



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

Independent licensees of the Blue Cross Blue Shield Association.

# Member Identification Card Guide

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

Revised: February 2023

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

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

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

Remember, ID cards are for identification purposes only. They do not guarantee eligibility or payment of your claim. You should always verify patient eligibility by using My Insurance 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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## 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](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://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](mailto:noreply@southcarolinablues.com) or [noreply@bluechoicesc.com](mailto:noreply@bluechoicesc.com) with the subject "Insurance Card."

Continue your practice of verifying eligibility and benefits when a member presents you with a copy of the ID card.

## Consolidated Appropriations Act (CAA)


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

# BlueCross BlueShield of South Carolina

## Federal Employee Program (FEP)


### Preferred Blue® Network

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



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

**Government-Wide  
Service Benefit Plan**



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

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



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

**www.fepblue.org/contact-us**

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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.

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

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

# State Health Plan

## State Health Plan Network

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

### Standard – Individual




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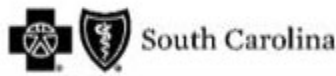
**MEMBER EXAMPLE**

**Member ID: ZCS01234567**

IN NETWORK DEDUCTIBLE	\$515
OUT OF POCKET	\$3,000
OUT OF NETWORK DEDUCTIBLE	\$515
OUT OF POCKET	\$6,000

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State Health Plan 



[StateSC.SouthCarolinaBlues.com](http://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:	<b>803.736.1576</b>
Toll Free:	<b>800.868.2520</b>
Provider Service:	
In Columbia:	<b>803.736.9852</b>
In SC:	<b>800.444.4311</b>
Outside of SC:	<b>800.676.2583</b>
Dental Customer/Provider Service:	
In Columbia:	<b>803.264.7323</b>
Toll Free:	<b>888.214.6230</b>

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:	<b>803.699.3337</b>
Toll Free:	<b>800.925.9724</b>
Behavioral Health Services:	<b>800.868.1032</b>
Advanced Radiological Services:	<b>866.500.7664</b>

**ST1**

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**MEMBER EXAMPLE**


**Member ID: ZCS01234567**

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

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**State Health Plan**





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

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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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**Preauthorization Medical (Medi-Call):**  
In Columbia: **803.699.3337**  
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**Advanced Radiological Services:** **866.500.7664**

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**ST1**


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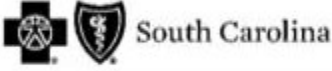
**MEMBER EXAMPLE**

**Member ID: ZCS01234567**

<b>IN NETWORK</b>	
DEDUCTIBLE	\$4,000
OUT OF POCKET	\$3,000
<b>OUT OF NETWORK</b>	
DEDUCTIBLE	\$4,000
OUT OF POCKET	\$6,000

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**Savings Plan** 



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

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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.

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State Claims Processing Unit  
P.O. Box 100605  
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An independent licensee of the Blue Cross Blue Shield Association.

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


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


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**ST3**





**PEBA**  
SC Retirement Systems  
and State Health Plan



South Carolina


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**MEMBER  
EXAMPLE**

**Member ID: ZCS01234567**

<b>IN NETWORK</b>	
DEDUCTIBLE	\$8,000
OUT OF POCKET	\$6,000
<b>OUT OF NETWORK</b>	
DEDUCTIBLE	\$8,000
OUT OF POCKET	\$12,000

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**Savings Plan** 



South Carolina

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

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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.

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State Claims Processing Unit  
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Columbia, SC 29260-0605  
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**Customer Service:**

In Columbia: **803.736.1576**  
Toll Free: **800.868.2520**

**Provider Service:**

In Columbia: **803.736.9852**  
In SC: **800.444.4311**  
Outside of SC: **800.676.2583**

**Dental Customer/Provider Service:**

In Columbia: **803.264.7323**  
Toll Free: **888.214.6230**

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**Preauthorization Medical (Medi-Cal):**

