



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

Independent licensees of the Blue Cross and Blue Shield Association

# 2019 Member Identification Card Guide

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Your Partners in Outstanding Quality, Satisfaction and Service*

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

When members arrive at your office or facility, ask to see their current member ID cards at each visit. This will help you identify the product the member has and get health plan contact information. It will also help you with claims processing.

Remember, ID cards are for identification purposes only. They do not guarantee eligibility or payment of your claim. *You should always verify patient eligibility by using My Insurance 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 cards (ID cards) 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 also email the images securely from My Health Toolkit.

### How members can access their digital ID cards

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

# BlueCross BlueShield of South Carolina

## Federal Employee Program (FEP)

### Preferred Blue® Network

- **Group** products access the broad **Preferred Blue Network**.
- Cards reflect the FEP product name.
- ID numbers begin with the letter R.
- **Basic** plan members **do not have out-of-network benefits**, unless in the event of an emergency.
- The **Standard** plan operates as a traditional Preferred Provider Organization (PPO).
- **FEP Blue Focus** plan is new for 2019. Members **do not have out-of-network benefits**, unless in the event of an emergency.

 **BlueCross BlueShield**  
Government-Wide Service Benefit Plan 

**Federal Employee Program.**

Member Name **Sample A. Sample**  
Member ID **R12345678**

Enrollment Code **112** RxIIN **610239**  
Effective Date **01/13/2002** RxPCN **FEPRX**  
RxGrp **65006500**

[www.fepblue.org](http://www.fepblue.org)

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

[www.fepblue.org](http://www.fepblue.org)

Customer Service: **1-800-000-0000**  
**1-800-000-0000**

Precertification: **1-800-000-0000**

Mental Health/Substance Abuse  
Precertification: **1-800-000-0000**

Retail Pharmacy: **1-800-624-5060**

Assistance Overseas  
(Call Collect): **1-804-673-1678**

Blue Health Connection: **1-888-258-3432**

**BlueCross and BlueShield of Geography**  
An independent licensee of the BlueCross and BlueShield Association.

 **BlueCross BlueShield**  
Government-Wide Service Benefit Plan 

**Federal Employee Program.**

Member Name **Sample Sample**  
Member ID **R12345678**

Enrollment Code **105** RxIIN **610239**  
Effective Date **01/01/1998** RxPCN **FEPRX**  
RxGrp **65006500**

[www.fepblue.org](http://www.fepblue.org)

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

[www.fepblue.org](http://www.fepblue.org)

Customer Service: **1-800-000-0000**  
**1-800-000-0000**

Precertification: **1-800-000-0000**

Mental Health/Substance Abuse  
Precertification: **1-800-000-0000**

Retail Pharmacy: **1-800-624-5060**

Assistance Overseas  
(Call Collect): **1-804-673-1678**

Blue Health Connection: **1-888-258-3432**

**BlueCross and BlueShield of Geography**  
An independent licensee of the BlueCross and BlueShield Association.

 **BlueCross BlueShield**  
Federal Employee Program. 

**FEP Blue Focus**

Member Name **\*\* QC - DO NOT MAIL \*\* \* Q**  
Member ID **R99993044**

Enrollment Code **131** RxIIN **610239**  
Effective Date **01/01/2012** RxPCN **FEPRX**  
RxGrp **65006500**

[www.fepblue.org](http://www.fepblue.org)

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

[www.fepblue.org](http://www.fepblue.org)

Customer Service: **1-800-000-0000**  
**1-800-000-0000**

Precertification: **1-800-000-0000**

Mental Health/Substance Abuse  
Precertification: **1-800-000-0000**

Retail Pharmacy: **1-800-624-5060**

Assistance Overseas  
(Call Collect): **1-804-673-1678**

Blue Health Connection: **1-888-258-3432**

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

The image displays three identical health plan ID cards for South Carolina, arranged vertically. Each card is divided into two main sections: a front-facing member information section and a back-facing contact information section.

**Front-facing section (left column):**

- Logo:** PEBA (Public Employee Benefit Authority) logo with "south carolina" text above it, and the South Carolina state logo.
- Text:** "STATE MEMBER" and "Member ID ZCS12345678".
- Bottom Right:** "State Health Plan" (top card), "State Savings Plan" (middle card), or "MUSC Health Plan" (bottom card), followed by a "PPO" icon with a suitcase symbol.




