



# MEMBER IDENTIFICATION CARD GUIDE



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# OVERVIEW OF THIS GUIDE

## Purpose of This Guide

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

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

Remember, ID cards are for identification purposes only. They do not guarantee eligibility or payment of your claim. You should always verify patient eligibility by using My Insurance Manager<sup>SM</sup> on our websites, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).

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# INTRODUCTION

## Blue Cross Blue Shield Association: Prefix Changes

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

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

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

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

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

## Digital ID Cards

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

### How a member can access his or her digital ID card

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

- Go to [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com) on his or her mobile device and log in to My Health Toolkit.
- Select Insurance Card from the main menu.

### Advantages for providers

The digital ID card:

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

Digital ID card emails will come from either [NoReply@SouthCarolinaBlues.com](mailto:NoReply@SouthCarolinaBlues.com) or [NoReply@BlueChoiceSC.com](mailto:NoReply@BlueChoiceSC.com) with the subject "Insurance Card."

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

## Consolidated Appropriations Act (CAA)

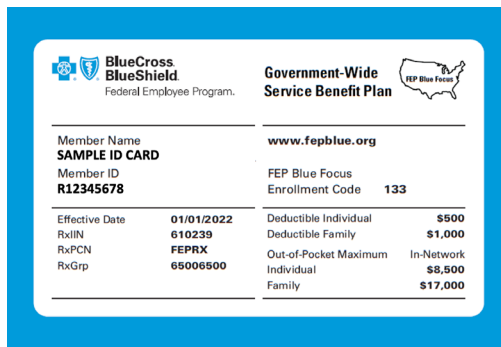
As part of the Consolidated Appropriations Act (CAA), effective Jan. 1, 2022, we have updated applicable ID cards to include the member's in-network and out-of-network deductibles and out-of-pocket maximums.

# BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA

## Federal Employee Program (FEP)

### Preferred Blue Network

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

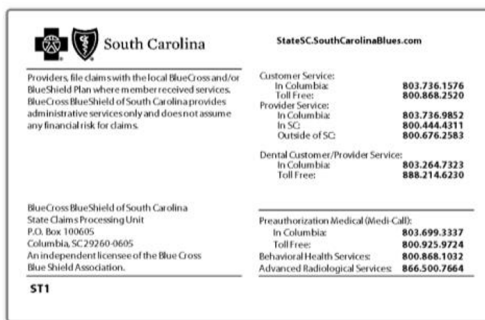
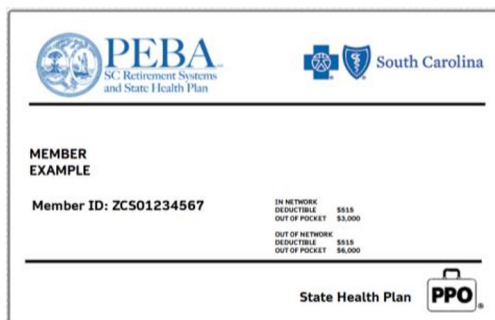


## State Health Plan



### State Health Plan Network

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

### Standard - Individual



Standard - Family






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**MEMBER EXAMPLE**

Member ID: ZCS01234567

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

State Health Plan



South Carolina

[StateSCSouthCarolinaBlues.com](http://StateSCSouthCarolinaBlues.com)

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

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



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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**

Savings - Individual






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**MEMBER EXAMPLE**

Member ID: ZCS01234567

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

Savings Plan



South Carolina

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 Advanced Radiological Services: 866.500.7664

**ST3**

Savings - Family





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**MEMBER EXAMPLE**

Member ID: ZCS01234567

IN NETWORK DEDUCTIBLE	\$8,000
OUT OF POCKET	\$6,000
OUT OF NETWORK DEDUCTIBLE	\$4,000
OUT OF POCKET	\$12,000

Savings Plan



South Carolina

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 Advanced Radiological Services: 866.500.7664

