



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

Independent licensees of the Blue Cross and Blue Shield Association

2022 Member Identification Card Guide

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

Revised: April 2022

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.

When members arrive at your office or facility, 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**.
- **Basic** plan members **do not have out-of-network benefits**, except in the event of an emergency.
- The **Standard** plan operates as a traditional Preferred Provider Organization (PPO).
- 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**



<p>Member Name SAMPLE ID CARD</p> <p>Member ID R12345678</p>	<p>www.fepblue.org</p> <p>FEP Blue Focus Enrollment Code 133</p>																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Effective Date</td> <td style="width: 30%;">01/01/2022</td> <td style="width: 30%;">Deductible Individual</td> <td style="width: 10%; text-align: right;">\$500</td> </tr> <tr> <td>RxIIN</td> <td>610239</td> <td>Deductible Family</td> <td style="text-align: right;">\$1,000</td> </tr> <tr> <td>RxPCN</td> <td>FEPRX</td> <td>Out-of-Pocket Maximum</td> <td style="text-align: right;">In-Network</td> </tr> <tr> <td>RxGrp</td> <td>65006500</td> <td>Individual</td> <td style="text-align: right;">\$8,500</td> </tr> <tr> <td></td> <td></td> <td>Family</td> <td style="text-align: right;">\$17,000</td> </tr> </table>	Effective Date	01/01/2022	Deductible Individual	\$500	RxIIN	610239	Deductible Family	\$1,000	RxPCN	FEPRX	Out-of-Pocket Maximum	In-Network	RxGrp	65006500	Individual	\$8,500			Family	\$17,000	
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		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) <i>(Members Only)</i>

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


2022 BlueCross BlueShield | BlueChoice® HealthPlan ID Card Guide

4


State Health Plan

State Health Plan Network

- **Group** products access the broad **State Health Plan Network**.
- The SHP and State Savings Plan 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.



PEBA
SC Retirement Systems
and State Health Plan




South Carolina


State Member

Member ID **ZCS 00000000**

IN NETWORK DEDUCTIBLE	\$490
OUT OF POCKET	\$2,800
OUT OF NETWORK DEDUCTIBLE	\$490
OUT OF POCKET	\$5,600

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 Services: 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
An independent licensee of the Blue Cross Blue Shield Association.


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**

ST1

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

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
 Member ID
XXX123456789012

RxBIN **021684**
 RxGRP **BXMN**


MAMMOGRAPHY NETWORK

GRID+

www.SouthCarolinaBlues.com

PPO®

TIER 1 DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
<hr/>	
TIER 2 DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
<hr/>	
IN NETWORK DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
<hr/>	
OUT OF NETWORK DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX



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.

Report all emergency admissions within 24 hours.

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

Customer Service: **800-760-9290**
 Dental Customer Service: **800-222-7156**
 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




BlueCrossBlueShield of South Carolina is an independent licensee of the BlueCross BlueShield Association

MTR

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		 South Carolina		www.SouthCarolinaBlues.com	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID XXX123614046483		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	
RxBIN 021684 RxGRP BXGI PLAN CODE 380 MAMMOGRAPHY NETWORK		TIER 1 DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX TIER 2 DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX 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				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 P.O. Box 100300 Columbia, SC 29202	
				An independent licensee of the Blue Cross and Blue Shield Association. SG3	

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


 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
Member Name SUBSCRIBER NAME Member ID XXX123614046483		Preferred Blue® Network VSP Advantage Vision Network		Customer Service: 843-722-2115 or 800-815-3314 In-State Providers: 800-334-2583 Out-of-State Providers: 800-810-2583 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		TIER 1 DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX TIER 2 DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX IN NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX OUT OF NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX		Members: Call Customer Service for information on filing a claim. 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. Authorization required for MRI, MRA, CT and PET. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. Report emergency admissions within 24 hours.	
www.SouthCarolinaBlues.com				Thomas H. Cooper and Co., Inc. (TCC) P.O. Box 63477 North Charleston, SC 29419 BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association. On behalf of BlueCross, TCC, a separate company, administers this plan.	
				TC3	

