

MEMBER IDENTIFICATION CARD GUIDE



In the event of any inconsistency between information contained in this handbook and the agreement(s) between you and BlueCross BlueShield of South Carolina, 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. Websites marked with an asterisk (*) link to third-party websites. Those organizations are responsible for the content and privacy policies on their sites.

OVERVIEW OF THIS GUIDE

Purpose of This Guide

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

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

Remember, ID cards are for identification purposes only. They do not guarantee eligibility or payment of your claim. You should always verify patient eligibility by using My Insurance ManagerSM on our websites, www.SouthCarolinaBlues.com or www.BlueChoiceSC.com.

TABLE OF CONTENTS

Overview of This Guide

Introduction	3
Blue Cross Blue Shield Association: Prefix Changes	3
Digital ID Cards	3
Consolidated Appropriations Act (CAA)	3
BlueCross BlueShield of South Carolina	4
Blue Cross and Blue Shield Federal Employee Program (FEP)	4
State Health Plan	4
Large Group PPO	6
Small Group PPO	6
South Carolina Student Health Insurance	7
Short-Term Health Plan	8
Medicare Advantage	9
BlueChoice HealthPlan of South Carolina	11
Primary Choice Large Group	11
Advantage Plus Large Group	12
CarolinaADVANTAGE SM and CarolinaADVANTAGE SM With Dental Small Group	13
BusinessADVANTAGE SM Small Group	14
My Choice Individual and My Choice Individual HDHP	15
Healthy Blue SM : BlueChoice HealthPlan of South Carolina	16
Affordable Care Act (ACA) Individual Plans	17
BlueCross: BlueEssentials SM	17
BlueChoice®: Blue Option SM	26

INTRODUCTION

Blue Cross Blue Shield Association: Prefix Changes

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

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

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

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

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

Digital ID Cards

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

How a member can access his or her digital ID card

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

- Go to www.SouthCarolinaBlues.com or www.BlueChoiceSC.com on his or her mobile device and log in to My Health Toolkit.
- Select Insurance Card from the main menu.

Advantages for providers

The digital ID card:

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

Digital ID card emails will come from either NoReply@SouthCarolinaBlues.com or NoReply@BlueChoiceSC.com with the subject "Insurance Card."

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

Consolidated Appropriations Act (CAA)

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

BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA

Federal Employee Program (FEP)

Preferred Blue Network

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

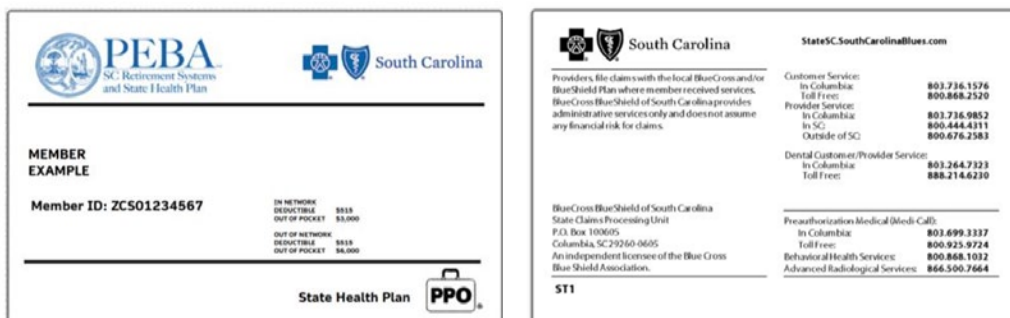


State Health Plan

State Health Plan Network

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

Standard — Individual



Standard — Family






MEMBER EXAMPLE

Member ID: ZCS01234567

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

State Health Plan 

South Carolina

StateSC.SouthCarolinaBlues.com



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

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

ST1

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


Savings — Individual






MEMBER EXAMPLE

Member ID: ZCS01234567

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

Savings Plan 

South Carolina

StateSC.SouthCarolinaBlues.com


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

Blue Cross Blue Shield 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.

ST3

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

Savings — Family






MEMBER EXAMPLE

Member ID: ZCS01234567

	INDIVIDUAL	FAMILY
IN NETWORK DEDUCTIBLE	\$8,000	\$16,000
OUT OF POCKET	\$8,000	\$16,000
OUT OF NETWORK DEDUCTIBLE	\$8,000	\$16,000
OUT OF POCKET	\$16,000	\$32,000

Savings Plan 

South Carolina

StateSC.SouthCarolinaBlues.com



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

Blue Cross Blue Shield 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.