**ST3**


Standard - Medicare Supplement





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**MEMBER EXAMPLE**

Member ID: ZCS01234567

State Health Plan



South Carolina

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In Columbia:	803.736.9852
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Dental Customer/Provider Service:	
In Columbia:	803.264.7323
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Preauthorization Medical (Medi-Call):  
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 Toll Free: 800.925.9724  
 Behavioral Health Services: 800.868.1032  
 Advanced Radiological Services: 866.500.7664

**ST5**

## Large Group PPO

### Preferred Blue Network




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

 <b>South Carolina</b>		 <b>South Carolina</b>		<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b>		<b>IN NETWORK</b> DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX <b>OUT OF NETWORK</b> 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 Eyecare: 866-939-3633 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089	
Member ID XXX123456789012		Report all emergency admissions within 24 hours.		Medical & Dental: Please submit claims to: P.O. Box 100300, Columbia, SC 29202	
RxBIN <b>021684</b> RxGRP <b>BXMN</b>		MAMMOGRAPHY NETWORK GRID+		BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.	
<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>				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 of the front of the card indicates the network members access when out of state.

 <b>South Carolina</b>		 <b>South Carolina</b>		<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b>		Preferred Blue Network		<b>Member Resources</b> Member Service Center: 800-868-2500, ext. 43475 Direct: 803-264-3475 24/7 Pharmacy Support: 855-819-0955 Mental Health & Substance Use Precertification: 800-868-1032	
Member ID 012345678901		<b>IN NETWORK</b> DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX <b>OUT OF NETWORK</b> DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX		<b>Provider Resources</b> Provider Services: 800-868-2510 Medical Preauthorization: 800-334-7287 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089	
RxBIN <b>021684</b> RxGRP <b>BXGI</b> PLAN CODE <b>380</b> MAMMOGRAPHY NETWORK		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	
<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>					




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



## Small Group PPO

### Preferred Blue Network

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




 <b>South Carolina</b>		 <b>South Carolina</b>		<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>012345678901</b>		Preferred Blue® Network VSP Advantage Vision Network		<b>Member Resources</b> 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 <b>021684</b> RxGRP <b>BXGI</b> PLAN CODE <b>380</b> MAMMOGRAPHY NETWORK		<small>Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions.</small>  <small>Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services.</small>		<b>Provider Resources</b> Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089	
<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>		An independent licensee of the Blue Cross and Blue Shield Association. X12		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202	
					

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

## South Carolina Student Health Insurance

### Preferred Blue Network

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





 <b>South Carolina</b>		 <b>South Carolina</b>		<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>XXX123456789012</b>		<b>STUDENT HEALTH PLAN</b>		<small>Providers file claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. IRR/IB/APET/CT and radiation oncology therapy will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefit payment consideration.</small>	
RxBIN <b>021684</b> RxGRP <b>BXMN</b> MAMMOGRAPHY NETWORK		IN NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX OUT OF NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX		<small>Customer Service: 855-823-8319                  PPO Network Provider: 800-810-2583                  Essential Advocate™: 855-638-5839                  Precertification: 800-334-7287                  Mental Health and Substance Abuse Precertification: 800-868-1032                  Pharmacy Help Desk: 855-811-2218                  Buy and Bill Drugs - Precertification: 877-440-0089</small>	
GRID+ <a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>		Services provided outside the Student Health Center require referral. Report all emergency admissions within 24 hours.  Medical & Dental - Please submit claims to: PO Box 100300, Columbia, SC 29202		An independent licensee of the Blue Cross and Blue Shield Association.	
					