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; font-size: 10px;">GRID+</p> <p>www.SouthCarolinaBlues.com</p>	<p style="text-align: center; font-weight: bold;">STUDENT HEALTH PLAN</p> <table style="width: 100%; border-collapse: collapse; font-size: 10px;"> <tr> <td style="width: 60%;">TIER 1</td> <td style="width: 20%;">DEDUCTIBLE</td> <td style="width: 20%; text-align: right;">\$XX,XXX</td> </tr> <tr> <td></td> <td>OUT OF POCKET</td> <td style="text-align: right;">\$XX,XXX</td> </tr> <tr> <td colspan="3"><hr/></td> </tr> <tr> <td>TIER 2</td> <td>DEDUCTIBLE</td> <td style="text-align: right;">\$XX,XXX</td> </tr> <tr> <td></td> <td>OUT OF POCKET</td> <td style="text-align: right;">\$XX,XXX</td> </tr> <tr> <td colspan="3"><hr/></td> </tr> <tr> <td>IN NETWORK</td> <td>DEDUCTIBLE</td> <td style="text-align: right;">\$XX,XXX</td> </tr> <tr> <td></td> <td>OUT OF POCKET</td> <td style="text-align: right;">\$XX,XXX</td> </tr> <tr> <td colspan="3"><hr/></td> </tr> <tr> <td>OUT OF NETWORK</td> <td>DEDUCTIBLE</td> <td style="text-align: right;">\$XX,XXX</td> </tr> <tr> <td></td> <td>OUT OF POCKET</td> <td style="text-align: right;">\$XX,XXX</td> </tr> </table> <div style="text-align: center; margin-top: 20px;">  </div>	TIER 1	DEDUCTIBLE	\$XX,XXX		OUT OF POCKET	\$XX,XXX	<hr/>			TIER 2	DEDUCTIBLE	\$XX,XXX		OUT OF POCKET	\$XX,XXX	<hr/>			IN NETWORK	DEDUCTIBLE	\$XX,XXX		OUT OF POCKET	\$XX,XXX	<hr/>			OUT OF NETWORK	DEDUCTIBLE	\$XX,XXX		OUT OF POCKET	\$XX,XXX
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South Carolina


www.SouthCarolinaBlues.com

<p>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.</p> <p>Services provided outside the Student Health Center require referral.</p> <p>Report all emergency admissions within 24 hours.</p> <p>Medical & Dental - Please submit claims to: P.O. Box 100300, Columbia, SC 29202</p> <hr/> <p style="font-size: 8px;">MUH</p>	<p>Customer Service: 855-823-0319</p> <p>PPO Network Providers: 800-810-2583</p> <p>Essential Advocate™: 855-638-5839</p> <p>Precertification: 800-334-7287</p> <p>Mental Health and Substance Abuse Precertification: 800-868-1032</p> <p>Pharmacy Help Desk: 855-811-2218</p> <p>Buy and Bill Drugs - Precertification: 877-440-0089</p> <hr/> <p style="font-size: 10px;">An independent licensee of the Blue Cross and Blue Shield Association.</p>
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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®

MICHELIN
A BETTER WAY FORWARD

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME


HEALTHY OPTIONS SELECT WITH HRA

Member ID
XXX123456789012

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

Novel

Out-of-State Emergency Services Only **PPO**®



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**

BlueCrossBlueShield of South Carolina provides administrative services only and does not assume any financial risk for claims.

BlueCrossBlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.


MOX

Note: This group has other prefixes associated with it, which are part of different networks. Please be sure to verify eligibility and benefits at each visit to obtain accurate information.