ST3


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



Standard — Medicare Supplement

MEMBER EXAMPLE

Member ID: ZCS01234567

State Health Plan 

South Carolina

StateSC.SouthCarolinaBlues.com

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

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



ST5


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

Large Group PPO

Preferred Blue Network

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



 South Carolina	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME	
Member ID XXX123456789012	
RxBIN	021684
RxGRP	BXMN
MAMMOGRAPHY NETWORK	
GRID+	
www.SouthCarolinaBlues.com	
	


 South Carolina	
www.SouthCarolinaBlues.com	
Providers file claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization is required for some hospital outpatient procedures and all hospital inpatient admissions. MRB/MRAP/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. Report all emergency admissions within 24 hours.	
Medical & Dental: Please submit claims to: P.O. Box 100300, Columbia, SC 29202	
Customer Service: 800-XXX-XXXX Dental Customer Service: 800-XXX-XXXX PPO Network Providers: 800-810-2582 Essential Advocate: 855-628-5829 Pre-certification: 800-334-7287 Mental Health & Substance Abuse: Pre-certification: 800-868-1032 Eyelid: 866-939-3633 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Pre-certification: 877-440-0089	
BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.	
H001	

Small Group PPO

Preferred Blue Network

- Group products access the broad Preferred Blue network.
- The prefix is ZCY. This prefix may also represent an individual PPO policy.
- Plan benefits vary.
- The suitcase on the lower right of the front of the card indicates the network members access when out of state.

 South Carolina	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME	
Member ID 012345678901	
RxBIN	021684
RxGRP	BXGI
PLAN CODE	380
MAMMOGRAPHY NETWORK	
www.SouthCarolinaBlues.com	
	




 South Carolina	
www.SouthCarolinaBlues.com	
Member Resources Member Service Center: 800-868-2550, ext. 43475 Direct: 803-264-3475 24/7 Pharmacy Support: 855-819-0955 Mental Health & Substance Use Pre-certification: 800-868-1032	
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 pre-certification for benefit payment consideration. 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 risks for claims. BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.	
Provider Resources Provider Services: 800-868-2510 Medical Preauthorization: 800-334-7287 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Pre-certification: 877-440-0089	
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

Preferred Blue Network

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




 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID 012345678901		Preferred Blue® Network VSP Advantage Vision Network		Member Resources Member Service Center: 800-868-2500, ext. 43475 Direct: 803-264-3475 24/7 Pharmacy Support: 855-819-0955 Mental Health & Substance Use Pre-certification: 800-868-1032	
RxBIN 021684 RxGRP BXGI PLAN CODE 380 MAMMOGRAPHY NETWORK		<small>Prescription required for some hospital outpatient procedures and all hospital inpatient admissions.</small> <small>Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require pre-certification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services.</small>		Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Pre-certification: 877-440-0089	
www.SouthCarolinaBlues.com		<small>An independent licensee of the Blue Cross and Blue Shield Association.</small> X12		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202	
					

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

South Carolina Student Health Insurance

Preferred Blue Network

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




 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID XXX123456789012		STUDENT HEALTH PLAN		<small>Providers file claims with the local BlueCross and/or BlueShield Plan where member received services. Pre-authorization 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 pre-certification for benefit payment consideration.</small>	
RxBIN 021684 RxGRP BXMN MAMMOGRAPHY NETWORK		IN NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX OUT OF NETWORK DEDUCTIBLE \$XX,XXX OUT OF POCKET \$XX,XXX		<small>Services provided outside the Student Health Center require referral.</small> <small>Report all emergency admissions within 24 hours.</small> <small>Medical & Dental - Please submit claims to: P.O. Box 100300, Columbia, SC 29202</small>	
www.SouthCarolinaBlues.com				<small>Customer Service: 855-823-6319 PPO Network Providers: 800-810-2583 Essential Advocate™: 855-638-5839 Pre-certification: 800-334-7287 Mental Health and Substance Abuse Pre-certification: 800-868-1032 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Pre-certification: 877-440-0089</small> <small>An independent licensee of the Blue Cross and Blue Shield Association.</small>	

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 serve members with this health plan without a referral.

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.
- The policy offers medical benefits.
- Pharmacy benefit is discount only.
- Members do not have out-of-state benefits, except in the event of an emergency.
- Effective dates vary frequently. Always verify eligibility and benefits at each visit to ensure coverage.

 South Carolina		 South Carolina		www.SouthCarolinaBlues.com	
Member Name SUBSCRIBER NAME		Preferred Blue® Network		Member Resources	
Member ID XXX123614046483				Member Service Center: 855-895-1684	
				Mental Health & Substance Use Pre-certification: 800-868-1032	
RxBIN	021684	Pharmacy Discount Program		Provider Resources	
RxGRP	BXGI			Provider Services: 800-868-2510	
PLAN CODE	380			Medical Authorization: 855-895-1682	
		IN NETWORK		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the BlueCross and BlueShield Association.	
		DEDUCTIBLE \$XX,XXX			
		OUT OF POCKET \$XX,XXX			
		Out-of-State Emergency Services Only			
www.SouthCarolinaBlues.com					
		X15			

Medicare Advantage

BlueCross TotalSM PPO Network




- Individual products access the broad BlueCross Total PPO network.
- The prefix for this plan is ZHP.
- Cards reflect the plan name and network.
- Out-of-network services received at a Medicare participating provider are reimbursable. A higher out-of-network cost sharing amount will apply.