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


**Behavioral Health Services: 800.868.1032**  
**Advanced Radiological Services: 866.500.7664**

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**ST3**



**PEBA**  
SC Retirement Systems  
and State Health Plan




South Carolina


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

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**State Health Plan**





South Carolina

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

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

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

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**ST5**

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




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

# 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.

 <p style="font-size: 1.2em; font-weight: bold; margin-top: 0;">South Carolina</p> <hr/> <p><b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b></p> <hr/> <p>Member ID <b>XXX123456789012</b></p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 150px;">RxBIN</td> <td style="text-align: right;"><b>021684</b></td> <td></td> </tr> <tr> <td>RxGRP</td> <td style="text-align: right;"><b>BXMN</b></td> <td></td> </tr> </table> <hr/> <p><b>MAMMOGRAPHY NETWORK</b></p> <hr/> <p style="text-align: right;">GRID+</p> <p><a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a></p> <div style="text-align: right; margin-top: 10px;">  </div>	RxBIN	<b>021684</b>		RxGRP	<b>BXMN</b>		 <p style="font-weight: bold; margin-top: 0;">South Carolina</p> <p style="text-align: right; font-size: 0.8em;"><a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a></p> <p style="font-size: 0.8em;">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, radiation oncology therapy, spine surgery and pain management will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefit payment consideration.</p> <p style="font-size: 0.8em;">Report all emergency admissions within 24 hours.</p> <p style="font-size: 0.8em;">Medical &amp; Dental - Please submit claims to: P.O. Box 100300, Columbia, SC 29202</p> <hr/> <p style="font-size: 0.8em;">Customer Service: <b>XXX-XXX-XXXX</b> Dental Customer Service: <b>XXX-XXX-XXXX</b> PPO Network Providers: <b>800-810-2583</b> Essential Advocate<sup>SM</sup>: <b>855-638-5839</b> Precertification: <b>800-334-7287</b> Mental Health and Substance Abuse Precertification: <b>800-868-1032</b> Eyelid: <b>866-939-3633</b> Pharmacy Help Desk: <b>855-811-2218</b> Buy and Bill Drugs - Precertification: <b>877-440-0089</b></p> <hr/> <p style="font-size: 0.8em;">BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.</p> <hr/> <p style="font-size: 0.8em;">MXX</p>
RxBIN	<b>021684</b>						
RxGRP	<b>BXMN</b>						

## 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.



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


 <b>South Carolina</b>		<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a> <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	
<i>Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions.</i> <i>Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services.</i>		<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	
BlueCross BlueShield of South Carolina provides administrative services only and does not assume any financial risks for claims. BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202	

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

## Small Group PPO (Business BlueEssentials<sup>SM</sup>) 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.

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

 <b>South Carolina</b>		<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a> <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	
<i>Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions.</i> <i>Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services.</i>		<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	
An independent licensee of the Blue Cross and Blue Shield Association.		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202	


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

# South Carolina Student Health Insurance

## Preferred Blue Network


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


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



**South Carolina**

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<p><b>SUBSCRIBER'S FIRST NAME</b></p> <p><b>SUBSCRIBER'S LAST NAME</b></p> <p>Member ID <b>XXX123456789012</b></p> <hr/> <p>RxBIN                <b>021684</b></p> <p>RxGRP                <b>BXMN</b></p> <hr/> <p><b>MAMMOGRAPHY NETWORK</b></p> <p style="text-align: right;">GRID+</p> <p>www.SouthCarolinaBlues.com</p>	<p style="text-align: center;"><b>STUDENT HEALTH PLAN</b></p> <hr/> <p><b>IN NETWORK</b></p> <p>DEDUCTIBLE                \$XX,XXX</p> <p>OUT OF POCKET            \$XX,XXX</p> <p><b>OUT OF NETWORK</b></p> <p>DEDUCTIBLE                \$XX,XXX</p> <p>OUT OF POCKET            \$XX,XXX</p> <div style="text-align: center; margin-top: 20px;">  </div>
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**South Carolina**

www.SouthCarolinaBlues.com

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Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. MRI/MRA/PET/CT and radiation oncology therapy will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefit payment consideration.

Services provided outside the Student Health Center require referral.

Report all emergency admissions within 24 hours.

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

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

PPO Network Providers: **800-810-2583**

Essential Advocate™: **855-638-5839**

Precertification: **800-334-7287**

Mental Health and Substance Abuse Precertification: **800-868-1032**

Pharmacy Help Desk: **855-811-2218**

Buy and Bill Drugs - Precertification: **877-440-0089**

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

**MUH**


# Michelin

## Southeastern Health Partners (SEHP) Novel Network

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



**BlueCross® BlueShield®**



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SUBSCRIBER'S FIRST NAME  
SUBSCRIBER'S LAST NAME

---

Member ID  
XXX123456789012

---


HEALTHY OPTIONS SELECT WITH HRA


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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-State Emergency Services Only







**South Carolina**

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

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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.