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

<p>Member Name SUBSCRIBER NAME</p> <p>Member ID ZCX123456789999</p> <hr/> <p>RxBIN 004336</p> <p>RxGRP SCB15</p> <p>PLAN CODE 380</p>	<p>Preferred Blue Network</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">TIER 1</td> <td style="font-size: small;">DEDUCTIBLE</td> <td style="text-align: right; font-size: small;">\$XX,XXX</td> </tr> <tr> <td style="font-size: small;">OUT OF POCKET</td> <td></td> <td style="text-align: right; font-size: small;">\$XX,XXX</td> </tr> </table> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">TIER 2</td> <td style="font-size: small;">DEDUCTIBLE</td> <td style="text-align: right; font-size: small;">\$XX,XXX</td> </tr> <tr> <td style="font-size: small;">OUT OF POCKET</td> <td></td> <td style="text-align: right; font-size: small;">\$XX,XXX</td> </tr> </table> <hr/> <p>Pharmacy Discount Program</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">IN NETWORK</td> <td style="font-size: small;">DEDUCTIBLE</td> <td style="text-align: right; font-size: small;">\$XX,XXX</td> </tr> <tr> <td style="font-size: small;">OUT OF POCKET</td> <td></td> <td style="text-align: right; font-size: small;">\$XX,XXX</td> </tr> </table> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">OUT OF NETWORK</td> <td style="font-size: small;">DEDUCTIBLE</td> <td style="text-align: right; font-size: small;">\$XX,XXX</td> </tr> <tr> <td style="font-size: small;">OUT OF POCKET</td> <td></td> <td style="text-align: right; font-size: small;">\$XX,XXX</td> </tr> </table> <hr/> <p style="font-size: small;">Out-of-State Emergency Services Only</p> <div style="text-align: right;">  </div>	TIER 1	DEDUCTIBLE	\$XX,XXX	OUT OF POCKET		\$XX,XXX	TIER 2	DEDUCTIBLE	\$XX,XXX	OUT OF POCKET		\$XX,XXX	IN NETWORK	DEDUCTIBLE	\$XX,XXX	OUT OF POCKET		\$XX,XXX	OUT OF NETWORK	DEDUCTIBLE	\$XX,XXX	OUT OF POCKET		\$XX,XXX
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OUT OF NETWORK	DEDUCTIBLE	\$XX,XXX																							
OUT OF POCKET		\$XX,XXX																							

www.SouthCarolinaBlues.com



South Carolina

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. 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.

Caremark is an independent company offering a Pharmacy Discount program only. See your plan benefits documents for specifics.