**Back-facing section (right column):**

- Logo:** South Carolina state logo.
- Text:** "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." and "BlueCross BlueShield of South Carolina State Claims Processing Unit P.O. Box 100605 Columbia, SC 29260-0605 An independent licensee of the Blue Cross and Blue Shield Association."
- Contact Information:** "StateSC.SouthCarolinaBlues.com" and phone numbers for Customer Service, Provider Services, and Behavioral Health Services in Columbia, In SC, and Outside of SC.
- ST Code:** "ST1" (top card), "ST3" (middle card), or "ST4" (bottom card).

# 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.





 <b>South Carolina</b>		 <b>South Carolina</b>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>XXX123614046483</b>		Preferred Blue® Network VSP Advantage Vision Network	
RxBIN	<b>004336</b>		
RxGRP	<b>SCB15</b>		
PLAN CODE	<b>380</b>		
MAMMOGRAPHY NETWORK			
<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>			
		<b>CAREMARK</b>	
		<b>X06</b>	
		Customer Service/Claims: <b>1-800-868-2500</b> Claims (Direct): <b>1-803-264-3475</b> Preauthorization: <b>1-800-334-7287</b> Out-of-Area Network Providers Information: <b>1-800-810-2583</b> Mental Health & Substance Abuse Precertification: <b>1-800-950-5387</b> Caremark: <b>1-888-963-7290</b>	
		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross and Blue Shield Association. Pharmacy benefits administrator	



# 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>		 <b>South Carolina</b>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>XXX123614046483</b>		Preferred Blue® Network	
RxBIN <b>004336</b> RxGRP <b>SCBXX</b> PLAN CODE <b>380</b> MAMMOGRAPHY NETWORK		<p>Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions.</p> <p>Authorization required for MRI, MRA, CT and PET procedures. File claims with the local BlueCross and/or BlueShield Plan where member received services.</p>	
<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>		<p>An independent licensee of the Blue Cross and Blue Shield Association.</p>	
		<p>11</p> 	
		<p><a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a></p> <p><b>Member Resources</b>          Member Service Center:  <b>800-868-2500, ext. 43475</b>          Direct: <b>803-264-3475</b>          Prescription Drug Authorization (Caremark):  <b>888-963-7290</b>          Mental Health &amp; Substance Abuse          Precertification:  <b>800-868-1032</b></p> <p><b>Provider Resources</b>          Provider Services:  <b>800-868-2510</b>          Medical Preauthorization:  <b>800-334-7287</b></p> <p>BlueCross BlueShield of South Carolina          P.O. Box 100300          Columbia, SC 29202</p> <p>Pharmacy benefits administrator</p>	





# Small Group PPO

## Preferred Blue Network

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

 <b>South Carolina</b>		 <b>South Carolina</b>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>ZCV123614046483</b>		Preferred Blue® Network VSP Advantage Vision Network	
RxBIN <b>004336</b> RxGRP <b>SCB15</b> PLAN CODE <b>380</b> MAMMOGRAPHY NETWORK		<p>Members: Call Customer Service for claims information.</p> <p>Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services.</p>	
<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>		<p>An independent licensee of the Blue Cross and Blue Shield Association.</p>	
		<p>X06</p> 	
		<p><a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a></p> <p><b>Customer Service/Claims: 1-800-868-2500</b>          Claims (Direct): <b>1-803-264-3475</b>          Preauthorization: <b>1-800-334-7287</b>          Out-of-Area Network Providers Information: <b>1-800-810-2583</b>          Mental Health &amp; Substance Abuse          Precertification: <b>1-800-950-5387</b>          Caremark: <b>1-888-963-7290</b></p> <p>BlueCross BlueShield of South Carolina          P.O. Box 100300          Columbia, SC 29202          An independent licensee of the Blue Cross and Blue Shield Association.</p> <p>Pharmacy benefits administrator</p>	