	
Member Name SUBSCRIBER NAME	BlueCross Total SM Network Medicare Advantage PPO
Member ID ZHP123456789100	
Issuer: 80840 Part D/Plan Benefit: CMS - H8003-002	RxBin 021692 RxPCN CTRXMEDD RxGRP BXM001A77
 MA PPO SC Blue Dental SM Network	

	
www.SCBuesMedAdvantage.com	
Members: Use network services for maximum benefits. There will be no reimbursement for services from providers who are ineligible to receive Medicare payments.	
Providers: Do not bill Medicare. Medicare limiting charges apply to ineligible providers. File claims with the local BlueCross and/or BlueShield Plan where member received services.	
Members: 1-855-204-2744 Health Providers: 1-855-209-7267 Dental Providers: 1-800-222-7156 TTY Users: 711 Pharmacy Help Desk: 1-855-540-5951 Prior Authorization: 1-855-843-2325 Mental Health: 1-800-866-1032	
BlueCross BlueShield of South Carolina P.O. Box 100191 Columbia, SC 29202-3191 An independent licensee of the Blue Cross and Blue Shield Association.	
	
A51	

BlueCross Total ValueSM PPO Network

- Individual products access the broad BlueCross Total PPO network.
- The prefix for this plan is ZHP.
- Cards reflect the plan name and network.
- Out-of-network services received at a Medicare participating provider are reimbursable. A higher out-of-network cost sharing amount will apply.


	
Member Name SUBSCRIBER NAME	BlueCross Total SM Network Medicare Advantage PPO
Member ID ZHP123456789100	
Issuer: 80840 Part D/Plan Benefit: CMS - H8003-002	RxBin 021692 RxPCN CTRXMEDD RxGRP BXM001A77
 MA PPO SC Blue Dental SM Network	

	
www.SCBuesMedAdvantage.com	
Members: Use network services for maximum benefits. There will be no reimbursement for services from providers who are ineligible to receive Medicare payments.	
Providers: Do not bill Medicare. Medicare limiting charges apply to ineligible providers. File claims with the local BlueCross and/or BlueShield Plan where member received services.	
Members: 1-855-204-2744 Health Providers: 1-855-209-7267 Dental Providers: 1-800-222-7156 TTY Users: 711 Pharmacy Help Desk: 1-855-540-5951 Prior Authorization: 1-855-843-2325 Mental Health: 1-800-866-1032	
BlueCross BlueShield of South Carolina P.O. Box 100191 Columbia, SC 29202-3191 An independent licensee of the Blue Cross and Blue Shield Association.	
	
A51	

Medicare Advantage

BlueCross Blue BasicSM

- Individual products access the broad BlueCross Total PPO network.
- The prefix for this plan is ZHP.
- Cards reflect the plan name and network.
- Out-of-network services received at a Medicare participating provider are reimbursable. A higher out-of-network cost sharing amount will apply.



South Carolina BlueCross Blue BasicSM


Member Name
SUBSCRIBER NAME


Member ID
ZHP123456789100

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

BlueCross TotalSM Network
Medicare Advantage PPO

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


Prescription Drug Coverage


SC Blue DentalSM Network



South Carolina

www.SCBuesMedAdvantage.com

Members: Use network services for maximum benefits. There will be no reimbursement for services from providers who are ineligible to receive Medicare payments.

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

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

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









A51

BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA

Primary Choice Large Group

BlueChoice HMO Network


- Group products access the BlueChoice HMO network.
- Members must select a primary care physician.
- Members need referrals to see specialists within the network.
- The prefix is ZCC.
- Cards reflect the plan name.
- Members do not have out-of-network benefits, except in cases of emergency.