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Medical - Please submit claims to:  
PO. Box 100300, Columbia, SC 29202

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**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**

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

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




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MOX

# Short-Term Health Plan

## Preferred Blue Network

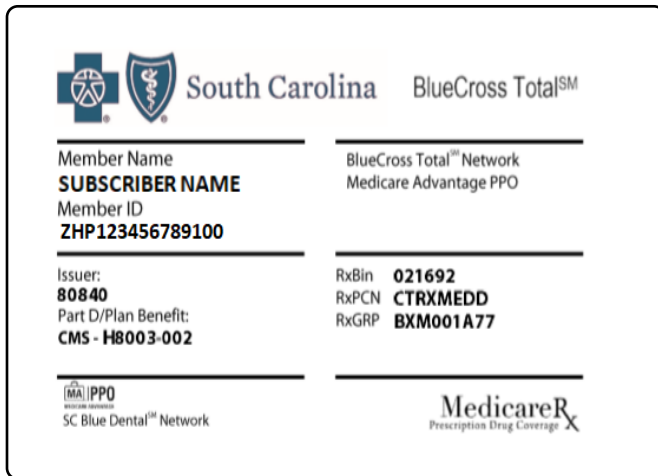
- **Individual** products access the broad **Preferred Blue Network**.
- The prefix is **ZCX**.
- Pre-existing conditions are not covered.
- Policy offers medical benefits.
- Pharmacy benefit is discount only.
- Members **do not have out-of-state benefits**, except in the event of an emergency.
- Effective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


 <b>South Carolina</b>		 <b>South Carolina</b>		<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>
<hr/> <b>Member Name</b> <b>SUBSCRIBER NAME</b>		<hr/> <b>Preferred Blue® Network</b>		<b>Member Resources</b> Member Service Center: <b>855-895-1684</b> Mental Health & Substance Use Precertification: <b>800-868-1032</b>
<b>Member ID</b> <b>XXX123614046483</b>		<b>IN NETWORK</b> DEDUCTIBLE           \$XX,XXX OUT OF POCKET       \$XX,XXX		
<hr/> <b>RxBIN</b> <b>021684</b>		<hr/> <b>Pharmacy Discount Program</b>		<b>Provider Resources</b> Provider Services: <b>800-868-2510</b> Medical Authorization: <b>855-895-1682</b>
<b>RxGRP</b> <b>BXGI</b>				
<b>PLAN CODE</b> <b>380</b>				
<hr/> <a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>		Out-of-State Emergency Services Only		<hr/> <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.





---

Member Name  
**SUBSCRIBER NAME**

Member ID  
**ZHP123456789100**

---


Issuer:  
**80840**


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

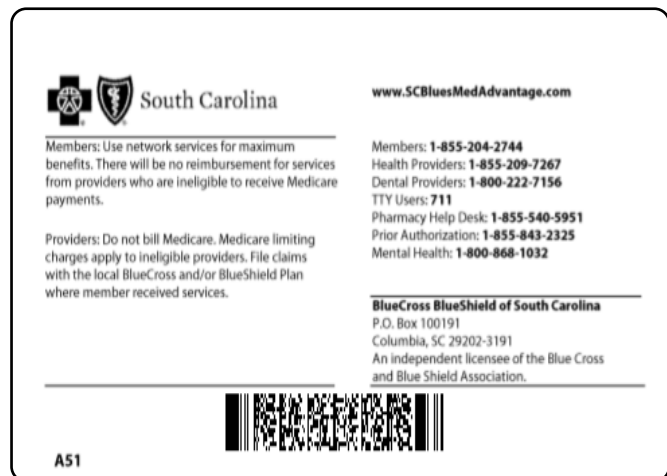
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RxBin **021692**  
 RxPCN **CTRXMEDD**  
 RxGRP **BXM001A77**