 <b>South Carolina</b>		 <b>South Carolina</b>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>ZCR123614046483</b>		Preferred Blue® Network VSP Advantage Vision Network	
RxBIN <b>004336</b> RxGRP <b>SCBXX</b> PLAN CODE <b>380</b> MAMMOGRAPHY NETWORK		<p>Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions.</p> <p>Authorization required for MRI, MRA, CT and PET procedures. File claims with the local BlueCross and/or BlueShield Plan where member received services.</p>	
<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>		<p>An independent licensee of the Blue Cross and Blue Shield Association.</p>	
		<p>X07</p> 	
		<p><a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a></p> <p><b>Member Resources</b>          Member Service Center:  <b>800-868-2500, ext. 43475</b>          Direct: <b>803-264-3475</b>          Prescription Drug Authorization (Caremark):  <b>888-963-7290</b>          Mental Health &amp; Substance Abuse          Precertification:  <b>800-868-1032</b></p> <p><b>Provider Resources</b>          Provider Services:  <b>800-868-2510</b>          Medical Authorization:  <b>855-895-1682</b></p> <p>BlueCross BlueShield of South Carolina          P.O. Box 100300          Columbia, SC 29202</p> <p>Pharmacy benefits administrator</p>	





# 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 another 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 and
  - The Citadel
- Referrals are required for students of USC, MUSC and Clemson when care is provided outside onsite clinics.
  - Cards for these members include the language, “Services provided outside the Student Health Center require referral.”



 <b>South Carolina</b>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>XXX123456789012</b>	<b>STUDENT HEALTH PLAN</b>
RxBIN <b>004336</b> RxPCN <b>ADV</b> RxGRP <b>SCBXX</b> <b>MAMMOGRAPHY NETWORK</b>	
GRID+ <a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>	



 <b>South Carolina</b>	<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>
<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. MRI/MRA/PET/CT and radiation oncology therapy will require authorization to ensure benefit payment.</small>	<small>Customer Service: 855-823-0319          Dental Customer Service: 800-222-7156          PPO Network Providers: 800-810-2583          Essential Advocate™: 888-521-2583          Precertification: 800-334-7287          Mental Health and Substance Abuse          Precertification: 800-868-1032          Caremark: 888-963-7290</small>
<small>Services provided outside the Student Health Center require referral.</small>	
<small>Report all emergency admissions within 24 hours.</small>	
<small>MCC</small>	
	<small>BlueCrossBlueShield of South Carolina          P.O. Box 100300          Columbia SC 29202</small>
	<small>An independent licensee of the Blue Cross and Blue Shield Association.</small>
	<small>Pharmacy benefits administrator</small>

# 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.
- These plans are new for 2019. Members **do not have out-of-state benefits**, unless 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>	
Member Name <b>SUBSCRIBER NAME</b>	Preferred Blue Network
Member ID <b>ZCX123456789999</b>	
RxBIN <b>004336</b>	Pharmacy Discount Program
RxGRP <b>SCB15</b>	
PLAN CODE <b>380</b>	
<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>	Out-of-State Emergency Services Only 

 <b>South Carolina</b>	<a href="http://www.SouthCarolinaBlues.com">www.SouthCarolinaBlues.com</a>
<p>Members: Report all emergency admissions within 24 hours.</p> <p>Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT, and PET procedures. File claims with the local Blue Cross and/or Blue Shield Plan where member received services. Benefits are only available in network.</p> <p>Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.</p> <p>Caremark is an independent company offering a Pharmacy Discount program only. See your plan benefits documents for specifics.</p>	<p>Claims/Pharmacy Customer Service: <b>855-404-6752</b></p> <p>Medical Preauthorization: <b>800-327-3238</b></p> <p>Mental Health &amp; Substance Abuse Precertification: <b>800-868-1032</b></p> <p>Provider Services: <b>800-868-2510</b></p> <p>Blue Cross Blue Shield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross and Blue Shield Association.</p>
X11 	Pharmacy benefits administrator

# 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.
- There will be no reimbursement for services from providers who are out of the network or ineligible to receive Medicare payments.
- Members have dental coverage beginning Jan. 1, 2019.