 <p>Primary Choice</p> <p>SUBSCRIBER'S FIRST NAME _____ SUBSCRIBER'S LAST NAME _____ Member ID _____ ZCC000000000</p> <table border="0"> <tr> <td>PLAN</td> <td>HMO</td> </tr> <tr> <td>PLAN CODE</td> <td>380.02</td> </tr> <tr> <td>RxBIN</td> <td>021684</td> </tr> <tr> <td>RxGRP</td> <td>CHC</td> </tr> </table> <p>Health Benefits _____</p> <table border="0"> <tr> <td>IN NETWORK</td> <td></td> </tr> <tr> <td>DEDUCTIBLE</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> </tr> </table> <p>www.BlueChoiceSC.com </p>	PLAN	HMO	PLAN CODE	380.02	RxBIN	021684	RxGRP	CHC	IN NETWORK		DEDUCTIBLE	\$XX,XXX	OUT OF POCKET	\$XX,XXX	 <p>www.BlueChoiceSC.com</p> <p>MEMBERS Member Services: 800-868-2528 Out of Area: 800-810-2583</p> <p>PROVIDERS Mental Health: 800-868-1032 Authorization: 800-950-5387 Pharmacy: 855-811-2218</p> <p>Use HCA affiliates to receive the maximum benefit.</p> <p>BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.</p> <p>BlueChoice HealthPlan P.O. Box 6170 Columbia, SC 29260-6170</p> <p>839 Rx Powered by BlueChoice HealthPlan</p>
PLAN	HMO														
PLAN CODE	380.02														
RxBIN	021684														
RxGRP	CHC														
IN NETWORK															
DEDUCTIBLE	\$XX,XXX														
OUT OF POCKET	\$XX,XXX														
 <p>Primary Choice BCBSSC EE</p> <p>SUBSCRIBER'S FIRST NAME _____ SUBSCRIBER'S LAST NAME _____ Member ID _____ ZCC000000000</p> <table border="0"> <tr> <td>PLAN</td> <td>HMO</td> </tr> <tr> <td>PLAN CODE</td> <td>380.02</td> </tr> <tr> <td>RxBIN</td> <td>021684</td> </tr> <tr> <td>RxGRP</td> <td>CHC</td> </tr> </table> <p>Health Benefits _____</p> <table border="0"> <tr> <td>IN NETWORK</td> <td></td> </tr> <tr> <td>DEDUCTIBLE</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> </tr> </table> <p>www.BlueChoiceSC.com </p>	PLAN	HMO	PLAN CODE	380.02	RxBIN	021684	RxGRP	CHC	IN NETWORK		DEDUCTIBLE	\$XX,XXX	OUT OF POCKET	\$XX,XXX	 <p>www.BlueChoiceSC.com</p> <p>MEMBERS Member Services: 800-868-2528 Out of Area: 800-810-2583</p> <p>PROVIDERS Mental Health: 800-868-1032 Authorization: 800-950-5387 Pharmacy: 855-811-2218</p> <p>BlueChoice HealthPlan and BlueCross BlueShield of South Carolina are independent licensees of the Blue Cross and Blue Shield Association.</p> <p>BlueChoice HealthPlan P.O. Box 6170 Columbia, SC 29260-6170</p> <p>838 Benefits available in network only. Rx Powered by BlueChoice HealthPlan</p>
PLAN	HMO														
PLAN CODE	380.02														
RxBIN	021684														
RxGRP	CHC														
IN NETWORK															
DEDUCTIBLE	\$XX,XXX														
OUT OF POCKET	\$XX,XXX														

Advantage Plus Large Group

Advantage Network

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





BlueChoice HealthPlan South Carolina		Advantage Plus	
SUBSCRIBER'S FIRST NAME		Advantage Network	
SUBSCRIBER'S LAST NAME			
Member ID			
ZCL000000000			
PLAN	PPO	IN NETWORK	
PLAN CODE	380.04	DEDUCTIBLE	\$XXXX
RxBIN	021684	OUT OF POCKET	\$XXXX
RxGRP	CHC	OUT OF NETWORK	
		DEDUCTIBLE	\$XXXX
		OUT OF POCKET	\$XXXX
www.BlueChoiceSC.com		Rx 	

BlueChoice HealthPlan South Carolina		www.BlueChoiceSC.com	
Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services.		MEMBERS	
Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services.		Member Services: 800-868-2528	
BlueChoice HealthPlan provides administrative services only, and does not assume any financial risk for claims.		Out of Area: 800-810-2583	
BlueChoice HealthPlan P.O. Box 6170 Columbia, SC 29260-6170		PROVIDERS	
837		Mental Health: 800-868-1032	
		Authorization: 800-950-5387	
		Pharmacy: 855-811-2218	
		BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.	
		Rx Powered by BlueChoice HealthPlan	





CarolinaADVANTAGESM and CarolinaADVANTAGESM With Dental Small Group


Advantage Network

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

 	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID ZCL000000000	
PLAN PLAN CODE RxBIN RxGRP	PPO 380.04 021684 CHC
Advantage Network	
IN NETWORK DEDUCTIBLE \$XXX.XX OUT OF POCKET \$XXX.XX OUT OF NETWORK DEDUCTIBLE \$XXX.XX OUT OF POCKET \$XXX.XX	
www.BlueChoiceSC.com  	

		www.BlueChoiceSC.com
MEMBERS Member Services: 800-868-2528 Out of Area: 800-810-2583		PROVIDERS Mental Health: 800-868-1032 Authorization: 800-950-5387 Pharmacy: 855-811-2218
BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.		Rx Powered by BlueChoice HealthPlan
B45		


 	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID ZCL000000000	
PLAN PLAN CODE RxBIN RxGRP	PPO 380.04 021684 CHC
Advantage Network	
IN NETWORK DEDUCTIBLE \$XXX.XX OUT OF POCKET \$XXX.XX OUT OF NETWORK DEDUCTIBLE \$XXX.XX OUT OF POCKET \$XXX.XX	
www.BlueChoiceSC.com  	

		www.BlueChoiceSC.com
MEMBERS Member Services: 800-868-2528 Out of Area: 800-810-2583		PROVIDERS Mental Health: 800-868-1032 Pharmacy: 855-811-2218 Authorization: 800-950-5387 Dental Inquiries: 800-222-7156
BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.		Rx Powered by BlueChoice HealthPlan
B46		