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

**Michelin**

**Southeastern Health Partners (SEHP) Novel Network**



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


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

## Short-Term Health Plan

### Preferred Blue Network

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

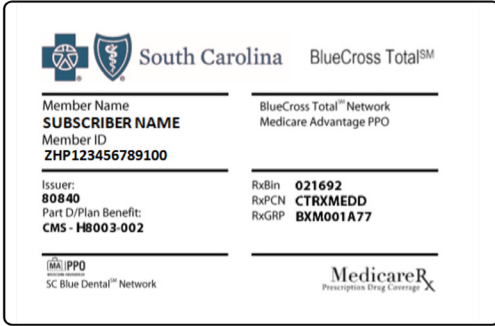
 <b>South Carolina</b>		<b>Preferred Blue® Network</b>	
<b>Member Name</b> SUBSCRIBER NAME			
<b>Member ID</b> XXX123614046483			
<b>RxBIN</b>	<b>021684</b>	<b>Pharmacy Discount Program</b>	
<b>RxGRP</b>	<b>BXGI</b>		
<b>PLAN CODE</b>	<b>380</b>		
		<b>IN NETWORK</b>	
		DEDUCTIBLE	\$XX,XXX
		OUT OF POCKET	\$XX,XXX
<b>www.SouthCarolinaBlues.com</b>		Out-of-State Emergency Services Only	


 <b>South Carolina</b>		<b>www.SouthCarolinaBlues.com</b>	
<b>Members:</b> Report all emergency admissions within 24 hours.			
<b>Providers:</b> 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.			
<b>Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.</b>			
<b>Member Resources</b>		<b>Member Service Center:</b> <b>855-895-1684</b> Mental Health & Substance Use Pre-certification: <b>800-868-1032</b>	
<b>Provider Resources</b>		<b>Provider Services:</b> <b>800-868-2510</b> Medical Authorization: <b>855-895-1682</b>	
BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the BlueCross and BlueShield Association.			
<b>X15</b>			

## Medicare Advantage

### BlueCross Total<sup>SM</sup> 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<sup>SM</sup>

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**Member Name**  
**SUBSCRIBER NAME**  
**Member ID**  
**ZHP123456789100**


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

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

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**PPD**  
 SC Blue Dental<sup>SM</sup> Network




**South Carolina**

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**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.

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**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

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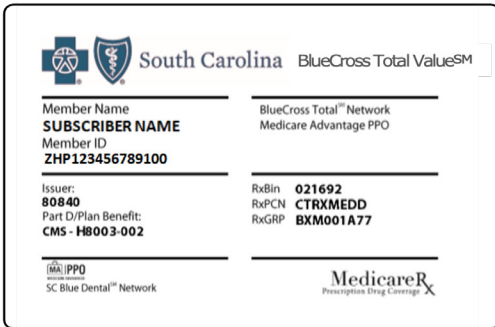
**BlueCross BlueShield of South Carolina**  
 P.O. Box 100191  
 Columbia, SC 29202-3191  
 An independent licensee of the Blue Cross and Blue Shield Association.


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**A51**

### BlueCross Total Value<sup>SM</sup> 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 Value<sup>SM</sup>

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**Member Name**  
**SUBSCRIBER NAME**  
**Member ID**  
**ZHP123456789100**


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

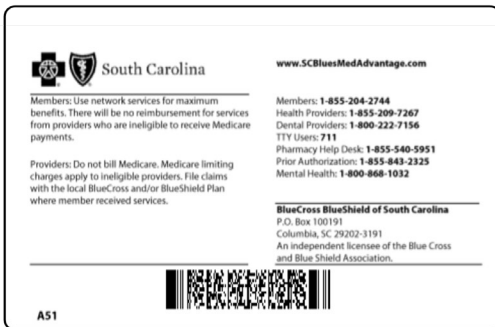
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**RxBin** **021692**  
**RxPCN** **CTRXMEDD**  
**RxGRP** **BXM001A77**

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**PPD**  
 SC Blue Dental<sup>SM</sup> Network




**South Carolina**

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 Columbia, SC 29202-3191  
 An independent licensee of the Blue Cross and Blue Shield Association.