 <b>South Carolina</b> BlueCross Total <sup>SM</sup>		 <b>South Carolina</b>		<a href="http://www.SCBluesMedAdvantage.com">www.SCBluesMedAdvantage.com</a>
<b>Member Name</b> <b>SUBSCRIBER NAME</b> <b>Member ID</b> <b>ZHP012345678901</b>	<b>BlueCross Total<sup>SM</sup> Network</b> <b>Medicare Advantage PPO</b>	<b>Members:</b> Use network services for maximum benefits. There will be no reimbursement for services from providers who are ineligible to receive Medicare payments.  <b>Providers:</b> 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.		<b>Members:</b> 1-855-204-2744 <b>Health Providers:</b> 1-855-209-7267 <b>Dental Providers:</b> 1-800-222-7156 <b>TTY Users:</b> 711 <b>Pharmacy Help Desk:</b> 1-866-693-4620 <b>Prior Authorization:</b> 1-855-843-2325 <b>Mental Health:</b> 1-800-868-1032
<b>Issuer:</b> <b>80840</b> <b>Part D/Plan Benefit:</b> <b>CMS-H8003-001</b>	<b>RxBIN</b> <b>004336</b> <b>RxPCN</b> <b>MEDDADV</b> <b>RxGRP</b> <b>RX8702</b>	<b>BlueCross BlueShield of South Carolina</b> P.O. Box 100191 Columbia, SC 29202-3191 An independent licensee of the Blue Cross and Blue Shield Association.		
 <b>MA PPO</b> <small>MEDICARE ADVANTAGE</small> SC Blue Dental Network	 <b>MedicareRx</b> <small>Prescription Drug Coverage</small>			<b>A49</b>

# 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 must use the Greenville network for benefits except in cases of emergency.
- There will be no reimbursement for services from providers who are out of the network or ineligible to receive Medicare payments.
- Members have dental coverage beginning Jan. 1, 2019.

				<a href="http://www.SCBlesMedAdvantage.com">www.SCBlesMedAdvantage.com</a>
<b>Member Name</b> <b>SUBSCRIBER NAME</b> <b>Member ID</b> <b>ZOH012345678901</b>		<b>BlueCross Secure<sup>SM</sup></b> <b>Medicare Advantage HMO</b> <b>Greenville County</b>		<b>Members: 1-855-204-2744</b> <b>Health Providers: 1-855-209-7267</b> <b>Dental Providers: 1-800-222-7156</b> <b>TTY Users: 711</b> <b>Pharmacy Help Desk: 1-866-693-4620</b> <b>Prior Authorization: 1-855-843-2325</b> <b>Mental Health: 1-800-868-1032</b>
<b>Issuer:</b> <b>80840</b> <b>Part D/Plan Benefit:</b> <b>CMS-H7165-001</b>		<b>RxBIN</b> <b>004336</b> <b>RxPCN</b> <b>MEDDADV</b> <b>RxGRP</b> <b>RX8625</b>		<b>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.</b>
<b>SC Blue Dental Network</b>				<b>A47</b> 

# Medicare Advantage

## 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 must use the Richland network for benefits except in cases of emergency.
- There will be no reimbursement for services from providers who are out of the network or ineligible to receive Medicare payments.
- Members have dental coverage beginning Jan. 1, 2019.



				<a href="http://www.SCBlesMedAdvantage.com">www.SCBlesMedAdvantage.com</a>
<b>Member Name</b> <b>SUBSCRIBER NAME</b> <b>Member ID</b> <b>ZOM012345678901</b>		<b>BlueCross Secure<sup>SM</sup></b> <b>Medicare Advantage HMO</b> <b>Richland County</b>		<b>Members: 1-855-204-2744</b> <b>Health Providers: 1-855-209-7267</b> <b>Dental Providers: 1-800-222-7156</b> <b>TTY Users: 711</b> <b>Pharmacy Help Desk: 1-866-693-4620</b> <b>Prior Authorization: 1-855-843-2325</b> <b>Mental Health: 1-800-868-1032</b>
<b>Issuer:</b> <b>80840</b> <b>Part D/Plan Benefit:</b> <b>CMS-H7165-002</b>		<b>RxBIN</b> <b>004336</b> <b>RxPCN</b> <b>MEDDADV</b> <b>RxGRP</b> <b>RX8625</b>		<b>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.</b>
<b>SC Blue Dental Network</b>				<b>A48</b> 

# 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.

		<b>PRIMARY CHOICE</b>	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>XXX123456789012</b>			
PLAN PLAN CODE RxBIN RxGRP	<b>HMO</b> <b>380.02</b> <b>004336</b> <b>CHC</b>	Health Benefits	
www.BlueChoiceSC.com		Rx 	