BusinessADVANTAGE™ Small Group

Advantage Network

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

BlueChoice [®] HealthPlan [®] South Carolina		BusinessADVANTAGE	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID ZCL000000000		Advantage Network	
PLAN	PPO	IN NETWORK	
PLAN CODE	380.04	DEDUCTIBLE	\$XXXX
RxBIN	021684	OUT OF POCKET	\$XXXX
RxGRP	CHC	OUT OF NETWORK	
		DEDUCTIBLE	\$XXXX
		OUT OF POCKET	\$XXXX
www.BlueChoiceSC.com		Rx 	

BlueChoice [®] HealthPlan [®] South Carolina		www.BlueChoiceSC.com	
Members , see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services. Providers, file all claims with the local BlueCross and/or BlueShield Plan where member received services. File medical claims to: BlueChoice HealthPlan P.O. Box 6170 Columbia, SC 29260-6170 File SC dental claims to: Columbia Service Center P.O. Box 100300 Columbia, SC 29202-3300		MEMBERS Member Services: 800-868-2528 Out of Area: 800-810-2583 PROVIDERS Mental Health: 800-868-1032 Pharmacy: 855-811-2218 Authorization: 800-950-5387 Vision: 800-997-2736 Dental Inquiries: 800-222-7156 BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.	
834		Rx Powered by BlueChoice HealthPlan	




BlueChoice [®] HealthPlan [®] South Carolina		BusinessADVANTAGE	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID ZCL000000000		Advantage Network	
PLAN	PPO	IN NETWORK	
PLAN CODE	380.04	DEDUCTIBLE	\$XXXX
RxBIN	021684	OUT OF POCKET	\$XXXX
RxGRP	CHC	OUT OF NETWORK	
		DEDUCTIBLE	\$XXXX
		OUT OF POCKET	\$XXXX
www.BlueChoiceSC.com		Rx 	

BlueChoice [®] HealthPlan [®] South Carolina		www.BlueChoiceSC.com	
Members , see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services. Providers, file all claims with the local BlueCross and/or BlueShield Plan where member received services. File medical claims to: BlueChoice HealthPlan P.O. Box 6170 Columbia, SC 29260-6170		MEMBERS Member Services: 800-868-2528 Out of Area: 800-810-2583 PROVIDERS Mental Health: 800-868-1032 Authorization: 800-950-5387 Pharmacy: 855-811-2218 Vision: 800-997-2736 BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.	
833		Rx Powered by BlueChoice HealthPlan	




My Choice Individual and My Choice Individual HDHP

BlueChoice Network

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

		My Choice Individual Coverage	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID ZCL000000000			
PLAN	PPO	Health Benefits IN NETWORK DEDUCTIBLE \$00,000 OUT OF POCKET \$00,000 OUT OF NETWORK DEDUCTIBLE \$00,000 OUT OF POCKET \$00,000	
PLAN CODE	380.04		
RxBIN	021684		
RxGRP	CHC		
www.BlueChoiceSC.com			
		 	

		www.BlueChoiceSC.com	
MEMBERS Member Services: 800-868-2528 Out of Area: 800-810-2583			
PROVIDERS Mental Health: 800-868-1032 Authorization: 800-950-5387 Pharmacy: 855-811-2218 Vision: 800-997-2736			
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			
BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.		Benefits available in network only.	
Rx Powered by BlueChoice HealthPlan		831	

		My Choice Individual Coverage HDHP	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID ZCL000000000			
PLAN	PPO	Health Benefits IN NETWORK DEDUCTIBLE \$00,000 OUT OF POCKET \$00,000 OUT OF NETWORK DEDUCTIBLE \$00,000 OUT OF POCKET \$00,000	
PLAN CODE	380.04		
RxBIN	021684		
RxGRP	CHC		
www.BlueChoiceSC.com			
		 	

		www.BlueChoiceSC.com	
MEMBERS Member Services: 800-868-2528 Out of Area: 800-810-2583			
PROVIDERS Mental Health: 800-868-1032 Authorization: 800-950-5387 Pharmacy: 855-811-2218 Vision: 800-997-2736			
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			
BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.		Benefits available in network only.	
Rx Powered by BlueChoice HealthPlan		832	

Healthy BlueSM: BlueChoice HealthPlan of South Carolina

BlueChoice HealthPlan Medicaid Network

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

 Healthy BlueSM BlueChoice SM HealthPlan of SC		 Healthy Connections
MEMBER SUBSCRIBER NAME MEMBER ID 123456789		PRIMARY CARE PROVIDER (PCP) PROVIDER NAME XXX-XXX-XXXX
Group No. RxBIN RxPCN RxGROUP Benefit Plan Effective Date	Group ID 020107 FM WFSA Plan Code 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. BC1965 0707 SC0014749 0508		
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.		