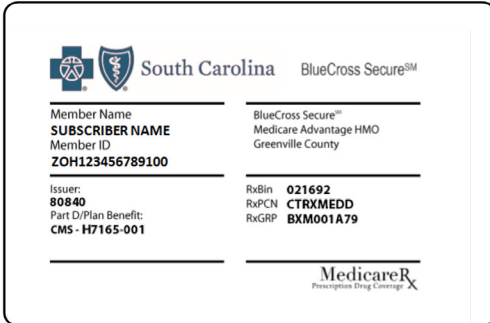
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**A51**

## Medicare Advantage

### BlueCross Secure<sup>SM</sup> 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 Secure<sup>SM</sup>

---

**Member Name**  
**SUBSCRIBER NAME**  
**Member ID**  
**ZOH123456789100**

---

**BlueCross Secure<sup>SM</sup>**  
**Medicare Advantage HMO**  
**Greenville County**


---

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

---

**RxBin** **021692**  
**RxPCN** **CTRXMEDD**  
**RxGRP** **BXM001A79**

---






**South Carolina**

[www.SCBuesMedAdvantage.com](http://www.SCBuesMedAdvantage.com)

---

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

---

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

---

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

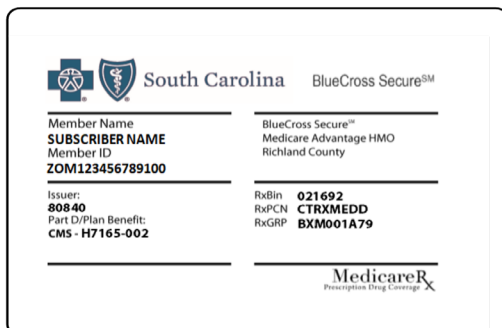
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A50

### BlueCross Secure<sup>SM</sup> 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 Secure<sup>SM</sup>

---

**Member Name**  
**SUBSCRIBER NAME**  
**Member ID**  
**ZOM123456789100**

---

**BlueCross Secure<sup>SM</sup>**  
**Medicare Advantage HMO**  
**Richland County**


---

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

---

**RxBin** **021692**  
**RxPCN** **CTRXMEDD**  
**RxGRP** **BXM001A79**

---






**South Carolina**

[www.SCBuesMedAdvantage.com](http://www.SCBuesMedAdvantage.com)

---

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

---

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

---

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

---




A54

## Medicare Advantage

### BlueCross Blue Basic<sup>SM</sup>

- 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**

**BlueCross Total<sup>SM</sup> Network**  
Medicare Advantage PPO

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

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

**MA | PPO**  
SC Blue Dental<sup>SM</sup> Network

**MedicareRx**  
Prescription Drug Coverage



**www.SCBuesMedAdvantage.com**

**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.

**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.**





**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.

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

		www.BlueChoiceSC.com	
Members, 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.		<b>MEMBERS</b> Member Services: 800-868-2528 Out of Area: 800-810-2583 <b>PROVIDERS</b> Mental Health: 800-868-1032 Authorization: 800-950-5387 Pharmacy: 855-811-2218	
<b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170		Use HCA affiliates to receive the maximum benefit.  BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.	
B39		Rx Powered by BlueChoice HealthPlan	




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

		www.BlueChoiceSC.com		
Members, 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.		<b>MEMBERS</b> Member Services: 800-868-2528 Out of Area: 800-810-2583 <b>PROVIDERS</b> Mental Health: 800-868-1032 Authorization: 800-950-5387 Pharmacy: 855-811-2218		
<b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170		BlueChoice HealthPlan and BlueCross BlueShield of South Carolina are independent licensees of the Blue Cross and Blue Shield Association. 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 of the front of the card indicates the network members access when out of state.

		<b>Advantage Plus</b>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>ZCL00000000</b>		<b>Advantage Network</b>	
PLAN <b>PPO</b> PLAN CODE <b>380.04</b> RxBIN <b>021684</b> RxGRP <b>CHC</b>	<b>IN NETWORK</b> DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX <b>OUT OF NETWORK</b> 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.		<b>MEMBERS</b> Member Services: <b>800-868-2528</b> Out of Area: <b>800-810-2583</b>	
Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services.		<b>PROVIDERS</b> Mental Health: <b>800-868-1032</b> Authorization: <b>800-950-5387</b> Pharmacy: <b>855-811-2218</b>	
BlueChoice HealthPlan provides administrative services only, and does not assume any financial risk for claims.		BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.	
<b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170		Rx Powered by BlueChoice HealthPlan	
837			