		<b>www.BlueChoiceSC.com</b>	
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.		Member Services: <b>800-868-2528</b> In Columbia: <b>803-786-8476</b> Out of Area: <b>800-810-2583</b> Mental Health: <b>800-868-1032</b> Caremark: <b>888-963-7290</b> Precertification: <b>800-950-5387</b>	
<b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170		BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.	
		Benefits available in network only.	
808		<b>CAREMARK</b> Pharmacy benefits administrator	












		Primary Choice    BCBSSC EE	
<b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>XXX123456789012</b>			
PLAN PLAN CODE RxBIN RxGRP	<b>HMO</b> <b>380.02</b> <b>004336</b> <b>CHC</b>	Health Benefits	
www.BlueChoiceSC.com		Rx 	

		<b>www.BlueChoiceSC.com</b>	
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.		Member Services: <b>800-868-2528</b> In Columbia: <b>803-786-8476</b> Out of Area: <b>800-810-2583</b> Mental Health: <b>800-868-1032</b> Caremark: <b>888-963-7290</b> Precertification: <b>800-950-5387</b>	
BlueChoice HealthPlan provides administrative services only, and does not assume any financial risk for claims.		BlueChoice HealthPlan and BlueCross BlueShield of South Carolina are independent licensees of the Blue Cross and Blue Shield Association.	
<b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170		Benefits available in network only.	
860		<b>CAREMARK</b> Pharmacy benefits administrator	

# Advantage Plus and Advantage Plus High Deductible Health Plan (HDHP) 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.


 <p><b>Advantage Plus</b></p> <hr/> <p><b>Advantage Network</b></p> <hr/> <p><b>Health Benefits</b></p> <hr/>   <p>www.BlueChoiceSC.com</p>	 <p><b>www.BlueChoiceSC.com</b></p> <p>Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services.</p> <p>Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services.</p> <p>BlueChoice HealthPlan provides administrative services only, and does not assume any financial risk for claims.</p> <p><b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170</p> <p>856 <b>CAREMARK</b></p> <p>Pharmacy benefits administrator</p> <p>Member Services: <b>800-868-2528</b> In Columbia: <b>803-786-8476</b> Out of Area: <b>800-810-2583</b> Mental Health: <b>800-868-1032</b> Caremark: <b>888-963-7290</b> Precertification: <b>800-950-5387</b></p> <p>BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.</p>
 <p><b>Advantage Plus HDHP</b></p> <hr/> <p><b>Advantage Network</b></p> <hr/> <p><b>Health Benefits</b></p> <hr/>   <p>www.BlueChoiceSC.com</p>	 <p><b>www.BlueChoiceSC.com</b></p> <p>Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services.</p> <p>Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services.</p> <p><b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170</p> <p>858 <b>CAREMARK</b></p> <p>Pharmacy benefits administrator</p> <p>Member Services: <b>800-868-2528</b> In Columbia: <b>803-786-8476</b> Out of Area: <b>800-810-2583</b> Mental Health: <b>800-868-1032</b> Caremark: <b>888-963-7290</b> Precertification: <b>800-950-5387</b></p> <p>BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.</p>
 <p><b>Advantage Plus</b></p> <hr/> <p><b>Advantage Network</b></p> <hr/> <p><b>Health Benefits</b></p> <hr/>   <p>www.BlueChoiceSC.com</p>	 <p><b>www.BlueChoiceSC.com</b></p> <p>Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services.</p> <p>Providers, file all claims with the local BlueCross and/or BlueShield Plan where member received services.</p> <p><b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170</p> <p>890 <b>CAREMARK</b></p> <p>Pharmacy benefits administrator</p> <p>Member Services: <b>800-868-2528</b> In Columbia: <b>803-786-8476</b> Out of Area: <b>800-810-2583</b> Mental Health: <b>800-868-1032</b> Caremark: <b>888-963-7290</b> Precertification: <b>800-950-5387</b></p> <p>BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.</p>



# CarolinaADVANTAGE and CarolinaADVANTAGE HDHP Small Group

## Advantage Network

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




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

---

PLAN	<b>PPO</b>
PLAN CODE	<b>380.04</b>
RxBIN	<b>004336</b>
RxGRP	<b>CHC</b>

www.BlueChoiceSC.com






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**Advantage Network**

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Health Benefits

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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