X11



Pharmacy benefits administrator

Claims/Pharmacy Customer Service: 855-404-6752

Medical Preauthorization: 800-327-3238

Mental Health & Substance Abuse Precertification: 800-868-1032

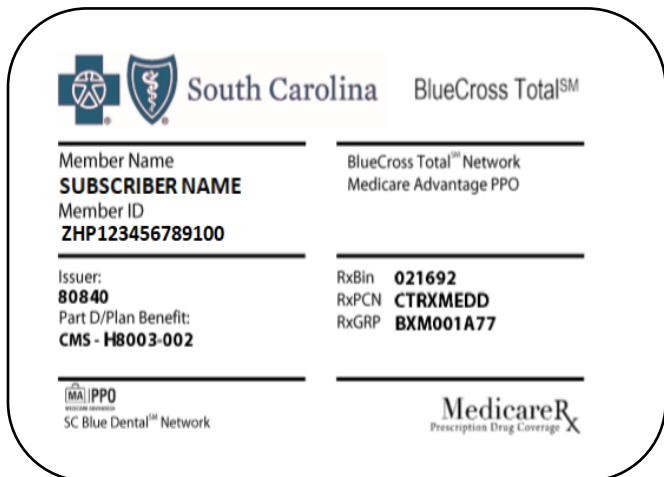
Provider Services: 800-868-2510

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

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

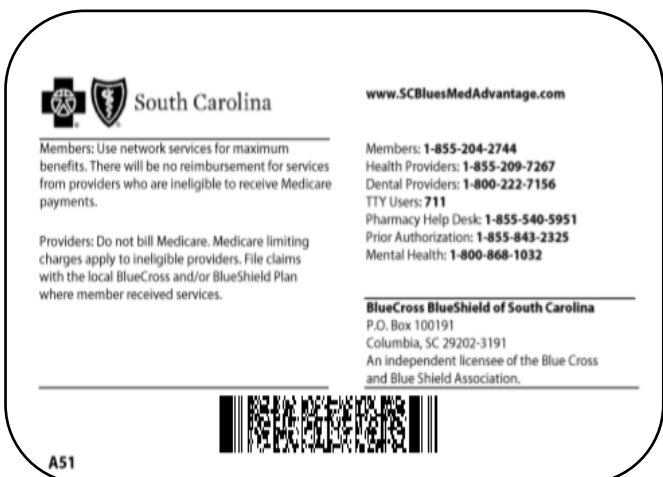
Member ID
ZHP123456789100

BlueCross TotalSM Network
Medicare Advantage PPO

Issuer:
80840
Part D/Plan Benefit:
CMS - H8003-002

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

MedicareRx
Prescription Drug Coverage



South Carolina 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**

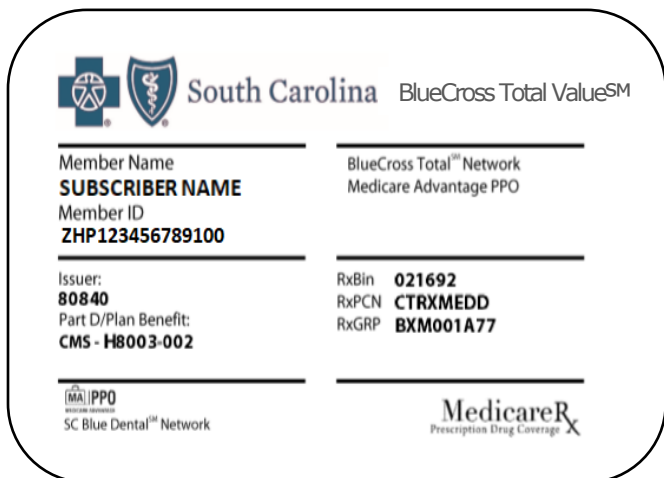
Providers: Do not bill Medicare. Medicare limiting charges apply to ineligible providers. File claims with the local BlueCross and/or BlueShield Plan where member received services.

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.



South Carolina BlueCross Total ValueSM

Member Name
SUBSCRIBER NAME

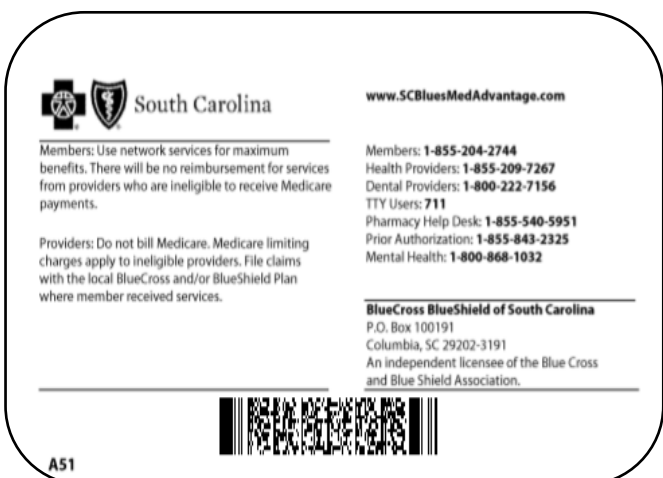
Member ID
ZHP123456789100

BlueCross TotalSM Network
Medicare Advantage PPO

Issuer:
80840
Part D/Plan Benefit:
CMS - H8003-002

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

MedicareRx
Prescription Drug Coverage



South Carolina 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.

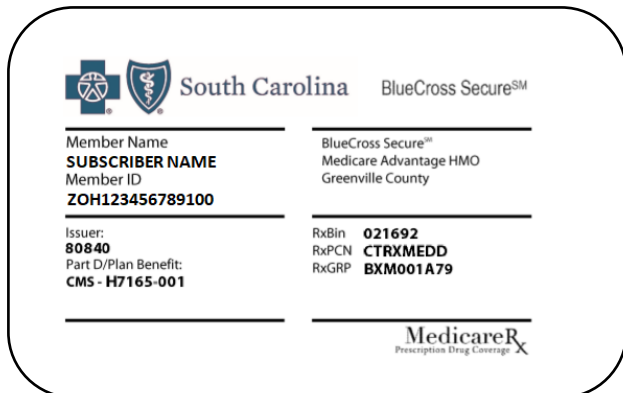
BlueCross BlueShield of South Carolina
P.O. Box 100191
Columbia, SC 29202-3191
An independent licensee of the Blue Cross and Blue Shield Association.


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 Greenville network or Richland network for benefits except in cases of emergency.
- There will be no reimbursement for services from providers who are out of the network or ineligible to receive Medicare payments.





Member Name SUBSCRIBER NAME Member ID ZOH123456789100	BlueCross Secure SM Medicare Advantage HMO Greenville County
Issuer: 80840 Part D/Plan Benefit: CMS - H7165-001	RxBin 021692 RxPCN CTRXMEDD RxGRP BXM001A79







www.SCBluesMedAdvantage.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.