CarolinaADVANTAGE<sup>SM</sup> and CarolinaADVANTAGE<sup>SM</sup> With Dental Small Group

Advantage Network


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



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

PLAN	<b>PPO</b>
PLAN CODE	<b>380.04</b>
RxBIN	<b>021684</b>
RxGRP	<b>CHC</b>



www.BlueChoiceSC.com



**Advantage Network**

---

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



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

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


www.BlueChoiceSC.com

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

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

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


B45 Rx Powered by BlueChoice HealthPlan



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

PLAN	<b>PPO</b>
PLAN CODE	<b>380.04</b>
RxBIN	<b>021684</b>
RxGRP	<b>CHC</b>



www.BlueChoiceSC.com




**Advantage Network**

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



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

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

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

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

www.BlueChoiceSC.com

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

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




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


B46 Rx Powered by BlueChoice HealthPlan




# BusinessADVANTAGE<sup>SM</sup> Small Group


## Advantage Network

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

		<b>BusinessADVANTAGE</b>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>ZCL00000000</b>		<b>Advantage Network</b>	
PLAN PPO PLAN CODE 380.04 RxBIN 021684 RxGRP CHC	IN NETWORK DEDUCTIBLE \$XXXXX OUT OF POCKET \$XXXXX OUT OF NETWORK DEDUCTIBLE \$XXXXX OUT OF POCKET \$XXXXX	www.BlueChoiceSC.com	
		 	

		<b>BusinessADVANTAGE</b>	
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: <b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170 File SC dental claims to: Columbia Service Center P.O. Box 100300 Columbia, SC 29202-3300		www.BlueChoiceSC.com <b>MEMBERS</b> Member Services: 800-868-2528 Out of Area: 800-810-2583 <b>PROVIDERS</b> 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	


		<b>BusinessADVANTAGE</b>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>ZCL00000000</b>		<b>Advantage Network</b>	
PLAN PPO PLAN CODE 380.04 RxBIN 021684 RxGRP CHC	IN NETWORK DEDUCTIBLE \$XXXXX OUT OF POCKET \$XXXXX OUT OF NETWORK DEDUCTIBLE \$XXXXX OUT OF POCKET \$XXXXX	www.BlueChoiceSC.com	
		 	

		<b>BusinessADVANTAGE</b>	
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: <b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170		www.BlueChoiceSC.com <b>MEMBERS</b> Member Services: 800-868-2528 Out of Area: 800-810-2583 <b>PROVIDERS</b> 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	

# My Choice Individual and My Choice Individual HDHP

## BlueChoice Network

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



**My Choice  
Individual Coverage**

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

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


---

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

---

www.BlueChoiceSC.com



[www.BlueChoiceSC.com](http://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

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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

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

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B31 Rx Powered by BlueChoice HealthPlan



**My Choice  
Individual Coverage  
HDHP**

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

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


---

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

---

www.BlueChoiceSC.com



[www.BlueChoiceSC.com](http://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

---

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

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

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B32 Rx Powered by BlueChoice HealthPlan




# AFFORDABLE CARE ACT (ACA) INDIVIDUAL PLANS

## BlueCross: Blue Essentials<sup>SM</sup>

### BlueEssentials Network

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



**South Carolina**

---

Member Name  
**SUBSCRIBER NAME**  
Member ID  
**ZCU123456789999**

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


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[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

**Blue Essentials<sup>SM</sup> Network**  
Exclusive Provider Organization

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

Out-of-State Emergency Services Only





**South Carolina**


[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

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

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

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

X14



**South Carolina**

---

Member Name  
**SUBSCRIBER NAME**  
Member ID  
**ZCF123456789999**

---

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


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[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

**Blue Essentials<sup>SM</sup> Network**  
Exclusive Provider Organization

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

Out-of-State Emergency Services Only





**South Carolina**

[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

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

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

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


X13

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

**Reedy Network**

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

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



**South Carolina**

---

Member Name  
**SUBSCRIBER NAME**  
Member ID  
**RBX123456789999**

---

RxBIN **021684**

---

RxGRP **BXGI**

---

PLAN CODE **380**

---

[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)


BlueExclusive<sup>SM</sup> Reedy  
PRISMA Health Upstate Network


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

---

Out-of-Area Emergency Services Only





**South Carolina**


[www.SouthCarolinaBlues.com](http://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 500300  
Columbia, SC 29202  
An independent licensee of the Blue Cross and Blue Shield Association.