896 


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

Member Services: **800-868-2528**  
In Columbia: **803-786-8476**  
Out of Area: **800-810-2583**  
Mental Health: **800-868-1032**  
Caremark: **888-963-7290**  
Precertification: **800-950-5387**

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

Pharmacy benefits administrator




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

---

PLAN	<b>PPO</b>
PLAN CODE	<b>380.04</b>
RxBIN	<b>004336</b>
RxGRP	<b>CHC</b>

www.BlueChoiceSC.com






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**Advantage Network**

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Health Benefits

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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

898 

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

Member Services: **800-868-2528**  
In Columbia: **803-786-8476**  
Out of Area: **800-810-2583**  
Mental Health: **800-868-1032**  
Caremark: **888-963-7290**  
Precertification: **800-950-5387**

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


Pharmacy benefits administrator



# BusinessADVANTAGE Small Group

## Advantage Network

- **Group** products access the broad **Advantage Network**.
- The alpha prefixes are ZCL and ZCG.
- 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.



**BusinessADVANTAGE**

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**SUBSCRIBER'S FIRST NAME**  
**SUBSCRIBER'S LAST NAME**

Member ID  
**XXX123456789012**

PLAN	<b>PPO</b>
PLAN CODE	<b>380.04</b>
RxBIN	<b>004336</b>
RxGRP	<b>CHC</b>

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Health Benefits  
Pediatric Vision

www.BlueChoiceSC.com



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

Member Services: **800-868-2528**  
In Columbia: **803-786-8476**  
Out of Area: **800-810-2583**  
Mental Health: **800-868-1032**  
Caremark: **888-963-7290**  
Precertification: **800-950-5387**  
PEN 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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**CAREMARK**<sup>®</sup>  
Pharmacy benefits administrator

810



**BusinessADVANTAGE**

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

**SUBSCRIBER'S FIRST NAME**  
**SUBSCRIBER'S LAST NAME**

Member ID  
**XXX123614046483**

PLAN	<b>PPO</b>
PLAN CODE	<b>380.04</b>
RxBIN	<b>004336</b>
RxGRP	<b>CHC</b>

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Health Benefits  
Vision

www.BlueChoiceSC.com



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

Member Services: **800-868-2528**  
In Columbia: **803-786-8476**  
Out of Area: **800-810-2583**  
Mental Health: **800-868-1032**  
Caremark: **888-963-7290**  
Precertification: **800-950-5387**  
PEN 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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**CAREMARK**<sup>®</sup>  
Pharmacy benefits administrator

812

# My Choice Individual, My Choice Open Access VALUE PLAN and My Choice Open Access 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.