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

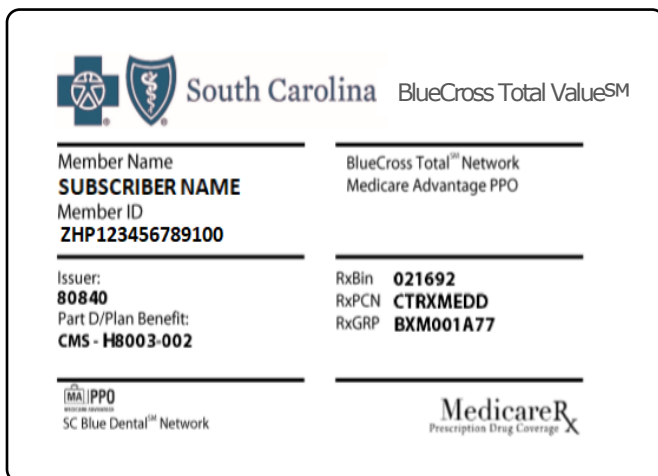
**BlueCross BlueShield of South Carolina**  
 P.O. Box 100191  
 Columbia, SC 29202-3191  
 An independent licensee of the Blue Cross and Blue Shield Association.




A51

# BlueCross Total 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.





---

Member Name  
**SUBSCRIBER NAME**

Member ID  
**ZHP123456789100**

---


Issuer:  
**80840**


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

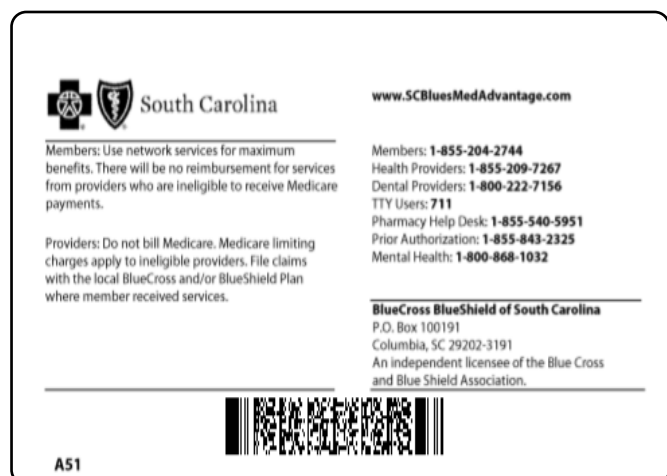
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RxBin **021692**  
 RxPCN **CTRXMEDD**  
 RxGRP **BXM001A77**

---










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

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# 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>


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Member Name	BlueCross Secure <sup>SM</sup>
<b>SUBSCRIBER NAME</b>	Medicare Advantage HMO
Member ID	Greenville County
<b>ZOH123456789100</b>	

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

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South Carolina [www.SCBlesMedAdvantage.com](http://www.SCBlesMedAdvantage.com)

---

Members: Use the Greenville network for benefits except in case of emergency. There will be no reimbursement for services from providers who are out of the network or ineligible to receive Medicare payments.

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

---

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

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


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## 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>


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Member Name	BlueCross Secure <sup>SM</sup>
<b>SUBSCRIBER NAME</b>	Medicare Advantage HMO
Member ID	Richland County
<b>ZOM123456789100</b>	

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

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South Carolina [www.SCBlesMedAdvantage.com](http://www.SCBlesMedAdvantage.com)

---

Members: Use the Richland network for benefits except in case of emergency. There will be no reimbursement for services from providers who are out of the network or ineligible to receive Medicare payments.

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

---

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

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

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# 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**


Issuer:  
**80840**


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


RxBin **021692**

RxPCN **CTRXMEDD**

RxGRP **BXM001A77**

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

 Prescription Drug Coverage



[www.SCBluesMedAdvantage.com](http://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  
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# 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 ZCC000000000		<hr/>	
PLAN HMO PLAN CODE 380.02 RxBIN 021684 RxGRP CHC	Health Benefits <b>IN NETWORK</b> DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX	<hr/>	
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 ZCC000000000		<hr/>		
PLAN HMO PLAN CODE 380.02 RxBIN 021684 RxGRP CHC	Health Benefits <b>IN NETWORK</b> DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX	<hr/>		
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 front of the card indicates the network members access when out of state.



