		Benefits available in network only.	
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 front of the card indicates the network members access when out of state.



Advantage Plus

www.BlueChoiceSC.com

SUBSCRIBER'S FIRST NAME

SUBSCRIBER'S LAST NAME

Member ID

ZCL000000000



PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

Advantage Network

Health Benefits

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.

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

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.

Rx Powered by BlueChoice HealthPlan

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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 front of the card indicates the network members access when out of state.



SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
Member ID
ZCL000000000


PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

www.BlueChoiceSC.com



Advantage Network

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

Rx




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

B45


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.


Rx Powered by BlueChoice HealthPlan



SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
Member ID
ZCL000000000


PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

www.BlueChoiceSC.com



Advantage Network

Health/Dental Benefits	
IN NETWORK	
DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
OUT OF NETWORK	
DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX

Rx




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 29202-3300

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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.

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 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
ZCL000000000



PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC


Advantage Network
IN NETWORK
DEDUCTIBLE \$XX.XXX
OUT OF POCKET \$XX.XXX

OUT OF NETWORK
DEDUCTIBLE \$XX.XXX
OUT OF POCKET \$XX.XXX

Health Benefits
Vision
Comprehensive Dental

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.

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Rx Powered by BlueChoice HealthPlan



**BlueChoice[®]
HealthPlan**
South Carolina

BusinessADVANTAGE

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
Member ID
ZCL000000000



PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC


Advantage Network
IN NETWORK
DEDUCTIBLE \$XX.XXX
OUT OF POCKET \$XX.XXX

OUT OF NETWORK
DEDUCTIBLE \$XX.XXX
OUT OF POCKET \$XX.XXX

Health Benefits
Vision

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 front of the card indicates the network members access when out of state.






My Choice Individual Coverage

<p>SUBSCRIBER'S FIRST NAME</p> <p>SUBSCRIBER'S LAST NAME</p> <p>Member ID</p> <p>ZCL000000000</p>	<p>IN NETWORK</p> <p>DEDUCTIBLE \$XX,XXX</p> <p>OUT OF POCKET \$XX,XXX</p> <p>OUT OF NETWORK</p> <p>DEDUCTIBLE \$XX,XXX</p> <p>OUT OF POCKET \$XX,XXX</p>
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PLAN</td> <td>PPO</td> </tr> <tr> <td>PLAN CODE</td> <td>380.04</td> </tr> <tr> <td>RxBIN</td> <td>021684</td> </tr> <tr> <td>RxGRP</td> <td>CHC</td> </tr> </table>	PLAN	PPO	PLAN CODE	380.04	RxBIN	021684	RxGRP	CHC	<p>Health Benefits</p>
PLAN	PPO								
PLAN CODE	380.04								
RxBIN	021684								
RxGRP	CHC								

www.BlueChoiceSC.com



www.BlueChoiceSC.com

Possession of this card does not guarantee eligibility for services.

Inpatient precertification required.

Providers, file all claims with the local BlueCross and/or BlueShield Plan where member received services.

File medical/pediatric dental 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.

Benefits available in network only.

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Rx Powered by BlueChoice HealthPlan






My Choice Individual Coverage **HDHP**

<p>SUBSCRIBER'S FIRST NAME</p> <p>SUBSCRIBER'S LAST NAME</p> <p>Member ID</p> <p>ZCL000000000</p>	<p>IN NETWORK</p> <p>DEDUCTIBLE \$XX,XXX</p> <p>OUT OF POCKET \$XX,XXX</p> <p>OUT OF NETWORK</p> <p>DEDUCTIBLE \$XX,XXX</p> <p>OUT OF POCKET \$XX,XXX</p>
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PLAN</td> <td>PPO</td> </tr> <tr> <td>PLAN CODE</td> <td>380.04</td> </tr> <tr> <td>RxBIN</td> <td>021684</td> </tr> <tr> <td>RxGRP</td> <td>CHC</td> </tr> </table>	PLAN	PPO	PLAN CODE	380.04	RxBIN	021684	RxGRP	CHC	<p>Health Benefits</p>
PLAN	PPO								
PLAN CODE	380.04								
RxBIN	021684								
RxGRP	CHC								

www.BlueChoiceSC.com



www.BlueChoiceSC.com

Possession of this card does not guarantee eligibility for services.

Inpatient precertification required.

Providers, file all claims with the local BlueCross and/or BlueShield Plan where member received services.

File medical/pediatric dental 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.

Benefits available in network only.


B32

Rx Powered by BlueChoice HealthPlan


Healthy BlueSM: BlueChoice HealthPlan of SC

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
BlueChoice® HealthPlan of SC



Healthy Connections

MEMBER SUBSCRIBER NAME	PRIMARY CARE PROVIDER (PCP) PROVIDER NAME
MEMBER ID 123456789	XXX-XXX-XXXX
Group No.	Group ID
RxBIN	020107
RxPCN	FM
RxGROUP	WFSA
Benefit Plan	Plan Code
Effective Date	MEM_CURR_BEG_DT_FORMATTED

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.

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: 1-844-410-6890
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 1-866-902-1689 within 24 hours or the first business day.

Healthy Blue
P.O. Box 100124
Columbia, SC 29202-3124
BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.

BC1965 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.scohhhs.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 1-888-549-0820 if you have questions about Member Services.
Call 1-800-834-2680 with questions regarding Pharmacy Services.


To report possible fraud or abuse call 1-888-364-3324

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 contiguous counties (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**


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



www.SouthCarolinaBlues.com



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


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.

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**


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



www.SouthCarolinaBlues.com



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

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.