 <p><b>My Choice Individual Coverage HDHP</b></p> <hr/> <p>SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME</p> <p>Member ID <b>XXX123456789012</b></p> <hr/> <table border="0"> <tr><td>PLAN</td><td><b>PPO</b></td></tr> <tr><td>PLAN CODE</td><td><b>380.04</b></td></tr> <tr><td>RxBIN</td><td><b>004336</b></td></tr> <tr><td>RxGRP</td><td><b>CHC</b></td></tr> </table> <hr/> <p>Health Benefits</p> <hr/> <p style="text-align: right;">Rx </p> <p>www.BlueChoiceSC.com</p>	PLAN	<b>PPO</b>	PLAN CODE	<b>380.04</b>	RxBIN	<b>004336</b>	RxGRP	<b>CHC</b>	 <p><b>www.BlueChoiceSC.com</b></p> <hr/> <p>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.</p> <p>File medical/pediatric dental claims to:</p> <p><b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170</p> <p>805 </p> <p>Member Services: <b>800-868-2528</b> In Columbia: <b>803-786-8476</b> Out of Area: <b>800-810-2583</b> Mental Health: <b>800-868-1032</b> Caremark: <b>888-963-7290</b> Precertification: <b>800-950-5387</b> PEN Vision: <b>800-997-2736</b></p> <hr/> <p>BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. Benefits available in network only.</p> <p>Pharmacy benefits administrator</p>
PLAN	<b>PPO</b>								
PLAN CODE	<b>380.04</b>								
RxBIN	<b>004336</b>								
RxGRP	<b>CHC</b>								
 <p><b>My Choice Open Access</b></p> <hr/> <p>SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME</p> <p>Member ID <b>XXX123456789012</b></p> <hr/> <table border="0"> <tr><td>PLAN</td><td><b>PPO</b></td></tr> <tr><td>PLAN CODE</td><td><b>380.04</b></td></tr> <tr><td>RxBIN</td><td><b>004336</b></td></tr> <tr><td>RxGRP</td><td><b>CHC</b></td></tr> </table> <hr/> <p>Health Benefits</p> <hr/> <p style="text-align: right;">Rx </p> <p>www.BlueChoiceSC.com</p>	PLAN	<b>PPO</b>	PLAN CODE	<b>380.04</b>	RxBIN	<b>004336</b>	RxGRP	<b>CHC</b>	 <p><b>www.BlueChoiceSC.com</b></p> <hr/> <p>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.</p> <p>File medical/pediatric dental claims to:</p> <p><b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170</p> <p>820 </p> <p>Member Services: <b>800-868-2528</b> In Columbia: <b>803-786-8476</b> Out of Area: <b>800-810-2583</b> Mental Health: <b>800-868-1032</b> Caremark: <b>888-963-7290</b> Precertification: <b>800-950-5387</b> PEN Vision: <b>800-997-2736</b></p> <hr/> <p>BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. Benefits available in network only.</p> <p>Pharmacy benefits administrator</p>
PLAN	<b>PPO</b>								
PLAN CODE	<b>380.04</b>								
RxBIN	<b>004336</b>								
RxGRP	<b>CHC</b>								
 <p><b>My Choice Open Access VALUE PLAN</b></p> <hr/> <p>SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME</p> <p>Member ID <b>XXX123456789012</b></p> <hr/> <table border="0"> <tr><td>PLAN</td><td><b>PPO</b></td></tr> <tr><td>PLAN CODE</td><td><b>380.04</b></td></tr> <tr><td>RxBIN</td><td><b>004336</b></td></tr> <tr><td>RxGRP</td><td><b>CHC</b></td></tr> </table> <hr/> <p>Health Benefits</p> <hr/> <p style="text-align: right;">Rx </p> <p>www.BlueChoiceSC.com</p>	PLAN	<b>PPO</b>	PLAN CODE	<b>380.04</b>	RxBIN	<b>004336</b>	RxGRP	<b>CHC</b>	 <p><b>www.BlueChoiceSC.com</b></p> <hr/> <p>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.</p> <p>File medical/pediatric dental claims to:</p> <p><b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170</p> <p>822 </p> <p>Member Services: <b>800-868-2528</b> In Columbia: <b>803-786-8476</b> Out of Area: <b>800-810-2583</b> Mental Health: <b>800-868-1032</b> Caremark: <b>888-963-7290</b> Precertification: <b>800-950-5387</b> PEN Vision: <b>800-997-2736</b></p> <hr/> <p>BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. Benefits available in network only.</p> <p>Pharmacy benefits administrator</p>
PLAN	<b>PPO</b>								
PLAN CODE	<b>380.04</b>								
RxBIN	<b>004336</b>								
RxGRP	<b>CHC</b>								

# 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.

 <b>Healthy Blue<sup>SM</sup></b> <small>BlueChoice<sup>SM</sup> HealthPlan of SC</small>		 <b>Healthy Connections</b>	
<b>MEMBER</b> <b>SUBSCRIBER NAME</b> MEMBER ID <b>ZCD123456789</b>	<b>PRIMARY CARE PROVIDER (PCP)</b> <b>PROVIDER NAME</b> XXX-XXX-XXXX	<b>Member:</b> Show this card and your Healthy Connections card when you get covered services. See Your Evidence of Coverage to learn more about covered benefits.  <b>In an emergency, call 911.</b> 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.  <b>Providers:</b> This card is for ID purposes and does not constitute proof of eligibility.  <b>In-state claims:</b> File using payer code 00403.  <b>Out-of-state claims:</b> Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services.	<b>www.HealthyBlueSC.com</b>  <b>Customer Care Center:</b> 1-866-781-5094 <b>TTY Line:</b> 1-866-773-9634 <b>Help for Pharmacists:</b> 1-833-253-4711 <b>Pharmacy Member Svcs:</b> 1-833-207-3118 <b>Retail Drug Prior Auth:</b> 1-844-410-6890 <b>24-Hour Nurseline:</b> 1-866-577-9710 <b>TTY Line:</b> 1-800-368-4424 <b>For Current Eligibility:</b> 1-866-757-8286 <b>Hospitals:</b> For inpatient admissions, call 1-866-902-1689 within 24 hours or the first business day.  <small>Healthy Blue          P.O. Box 100124          Columbia, SC 29202-3124          BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.</small>
Group No. RxBIN RxPCN RxGRP Benefit Plan Effective Date	<b>Group ID</b> 020107 <b>FM</b> <b>WFSA</b> <b>Plan Code</b> MEM_CURR_BEG_DT_FORMATTED	BC1905	0707 SC0014749 0508