### Advantage Plus

www.BlueChoiceSC.com

---

SUBSCRIBER'S FIRST NAME

SUBSCRIBER'S LAST NAME

Member ID

**ZCL000000000**

PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

Advantage Network



---

Health Benefits

<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

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www.BlueChoiceSC.com



www.BlueChoiceSC.com

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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**

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

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Rx Powered by BlueChoice HealthPlan


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





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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

**Advantage Network**



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Health Benefits

<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

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www.BlueChoiceSC.com



www.BlueChoiceSC.com

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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

**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


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

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Rx Powered by BlueChoice HealthPlan





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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

**Advantage Network**



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Health/Dental Benefits

<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

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www.BlueChoiceSC.com



www.BlueChoiceSC.com

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

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

File SC dental claims to:  
**Columbia Service Center**  
P.O. Box 100300  
Columbia, SC 29202-3300

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

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

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

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



**BlueChoice<sup>®</sup>  
HealthPlan**  
South Carolina

**BusinessADVANTAGE**

---

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

---

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



**Advantage Network**  
**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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Health Benefits  
Vision  
Comprehensive Dental

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www.BlueChoiceSC.com



**BlueChoice<sup>®</sup>  
HealthPlan**  
South Carolina

www.BlueChoiceSC.com

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

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

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


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

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**BlueChoice<sup>®</sup>  
HealthPlan**  
South Carolina

**BusinessADVANTAGE**

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

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



**Advantage Network**  
**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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Health Benefits  
Vision

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www.BlueChoiceSC.com



**BlueChoice<sup>®</sup>  
HealthPlan**  
South Carolina

www.BlueChoiceSC.com

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

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

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

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


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Rx Powered by BlueChoice HealthPlan

# My Choice Individual and My Choice Individual HDHP BlueChoice Network

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



**BlueChoice HealthPlan**  
South Carolina

**My Choice Individual Coverage**

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

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

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

PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC


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

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

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Health Benefits



**BlueChoice HealthPlan**  
South Carolina

**My Choice Individual Coverage**

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

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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

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

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Rx Powered by BlueChoice HealthPlan



**BlueChoice HealthPlan**  
South Carolina

**My Choice Individual Coverage HDHP**

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

---

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

---



PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC


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

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

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Health Benefits



**BlueChoice HealthPlan**  
South Carolina

**My Choice Individual Coverage HDHP**

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

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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

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



B32

Rx Powered by BlueChoice HealthPlan

# Healthy Blue<sup>SM</sup>: BlueChoice HealthPlan of SC

## BlueChoice HealthPlan Medicaid Network

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

MEMBER  
**SUBSCRIBER NAME**  
MEMBER ID  
**123456789**

PRIMARY CARE PROVIDER (PCP)  
PROVIDER NAME  
XXX-XXX-XXXX

Group No.                      **Group ID**  
RxBIN                              **020107**  
RxPCN                              **FM**  
RxGROUP                         **WFSA**  
Benefit Plan                     **Plan Code**  
Effective Date                 **MEM\_CURR\_BEG\_DT\_FORMATTED**

**Member:** Show this card and your Healthy Connections card when you get covered services. See Your Evidence of Coverage to learn more about covered benefits.

**In an emergency, call 911.** Or go to the nearest emergency room. You don't need an OK ahead of time. We will pay for these services. Ask the hospital to call your PCP right away.

**Providers:** This card is for ID purposes and does not constitute proof of eligibility.

**In-state claims:** File using payer code 00403.

**Out-of-state claims:** Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services.

**www.HealthyBlueSC.com**

**Customer Care Center:** 1-866-781-5094  
**TTY Line:** 1-866-773-9634  
**Help for Pharmacists:** 1-833-253-4711  
**Pharmacy Member Svcs:** 1-833-207-3118  
**Retail Drug Prior Auth:** 1-844-410-6890  
**24-Hour Nurseline:** 1-866-577-9710  
**TTY Line:** 1-800-368-4424  
**For Current Eligibility:** 1-866-757-8286  
**Hospitals: For inpatient admissions, call 1-866-902-1689 within 24 hours or the first business day.**

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

BC1965                                      0707 SC0014749 0508

SOUTH CAROLINA



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

South Carolina Healthy Connections  
**THIS CARD DOES NOT GUARANTEE ELIGIBILITY**

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

**Attention Member:**  
Carry this card with you at all times and present it each time you receive a medical service from your doctor, pharmacy, dentist, etc.  
It is against the law to let someone else use your card. Violators will be prosecuted.  
Call 1-888-549-0820 if you have questions about Member Services.  
Call 1-800-834-2680 with questions regarding Pharmacy Services.

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




# Affordable Care Act (ACA) Individual Plans

## BlueCross: Blue 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 contiguous counties (bordering counties outside of South Carolina) that are contracted and participate in the BlueEssentials Network are considered in network.