 SOUTH CAROLINA Healthy Connections MEDICAID	THIS CARD DOES NOT GUARANTEE ELIGIBILITY Attention Providers: Call 1-888-289-0709 for coverage questions or visit provider.scohpis.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 1-888-549-0620 if you have questions about Member Services. Call 1-800-834-3680 with complaints regarding Pharmacy Services. To report possible fraud or abuse call 1-888-368-3324
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
AFFORDABLE CARE ACT (ACA) INDIVIDUAL PLANS

BlueCross: BlueEssentialsSM

BlueEssentials Network

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

 South Carolina		 South Carolina		www.SouthCarolinaBlues.com										
Member Name SUBSCRIBER NAME Member ID ZCU123456789999		Blue EssentialsSM Network Exclusive Provider Organization		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										
RxBIN 021684 RxGRP BXGI PLAN CODE 380		<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK DEDUCTIBLE</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </tbody> </table>			INDIVIDUAL	FAMILY	IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX	<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. "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.</p> <p>Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.</p> <p>X14</p>	
	INDIVIDUAL	FAMILY												
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX												
OUT OF POCKET	\$XX,XXX	\$XX,XXX												
www.SouthCarolinaBlues.com		Out-of-State Emergency Services Only 												


 South Carolina		 South Carolina		www.SouthCarolinaBlues.com										
Member Name SUBSCRIBER NAME Member ID ZCF123456789999		Blue EssentialsSM Network Exclusive Provider Organization		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										
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	INDIVIDUAL	FAMILY												
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX												
OUT OF POCKET	\$XX,XXX	\$XX,XXX												
www.SouthCarolinaBlues.com		Out-of-State Emergency Services Only 												


Note: Some ID cards may not reflect deductible and out-of-pocket amounts based on the member's benefits. 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 amount is \$0, you will see "N/A."

Reedy Network

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

IMPORTANT: A BlueCross BlueShield of South Carolina Upstate Blue Network Provider Agreement is required to serve 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		South Carolina										
Member Name SUBSCRIBER NAME Member ID RBX123456789999		BlueExclusive™ Reedy PRISMA Health Upstate Network										
RxBIN 021684 RxGRP BXGI PLAN CODE 380		<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK DEDUCTIBLE</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </tbody> </table>			INDIVIDUAL	FAMILY	IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX
	INDIVIDUAL	FAMILY										
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX										
OUT OF POCKET	\$XX,XXX	\$XX,XXX										
www.SouthCarolinaBlues.com		Out-of-Area Emergency Services Only 										
		South Carolina Members: Report all emergency admissions within 24 hours. Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network. Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.										
		www.SouthCarolinaBlues.com Member Resources Member Service Center: 865-404-6762 24/7 Pharmacy Support: 865-823-0387 Mental Health & Substance Use Precertification: 800-868-1032 Provider Resources Provider Services: 800-868-2510 Medical Authorization: 865-895-1682 Pharmacy Help Desk: 865-811-2218 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		South Carolina										
Member Name SUBSCRIBER NAME Member ID RBN123456789999		BlueExclusive™ Reedy PRISMA Health Upstate Network										
RxBIN 021684 RxGRP BXGI PLAN CODE 380		<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK DEDUCTIBLE</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </tbody> </table>			INDIVIDUAL	FAMILY	IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX
	INDIVIDUAL	FAMILY										
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX										
OUT OF POCKET	\$XX,XXX	\$XX,XXX										
www.SouthCarolinaBlues.com		Out-of-Area Emergency Services Only 										
		South Carolina Members: Report all emergency admissions within 24 hours. Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network. Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.										
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		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 amount is \$0, you will see "N/A."




Cooper Network

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

IMPORTANT: A BlueCross BlueShield of South Carolina Lowcountry Blue Network Provider Agreement is required to serve 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		 South Carolina										
Member Name SUBSCRIBER NAME Member ID MBX123456789999		BlueExclusiveSM Cooper MUSC Health Alliance Network										
RxBIN 021684 RxGRP BXGI PLAN CODE 380		<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK DEDUCTIBLE</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </tbody> </table>			INDIVIDUAL	FAMILY	IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX
	INDIVIDUAL	FAMILY										
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX										
OUT OF POCKET	\$XX,XXX	\$XX,XXX										
www.SouthCarolinaBlues.com		Out-of-Area Emergency Services Only 										

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.
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 South Carolina		 South Carolina										
Member Name SUBSCRIBER NAME Member ID MBY123456789999		BlueExclusiveSM Cooper MUSC Health Alliance Network										
RxBIN 021684 RxGRP BXGI PLAN CODE 380		<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK DEDUCTIBLE</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </tbody> </table>			INDIVIDUAL	FAMILY	IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX
	INDIVIDUAL	FAMILY										
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX										
OUT OF POCKET	\$XX,XXX	\$XX,XXX										
www.SouthCarolinaBlues.com		Out-of-Area Emergency Services Only 										

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

BlueExtendSM Network

- The prefixes are BXZ and XBE.
- Cards reflect the network BlueExtend EPO.
- Members must use providers participating in the BlueEssentials network when receiving services in South Carolina.
- Members will have access to the BlueCard Program when traveling outside of South Carolina, but they must use a network PPO participating provider.