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


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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
- Includes Prisma 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: 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**

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 

www.SouthCarolinaBlues.com



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.


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**

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 

www.SouthCarolinaBlues.com



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.

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877-440-0089

BlueCross BlueShield of South Carolina
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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
- Includes MUSC Health, The Regional Medical Center (Orangeburg) and Williamsburg Regional Hospital.
- 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

Member Name SUBSCRIBER NAME Member ID MBX123456789999	BlueExclusive SM Cooper MUSC Health Alliance Network
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RxBIN	021684			INDIVIDUAL	FAMILY
RxGRP	BXGI				
PLAN CODE	380				

www.SouthCarolinaBlues.com

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.

X18

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
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 800-868-2510
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 855-811-2218
 Buy and Bill Drugs - Precertification:
 877-440-0089

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





South Carolina

Member Name SUBSCRIBER NAME Member ID MBY123456789999	BlueExclusive SM Cooper MUSC Health Alliance Network
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RxBIN	021684			INDIVIDUAL	FAMILY
RxGRP	BXGI				
PLAN CODE	380				

www.SouthCarolinaBlues.com

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.

X16


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.

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 Exclusive Provider Organization (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 must use a network participating provider (PPO).
- Members **do not** have **out-of-network** benefits except in the event of an emergency.




South Carolina

<p>Member Name SUBSCRIBER NAME</p> <p>Member ID XXX123456789999</p> <hr/> <p>RxBIN 021684</p> <p>RxGRP BXGI</p> <p>PLAN CODE 380</p>	<p>BlueExtendSM Network Exclusive Provider Organization</p> <hr/> <p>IN NETWORK</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">DEDUCTIBLE</td> <td style="width: 30%;">\$XX,XXX</td> <td style="width: 30%;">\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </table>	DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX
DEDUCTIBLE	\$XX,XXX	\$XX,XXX					
OUT OF POCKET	\$XX,XXX	\$XX,XXX					

www.SouthCarolinaBlues.com





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.

This policy only provides benefits for covered services received in network.

X2o

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
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An independent licensee of the Blue Cross Blue Shield Association.

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.
- 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


Member Name SUBSCRIBER NAME Member ID CNN123456789999	BlueExclusive SM Congaree Congaree Network
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RxBIN	021684				
RxGRP	BXGI				
PLAN CODE	380				

	IN NETWORK DEDUCTIBLE \$XX,XXX \$XX,XXX OUT OF POCKET \$XX,XXX \$XX,XXX
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www.SouthCarolinaBlues.com

Out-of-State 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.

X23

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
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 855-811-2218
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 877-440-0089

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 Columbia, SC 29202
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South Carolina


Member Name SUBSCRIBER NAME Member ID CNS123456789999	BlueExclusive SM Congaree Congaree Network
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RxBIN	021684				
RxGRP	BXGI				
PLAN CODE	380				

	IN NETWORK DEDUCTIBLE \$XX,XXX \$XX,XXX OUT OF POCKET \$XX,XXX \$XX,XXX
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www.SouthCarolinaBlues.com

Out-of-State 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.

X22

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
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 855-811-2218
 Buy and Bill Drugs – Precertification:
 877-440-0089


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

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

Pee Dee Network

- The prefixes are **PEQ** and **PEZ**.
- Members must reside in: Florence, Georgetown, Horry or Marion county.
- 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

Member Name
SUBSCRIBER NAME
Member ID
PEQ123456789999

RxBIN **021684**


RxGRP **BXGI**

PLAN CODE **380**


BlueExclusiveSM Pee Dee
Pee Dee Network

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

Out-of-State Emergency
Services Only



www.SouthCarolinaBlues.com



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.


X25

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
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855-811-2218
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877-440-0089

BlueCross BlueShield of South Carolina
P.O. Box 100300
Columbia, SC 29202
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South Carolina

Member Name
SUBSCRIBER NAME
Member ID
PEZ123456789999

RxBIN **021684**


RxGRP **BXGI**

PLAN CODE **380**


BlueExclusiveSM Pee Dee
Pee Dee Network

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

Out-of-State Emergency
Services Only



www.SouthCarolinaBlues.com



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.

X24

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
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800-868-2510
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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.

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.
- 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.

Member Name
SUBSCRIBER NAME
Member ID
ZCU123456789999

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


www.SouthCarolinaBlues.com

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

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

BlueEssentialsSM Network
Out-of-Area Emergency Services Only





www.SouthCarolinaBlues.com

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



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855-404-6752
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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.

X27

Member Name
SUBSCRIBER NAME
Member ID
ZCF123456789999

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


www.SouthCarolinaBlues.com

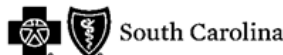
Virtual-first primary care. Use the Blue VirtuConnectSM telehealth platform for primary care to save money.

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

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

BlueEssentialsSM Network
Out-of-Area Emergency Services Only





www.SouthCarolinaBlues.com


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.

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Pharmacy Help Desk:
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BlueCross BlueShield of South Carolina
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X26

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

BlueChoice HealthPlan: Blue OptionSM

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 benefits. BlueCard Services are available using in-network providers for out of state benefits.**



Blue OptionSM

SUBSCRIBER'S FIRST NAME

SUBSCRIBER'S LAST NAME

Member ID

ZCJ000000000

PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

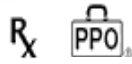
Blue Option Network


Health Benefits

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: 800-810-2583

PROVIDERS

Mental Health: 800-868-1032

Pharmacy: 855-811-2218

Authorization: 800-950-5387

Vision: 800-368-9609

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