**South Carolina**

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

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RxBIN      **021684**

RxGRP      **BXGI**


PLAN CODE   **380**

---


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 

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



**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.

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.

X14



**South Carolina**

---

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

---

RxBIN      **021684**

RxGRP      **BXGI**


PLAN CODE   **380**

---


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 

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



**South Carolina**

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

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Provider Services: 800-868-2510  
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BlueCross BlueShield of South Carolina  
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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.


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
- 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**

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

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RxBIN **021684**

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RxGRP **BXGI**

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PLAN CODE **380**


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


	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



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



**South Carolina**

Members: Report all emergency admissions within 24 hours.

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

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


**www.SouthCarolinaBlues.com**

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

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

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

X19



**South Carolina**

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


	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



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



**South Carolina**

Members: Report all emergency admissions within 24 hours.

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

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

**www.SouthCarolinaBlues.com**

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

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

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


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
- 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**


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

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Out-of-Area Emergency Services Only 

www.SouthCarolinaBlues.com



**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


**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 and Blue Shield Association.

X18



**South Carolina**


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

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Out-of-Area Emergency Services Only 

www.SouthCarolinaBlues.com



**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

**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 and Blue Shield Association.

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 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**


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

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www.SouthCarolinaBlues.com





**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.

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

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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.

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

## Congaree Network

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

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



### South Carolina

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Member Name <b>SUBSCRIBER NAME</b> Member ID <b>CNN123456789999</b>	BlueExclusive <sup>SM</sup> Congaree Congaree Network
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RxBIN	<b>021684</b>		
RxGRP	<b>BXGI</b>		
PLAN CODE	<b>380</b>		


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

Out-of-State Emergency  
 Services Only  




### South Carolina

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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

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.

X23



### South Carolina

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Member Name <b>SUBSCRIBER NAME</b> Member ID <b>CNS123456789999</b>	BlueExclusive <sup>SM</sup> Congaree Congaree Network
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RxBIN	<b>021684</b>		
RxGRP	<b>BXGI</b>		
PLAN CODE	<b>380</b>		


---

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

Out-of-State Emergency  
 Services Only  




### South Carolina

---

Members: Report all emergency admissions within 24 hours.

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

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

---

www.SouthCarolinaBlues.com

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**855-811-2218**  
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BlueCross BlueShield of South Carolina  
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 Columbia, SC 29202  
 An independent licensee of the Blue Cross Blue Shield Association.


X22

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

## Pee Dee Network

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

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



### South Carolina

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Member Name  
**SUBSCRIBER NAME**  
Member ID  
**PEQ123456789999**

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RxBIN      **021684**

RxGRP      **BXGI**

PLAN CODE   **380**


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BlueExclusive<sup>SM</sup> Pee Dee  
Pee Dee Network


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

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Out-of-State Emergency  
Services Only



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



### 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**

**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.

X25



### South Carolina

---

Member Name  
**SUBSCRIBER NAME**  
Member ID  
**PEZ123456789999**

---

RxBIN      **021684**

RxGRP      **BXGI**

PLAN CODE   **380**


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BlueExclusive<sup>SM</sup> Pee Dee  
Pee Dee Network


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

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Out-of-State Emergency  
Services Only



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



### South Carolina

---

Members: Report all emergency admissions within 24 hours.

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

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

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**www.SouthCarolinaBlues.com**

**Member Resources**  
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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.

X24

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

# Blue VirtuConnect

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

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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)

**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

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





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



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**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.

---

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

---

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


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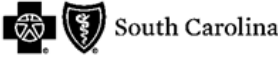
[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

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

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

# BlueChoice HealthPlan: Blue Option<sup>SM</sup>

## Blue Option Network

- Only **individual** products access the **Blue Option Network**.
- The prefix is **ZCJ**.
- Cards reflect the plan name and network.
- **Members do not have out-of-network benefits. BlueCard Services are available using in-network providers for out of state benefits.**



### Blue Option<sup>SM</sup>

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**SUBSCRIBER'S FIRST NAME**

**SUBSCRIBER'S LAST NAME**

Member ID

**ZCJ000000000**

PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

**Blue Option Network**

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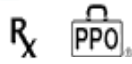
Health Benefits


IN NETWORK

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

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www.BlueOptionSC.com





www.BlueOptionSC.com

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**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

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.

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**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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