**SOUTH CAROLINA**  
**Healthy Connections**  
**MEDICAID**

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

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

**Attention Providers:**  
 Call 1-888-289-0709 for coverage questions or visit provider.scnhsa.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 1-888-364-3224

# Affordable Care Act (ACA) Individual Plans

## BlueCross: BlueEssentials

### 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  
**ZCF123456789999**

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RxBIN               **004336**  
RxGRP               **SCB15**  
PLAN CODE       **380**

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

Blue Essentials™ Network  
Exclusive Provider Organization  
VSP Advantage Vision Network

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Out of State Emergency  
Services Only




**South Carolina**

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

Members: Report all emergency admissions within 24 hours.

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

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

Claims/Pharmacy/Vision Customer Service  
**855-404-6752**  
Medical Preauthorization: **855-895-1682**  
Mental Health & Substance Abuse  
Recertification: **800-868-1032**  
Provider Services: **800-868-2510**

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BlueCross BlueShield of South Carolina  
PO Box 100300  
Columbia, SC 29202  
An independent licensee of the BlueCross  
and BlueShield Association.

Pharmacy benefits administrator

X08




**South Carolina**

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Member Name  
**SUBSCRIBER NAME**

Member ID  
**ZCU123456789999**

---

RxBIN               **004336**  
RxGRP               **SCB15**  
PLAN CODE       **380**

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

Blue Essentials™ Network  
Exclusive Provider Organization  
VSP Advantage Vision Network

---

Out of State Emergency  
Services Only




**South Carolina**

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

Members: Report all emergency admissions within 24 hours.

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

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

Claims/Pharmacy/Vision Customer Service  
**855-404-6752**  
Medical Preauthorization: **855-895-1682**  
Mental Health & Substance Abuse  
Recertification: **800-868-1032**  
Provider Services: **800-868-2510**

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BlueCross BlueShield of South Carolina  
PO Box 100300  
Columbia, SC 29202  
An independent licensee of the BlueCross  
and BlueShield Association.

Pharmacy benefits administrator





X09



# 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** or **out-of-state benefits**, except in the event of an emergency. However, services from providers in contiguous counties (bordering counties outside of South Carolina) that are contracted and participate in the Blue Option network are considered in-network.

 <p><b>SUBSCRIBER'S FIRST NAME</b> <b>SUBSCRIBER'S LAST NAME</b> Member ID <b>ZCJ00000000</b></p> <hr/> <p>Plan Code       <b>380.04</b> RxBin           <b>004336</b> RxGRP           <b>CHC</b></p> <hr/> <p>www.BlueOptionSC.com</p>	<p style="text-align: center;"><b>Blue Option<sup>SM</sup></b></p> <hr/> <p style="text-align: center;"><b>Blue Option Network</b></p> <hr/> <p style="text-align: center;">Health Benefits</p> <hr/> <p style="text-align: center;">Rx </p>	 <p>Possession of this card does not guarantee eligibility for services. Inpatient precertification required. 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.</p> <hr/> <p><b>BlueChoice HealthPlan</b> P.O. Box 6170 Columbia, SC 29260-6170</p> <hr/> <p>B27 </p>	<p><a href="http://www.BlueOptionSC.com">www.BlueOptionSC.com</a></p> <p>Member Services:   <b>855-816-7636</b> Out of Area:       <b>800-810-2583</b> Mental Health:     <b>800-868-1032</b> Pharmacist Help Line: <b>800-364-6331</b> Precertification:   <b>800-950-5387</b> PEN Vision:        <b>800-997-2736</b></p> <hr/> <p>BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.</p> <hr/> <p>Pharmacy benefits administrator</p>
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