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**South Carolina**

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Member Name  
**SUBSCRIBER NAME**  
Member ID  
**RBN123456789999**

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RxBIN **021684**

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RxGRP **BXGI**

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PLAN CODE **380**

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[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)


BlueExclusive<sup>SM</sup> Reedy  
PRISMA Health Upstate Network


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

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Out-of-Area Emergency Services Only





**South Carolina**

[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

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

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

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




X17




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

**Cooper Network**

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

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




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

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

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

## BlueExtend<sup>SM</sup> Network

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

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


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



**Congaree Network**

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

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



**South Carolina**

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Member Name  
**SUBSCRIBER NAME**  
Member ID  
**CNN123456789999**

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


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[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

BlueExclusive<sup>SM</sup> Congaree  
Congaree Network

	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](http://www.SouthCarolinaBlues.com)

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

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

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

X23



**South Carolina**

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Member Name  
**SUBSCRIBER NAME**  
Member ID  
**CNS123456789999**

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


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[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

BlueExclusive<sup>SM</sup> Congaree  
Congaree Network

	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](http://www.SouthCarolinaBlues.com)

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

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




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




X22

**Pee Dee Network**

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

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


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

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

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

**Blue VirtuConnect**

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



**South Carolina**

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Member Name  
**SUBSCRIBER NAME**  
Member ID  
**ZCU123456789999**

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RxBIN      **021684**

RxGRP      **BXGI**

PLAN CODE   **380**

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[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)



**Blue VirtuConnect**


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**Virtual-first primary care.** Use the Blue VirtuConnect<sup>SM</sup> telehealth platform for primary care to save money.

**Virtual visits 1-4**      \$0  
**After the 4<sup>th</sup> visit**      \$10

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

BlueEssentials<sup>SM</sup> Network  
Out-of-Area Emergency Services Only





**South Carolina**

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Members: Report all emergency admissions within 24 hours.

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

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

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[www.SouthCarolinaBlues.com](http://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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BlueCross BlueShield of South Carolina  
P.O. Box 100300  
Columbia, SC 29202  
An independent licensee of the Blue Cross Blue Shield Association.



**South Carolina**

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Member Name  
**SUBSCRIBER NAME**  
Member ID  
**ZCF123456789999**

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RxBIN      **021684**

RxGRP      **BXGI**

PLAN CODE   **380**

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[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)



**Blue VirtuConnect**


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**Virtual-first primary care.** Use the Blue VirtuConnect<sup>SM</sup> telehealth platform for primary care to save money.

**Virtual visits 1-4**      \$0  
**After the 4<sup>th</sup> visit**      \$10

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

BlueEssentials<sup>SM</sup> Network  
Out-of-Area Emergency Services Only





**South Carolina**

---

Members: Report all emergency admissions within 24 hours.

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

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

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[www.SouthCarolinaBlues.com](http://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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BlueCross BlueShield of South Carolina  
P.O. Box 100300  
Columbia, SC 29202  
An independent licensee of the Blue Cross Blue Shield Association.

Blue Option Network

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



**Blue Option™**

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**Blue Option Network**


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

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PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

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



www.BlueOptionSC.com



www.BlueOptionSC.com

**MEMBERS**

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

**PROVIDERS**

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

Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services.  
 Services outside the Blue Option Network are only covered for urgent or emergency care performed in an urgent treatment center or emergency room.  
 Benefits available in network only.

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

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

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Rx Powered by BlueChoice HealthPlan



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

Independent licensees of the Blue Cross Blue Shield Association.

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