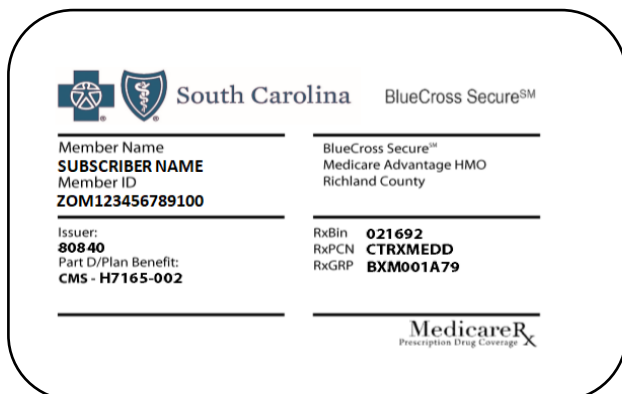
BlueCross BlueShield of South Carolina
 P.O. Box 100191
 Columbia, SC 29202-3191
 An independent licensee of the Blue Cross and Blue Shield Association.



 A50

Medicare Advantage


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 Richland network or Greenville network for benefits except in cases of emergency.
- There will be no reimbursement for services from providers who are out of the network or ineligible to receive Medicare payments.





Member Name SUBSCRIBER NAME Member ID ZOM123456789100	BlueCross Secure SM Medicare Advantage HMO Richland County
Issuer: 80840 Part D/Plan Benefit: CMS - H7165-002	RxBin 021692 RxPCN CTRXMEDD RxGRP BXM001A79







www.SCBluesMedAdvantage.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

<p>Member Name SUBSCRIBER NAME</p> <p>Member ID ZHP123456789100</p> <hr/> <p>Issuer: 80840</p> <p>Part D/Plan Benefit: CMS - H8003-002</p>	<p>BlueCross TotalSM Network Medicare Advantage PPO</p> <hr/> <p>RxBin 021692 RxPCN CTRXMEDD RxGRP BXM001A77</p>
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 PPO
SC Blue DentalSM Network



MedicareRx
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.

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.

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**

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.



SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
Member ID
ZCC000000000

PLAN **HMO**
PLAN CODE **380.02**
RxBIN **021684**
RxGRP **CHC**



Primary Choice


TIER 1 DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
<hr/>	
TIER 2 DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX

Health Benefits

IN NETWORK DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
<hr/>	
OUT OF NETWORK DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX

www.BlueChoiceSC.com



Primary Choice

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. BlueChoice HealthPlan provides administrative services 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**


Use HCA affiliates to receive the maximum benefit.

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

www.BlueChoiceSC.com

B39

Rx Powered by BlueChoice HealthPlan



SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME
Member ID
ZCC000000000

PLAN **HMO**
PLAN CODE **380.02**
RxBIN **021684**
RxGRP **CHC**

Primary Choice

BCBSSC
EE



TIER 1 DEDUCTIBLE \$XX,XXX
OUT OF POCKET \$XX,XXX


TIER 2 DEDUCTIBLE \$XX,XXX
OUT OF POCKET \$XX,XXX

Health Benefits

IN NETWORK DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
<hr/>	
OUT OF NETWORK DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX

www.BlueChoiceSC.com



Primary Choice

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 and BlueCross BlueShield of South Carolina are independent licensees of the Blue Cross and Blue Shield Association.

Benefits available in network only.


www.BlueChoiceSC.com

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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.



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

PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

Advantage Plus



Advantage Network


TIER 1 DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
TIER 2 DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX

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



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

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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**
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


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





Advantage Network


TIER 1 DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
TIER 2 DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX

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


B45

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





Advantage Network

TIER 1 DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
TIER 2 DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX

Health/Dental 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
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

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


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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.