South Carolina	
Member Name SUBSCRIBER NAME Member ID XXX123456789999	BlueExtend SM Network Exclusive Provider Organization
RxBIN 021684	INDIVIDUAL FAMILY
RxGRP BXGI	IN NETWORK DEDUCTIBLE \$XX,XXX \$XX,XXX
PLAN CODE 380	OUT OF POCKET \$XX,XXX \$XX,XXX
www.SouthCarolinaBlues.com	
	




South Carolina	
Members: Report all emergency admissions within 24 hours.	
Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network.	
This policy only provides benefits for covered services received in network.	
X20	
www.SouthCarolinaBlues.com	
Member Resources	
Member Service Center: 855-404-6752	
24/7 Pharmacy Support: 855-523-0387	
Mental Health & Substance Use Precertification: 800-868-1032	
Provider Resources	
Provider Services: 800-868-2510	
Medical Authorization: 855-895-1682	
Pharmacy Help Desk: 855-811-2218	
Buy and Bill Drugs – Precertification: 877-440-0089	
BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.	




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

Congaree Network

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

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




 South Carolina		 South Carolina		www.SouthCarolinaBlues.com										
Member Name SUBSCRIBER NAME Member ID CNN123456789999		BlueExclusiveSM Congaree Congaree Network		Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health/Substance Use Pre-certification: 800-868-1032										
RxBIN 021684 RxGRP BXGI PLAN CODE 380		<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK DEDUCTIBLE</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </tbody> </table>			INDIVIDUAL	FAMILY	IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX	Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-911-2218 Buy and Bill Drugs – Pre-certification: 877-440-0089	
	INDIVIDUAL	FAMILY												
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX												
OUT OF POCKET	\$XX,XXX	\$XX,XXX												
www.SouthCarolinaBlues.com		Out-of-State Emergency Services Only 		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		 South Carolina		www.SouthCarolinaBlues.com										
Member Name SUBSCRIBER NAME Member ID CNS123456789999		BlueExclusiveSM Congaree Congaree Network		Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health/Substance Use Pre-certification: 800-868-1032										
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	INDIVIDUAL	FAMILY												
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX												
OUT OF POCKET	\$XX,XXX	\$XX,XXX												
www.SouthCarolinaBlues.com		Out-of-State Emergency Services Only 		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.										
		X22												

Pee Dee Network

- The prefixes are PEQ and PEZ.
- Members must reside in Florence, Georgetown, Horry or Marion County.
- The network includes Conway Medical Center, MUSC Health and Tidelands 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		 South Carolina		www.SouthCarolinaBlues.com										
Member Name SUBSCRIBER NAME Member ID PEQ123456789999		BlueExclusiveSM Pee Dee Pee Dee Network		Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health/Substance Use Precertification: 800-868-1032										
RxBIN 021684 RxGRP BXGI PLAN CODE 380		<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK DEDUCTIBLE</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </tbody> </table>			INDIVIDUAL	FAMILY	IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX	Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1652 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs – Precertification: 877-440-0089	
	INDIVIDUAL	FAMILY												
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX												
OUT OF POCKET	\$XX,XXX	\$XX,XXX												
www.SouthCarolinaBlues.com		Out-of-State Emergency Services Only 		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		 South Carolina		www.SouthCarolinaBlues.com										
Member Name SUBSCRIBER NAME Member ID PEZ123456789999		BlueExclusiveSM Pee Dee Pee Dee Network		Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health/Substance Use Precertification: 800-868-1032										
RxBIN 021684 RxGRP BXGI PLAN CODE 380		<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK DEDUCTIBLE</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </tbody> </table>			INDIVIDUAL	FAMILY	IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX	Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1652 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs – Precertification: 877-440-0089	
	INDIVIDUAL	FAMILY												
IN NETWORK DEDUCTIBLE	\$XX,XXX	\$XX,XXX												
OUT OF POCKET	\$XX,XXX	\$XX,XXX												
www.SouthCarolinaBlues.com		Out-of-State Emergency Services Only 		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 VirtuConnectSM




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

															
Member Name SUBSCRIBER NAME Member ID ZCU123456789999		Virtual-first primary care. Use the Blue VirtuConnect SM telehealth platform for primary care to save money. Virtual visits 1-4 \$0 After the 4th visit \$10													
RxBIN 021684 RxGRP BXGI PLAN CODE 380	<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK</td> <td></td> <td></td> </tr> <tr> <td>DEDUCTIBLE</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </tbody> </table>		INDIVIDUAL	FAMILY	IN NETWORK			DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX	BlueEssentialsSM Network Out-of-Area Emergency Services Only 	
	INDIVIDUAL	FAMILY													
IN NETWORK															
DEDUCTIBLE	\$XX,XXX	\$XX,XXX													
OUT OF POCKET	\$XX,XXX	\$XX,XXX													
www.SouthCarolinaBlues.com															
		South Carolina Members: Report all emergency admissions within 24 hours. Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network. 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 Blue Shield Association.													
		X27													