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

PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

BusinessADVANTAGE


Advantage Network


TIER 1 DEDUCTIBLE		XXX,XXX
OUT OF POCKET		XXX,XXX
<hr/>		
TIER 2 DEDUCTIBLE		XXX,XXX
OUT OF POCKET		XXX,XXX

Health Benefits

Vision	IN NETWORK DEDUCTIBLE	XXX,XXX
	OUT OF POCKET	XXX,XXX
<hr/>		
Comprehensive Dental	OUT OF NETWORK DEDUCTIBLE	XXX,XXX
	OUT OF POCKET	XXX,XXX

www.BlueChoiceSC.com





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**
Vision: **800-997-2736**
Dental Inquiries: **800-222-7156**

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

Rx Powered by BlueChoice HealthPlan


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

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

PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

BusinessADVANTAGE


Advantage Network


TIER 1 DEDUCTIBLE		XXX,XXX
OUT OF POCKET		XXX,XXX
<hr/>		
TIER 2 DEDUCTIBLE		XXX,XXX
OUT OF POCKET		XXX,XXX

Health Benefits

Vision	IN NETWORK DEDUCTIBLE	XXX,XXX
	OUT OF POCKET	XXX,XXX
<hr/>		
	OUT OF NETWORK DEDUCTIBLE	XXX,XXX
	OUT OF POCKET	XXX,XXX

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**
Vision: **800-997-2736**

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

Rx Powered by BlueChoice HealthPlan

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

B33

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.



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

PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC


**My Choice
Individual Coverage**

TIER 1 DEDUCTIBLE OUT OF POCKET	\$XX,XXX \$XX,XXX
TIER 2 DEDUCTIBLE OUT OF POCKET	\$XX,XXX \$XX,XXX

Health Benefits

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

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.

www.BlueChoiceSC.com

Rx Powered by BlueChoice HealthPlan

B31



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

PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC


**My Choice
Individual Coverage
HDHP**


TIER 1 DEDUCTIBLE OUT OF POCKET	\$XX,XXX \$XX,XXX
TIER 2 DEDUCTIBLE OUT OF POCKET	\$XX,XXX \$XX,XXX

Health Benefits

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

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.

www.BlueChoiceSC.com

Rx Powered by BlueChoice HealthPlan







B32

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.


 <p>South Carolina</p> <hr/> <p>Member Name SUBSCRIBER NAME</p> <p>Member ID XXX123614046483</p> <hr/> <table border="0"> <tr> <td>RxBIN</td> <td>021684</td> <td>INDIVIDUAL</td> <td>FAMILY</td> </tr> <tr> <td>RxGRP</td> <td>BXGI</td> <td>IN NETWORK</td> <td></td> </tr> <tr> <td rowspan="2">PLAN CODE</td> <td rowspan="2">380</td> <td>DEDUCTIBLE</td> <td>\$XX,XXX \$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX \$XX,XXX</td> </tr> </table> <hr/> <p>Out-of-State Emergency Services Only</p>  <p>www.SouthCarolinaBlues.com</p>	RxBIN	021684	INDIVIDUAL	FAMILY	RxGRP	BXGI	IN NETWORK		PLAN CODE	380	DEDUCTIBLE	\$XX,XXX \$XX,XXX	OUT OF POCKET	\$XX,XXX \$XX,XXX	 <p>South Carolina</p> <p>www.SouthCarolinaBlues.com</p> <p>Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health & Substance Use Precertification: 800-868-1032</p> <p>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</p> <p>BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the BlueCross and BlueShield Association.</p> <p>X14</p>
RxBIN	021684	INDIVIDUAL	FAMILY												
RxGRP	BXGI	IN NETWORK													
PLAN CODE	380	DEDUCTIBLE	\$XX,XXX \$XX,XXX												
		OUT OF POCKET	\$XX,XXX \$XX,XXX												
 <p>South Carolina</p> <hr/> <p>Member Name SUBSCRIBER NAME</p> <p>Member ID XXX123614046483</p> <hr/> <table border="0"> <tr> <td>RxBIN</td> <td>021684</td> <td>INDIVIDUAL</td> <td>FAMILY</td> </tr> <tr> <td>RxGRP</td> <td>BXGI</td> <td>IN NETWORK</td> <td></td> </tr> <tr> <td rowspan="2">PLAN CODE</td> <td rowspan="2">380</td> <td>DEDUCTIBLE</td> <td>\$XX,XXX \$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX \$XX,XXX</td> </tr> </table> <hr/> <p>Out-of-State Emergency Services Only</p>  <p>www.SouthCarolinaBlues.com</p>	RxBIN	021684	INDIVIDUAL	FAMILY	RxGRP	BXGI	IN NETWORK		PLAN CODE	380	DEDUCTIBLE	\$XX,XXX \$XX,XXX	OUT OF POCKET	\$XX,XXX \$XX,XXX	 <p>South Carolina</p> <p>www.SouthCarolinaBlues.com</p> <p>Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health & Substance Use Precertification: 800-868-1032</p> <p>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</p> <p>BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the BlueCross and BlueShield Association.</p> <p>X13</p>
RxBIN	021684	INDIVIDUAL	FAMILY												
RxGRP	BXGI	IN NETWORK													
PLAN CODE	380	DEDUCTIBLE	\$XX,XXX \$XX,XXX												
		OUT OF POCKET	\$XX,XXX \$XX,XXX												

Note: 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**.
- 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


<p>Member Name SUBSCRIBER NAME Member ID RBX123456789999</p>	<p>BlueExclusiveSM Reedy PRISMA Health Upstate Network</p>
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RxBIN	021684	INDIVIDUAL	FAMILY
RxGRP	BXGI	IN NETWORK	
PLAN CODE	380	DEDUCTIBLE	\$XX,XXX \$XX,XXX
		OUT OF POCKET	\$XX,XXX \$XX,XXX

www.SouthCarolinaBlues.com

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


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.

X16




South Carolina


<p>Member Name SUBSCRIBER NAME Member ID RBN123456789999</p>	<p>BlueExclusiveSM Reedy PRISMA Health Upstate Network</p>
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RxBIN	021684	INDIVIDUAL	FAMILY
RxGRP	BXGI	IN NETWORK	
PLAN CODE	380	DEDUCTIBLE	\$XX,XXX \$XX,XXX
		OUT OF POCKET	\$XX,XXX \$XX,XXX

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Out-of-Area Emergency
Services Only





South Carolina

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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.

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X17

Note: If there is only one individual on the policy, the "Individual" and "Family" headings will not be listed; only the amounts.

Cooper Network

- The prefixes are **MBX** and **MBY**.
- 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


Member Name	BlueExclusive SM Cooper
SUBSCRIBER NAME	MUSC Health Alliance Network
Member ID	
MBX123456789999	

RxBIN	021684	INDIVIDUAL	FAMILY
RxGRP	BXGI	IN NETWORK	
PLAN CODE	380	DEDUCTIBLE	\$XX,XXX
		OUT OF POCKET	\$XX,XXX

Out-of-Area Emergency Services Only



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South Carolina

www.SouthCarolinaBlues.com

Member Resources

Member Service Center:
855-404-6752

24/7 Pharmacy Support:
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Mental Health & Substance Use Precertification:
800-868-1032

Provider Resources

Provider Services:
800-868-2510


Medical Authorization:
855-895-1682

Pharmacy Help Desk:
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877-440-0089

BlueCross BlueShield of South Carolina
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Columbia, SC 29202
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X18




South Carolina


Member Name	BlueExclusive SM Cooper
SUBSCRIBER NAME	MUSC Health Alliance Network
Member ID	
MBY123456789999	

RxBIN	021684	INDIVIDUAL	FAMILY
RxGRP	BXGI	IN NETWORK	
PLAN CODE	380	DEDUCTIBLE	\$XX,XXX
		OUT OF POCKET	\$XX,XXX

Out-of-Area Emergency Services Only



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South Carolina

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Member Resources

Member Service Center:
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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

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877-440-0089

BlueCross BlueShield of South Carolina
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X19

Note: If there is only one individual on the policy, the "Individual" and "Family" headings will not be listed; only the amounts.

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 DEDUCTIBLE <u>\$XX,XXX</u> OUT OF POCKET <u>\$XX,XXX</u></p>
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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


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X20

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** 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 Blue Option network are considered in network.



Blue OptionSM

SUBSCRIBER'S FIRST NAME

SUBSCRIBER'S LAST NAME

Member ID

ZCJ000000000

PLAN CODE **380.04**

RxBIN **021684**


RxGRP **CHC**

Blue Option Network


TIER 1	
DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
TIER 2	
DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX

Health Benefits

IN NETWORK	
DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
OUT OF NETWORK	
DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$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 is an independent licensee of the Blue Cross and Blue Shield Association.

BlueChoice HealthPlan

P.O. Box 6170

Columbia, SC 29260-6170

B35

Rx Powered by BlueChoice HealthPlan