															
Member Name SUBSCRIBER NAME Member ID ZCF123456789999		Virtual-first primary care. Use the Blue VirtuConnect SM telehealth platform for primary care to save money. Virtual visits 1-4 \$0 After the 4th visit \$10													
RxBIN 021684 RxGRP BXGI PLAN CODE 380	<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN NETWORK</td> <td></td> <td></td> </tr> <tr> <td>DEDUCTIBLE</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> <tr> <td>OUT OF POCKET</td> <td>\$XX,XXX</td> <td>\$XX,XXX</td> </tr> </tbody> </table>		INDIVIDUAL	FAMILY	IN NETWORK			DEDUCTIBLE	\$XX,XXX	\$XX,XXX	OUT OF POCKET	\$XX,XXX	\$XX,XXX	BlueEssentialsSM Network Out-of-Area Emergency Services Only 	
	INDIVIDUAL	FAMILY													
IN NETWORK															
DEDUCTIBLE	\$XX,XXX	\$XX,XXX													
OUT OF POCKET	\$XX,XXX	\$XX,XXX													
www.SouthCarolinaBlues.com															
		South Carolina Members: Report all emergency admissions within 24 hours. Providers: Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. Authorization required for MRI, MRA, CT and PET procedures. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. File claims with the local BlueCross and/or BlueShield Plan where member received services. Benefits are only available in network. Members have limited out-of-area benefits, which are only available when they receive services for an emergency medical condition.													
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		X26													



Blue Direction


- The prefixes are ZCF and ZCU.
- Members must reside in Hampton, Jasper or Sumter County.
- Members can only use the BlueEssentials network.
- Cards reflect the plan name and network.
- Members do not have out-of-network or out-of-state benefits, except in the event of an emergency.
- Members are assigned a primary care provider, and referrals are required for specialists and other providers. Referrals are not required for emergent services.

				www.SouthCarolinaBlues.com
Member Name Michael Testine Member ID ZCU123456789000		Blue Essentials™ Network Exclusive Provider Organization Referrals Required		Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health and Substance Use Preauthorization: 800-868-1032
RxBIN RxGRP PLAN CODE	021684 BXGI 380	IN-STATE/OUT-OF-STATE DEDUCTIBLE OUT-OF-POCKET	\$1,500 \$7,800	Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218
www.SouthCarolinaBlues.com		Out-of-State Emergency Services Only		
		X40		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.

Blue Beaufort

- The prefixes are BEU and BEQ.
- Members must reside in Beaufort County.
- The network includes Beaufort Memorial providers.
- 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.

		Blue Beaufort Beaufort Network										
Member Name Michael Testine Member ID BEQ123456789000												
RxBIN RxGRP PLAN CODE	021684 BXGI 380	<table border="1"> <thead> <tr> <th></th> <th>INDIVIDUAL</th> <th>FAMILY</th> </tr> </thead> <tbody> <tr> <td>IN-NETWORK</td> <td>\$1,500</td> <td>\$3,000</td> </tr> <tr> <td>OUT-OF-POCKET</td> <td>\$7,800</td> <td>\$15,600</td> </tr> </tbody> </table>		INDIVIDUAL	FAMILY	IN-NETWORK	\$1,500	\$3,000	OUT-OF-POCKET	\$7,800	\$15,600	
	INDIVIDUAL	FAMILY										
IN-NETWORK	\$1,500	\$3,000										
OUT-OF-POCKET	\$7,800	\$15,600										
www.SouthCarolinaBlues.com		Out-of-Area Emergency Services Only 										




www.SouthCarolinaBlues.com
Member Resources
 Member Service Center:
855-404-6752
 24/7 Pharmacy Support:
855-023-0387
 Mental Health and Substance Use Pre-certification:
800-868-1032
Provider Resources
 Provider Services:
800-868-2510
 Medical Authorization:
855-095-1682
 Pharmacy Help Desk:
855-811-2218
 BlueCross BlueShield of South Carolina
 P.O. Box 100300
 Columbia, SC 29202
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 Blue Shield Association.

X38

Blue Option Network

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



Blue OptionSM

Blue Option Network

SUBSCRIBER'S FIRST NAME

SUBSCRIBER'S LAST NAME

Member ID

ZCJ000000000

PLAN CODE

380.04

RxBIN

021684

RxGRP

CHC

Health Benefits

INDIVIDUAL

FAMILY

IN NETWORK

DEDUCTIBLE

\$XX,XXX

\$XX,XXX

OUT OF POCKET

\$XX,XXX


\$XX,XXX

www.BlueOptionSC.com

Rx

PP0

Out of State Only



www.BlueOptionSC.com

MEMBERS

Member Services: 855-826-7636

Out of Area: 800-820-2583

PROVIDERS

Mental Health: 800-868-1032

Pharmacy: 855-822-2228

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.

BlueChoice HealthPlan

P.O. Box 6270

Columbia, SC 29260-6270

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

835

Rx Powered by BlueChoice HealthPlan

26



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

Independent licensees of the Blue Cross Blue Shield Association.

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