



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

Independent licensees of the Blue Cross and Blue Shield Association

2021 Member Identification Card Guide

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

Revised: December 2020

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

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

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

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

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Blue Cross and Blue Shield Association: Prefix Changes

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

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

When BlueCross members arrive at your office or facility, continue to ask to see their current member identification card (ID card) at each visit. Doing so will help you:

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

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

Digital ID Cards

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

How members can access their digital ID card

If members are at your office and don't have their plastic ID card, advise them to:

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

Advantages for providers

The digital ID card:

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

Digital ID card emails will come from either noreply@southcarolinablues.com or noreply@bluechoicesc.com with the subject "Insurance Card."

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

BlueCross BlueShield of South Carolina

Federal Employee Program (FEP)

Preferred Blue® Network

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



BlueCross. BlueShield.
Government-Wide Service Benefit Plan

Federal Employee Program.

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

Enrollment Code: **112**
Effective Date: **01/13/2002**

RxIIN: **610239**
RxPCN: **FEPRX**
RxGrp: **65006500**

www.fepblue.org

Basic



BlueCross. BlueShield.
Federal Employee Program.

www.fepblue.org

Customer Service: **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**

This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits.

Precertification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if precertification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain precertification for you. Certain other services require prior approval. Please consult your benefit brochure for more information.

Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Brochure (R) 71-005 for the applicable contract year, which is the only legal description of benefits.

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**
Effective Date: **01/01/1998**

RxIIN: **610239**
RxPCN: **FEPRX**
RxGrp: **65006500**

www.fepblue.org

PPO



BlueCross. BlueShield.
Federal Employee Program.

www.fepblue.org

Customer Service: **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**

This card is used to obtain covered benefits under the Blue Cross and Blue Shield Plan Standard Option.

Precertification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if precertification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain precertification for you. Certain other services require prior approval. Please consult your benefit brochure for more information.

Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Brochure (R) 71-005 for the applicable contract year, which is the only legal description of benefits.

BlueCross and BlueShield of Geography
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BlueCross. BlueShield.
Federal Employee Program.

FEP Blue Focus

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

Enrollment Code: **131**
Effective Date: **01/01/2012**

RxIIN: **610239**
RxPCN: **FEPRX**
RxGrp: **65006500**

www.fepblue.org

PPO



BlueCross. BlueShield.
Federal Employee Program.

www.fepblue.org

Customer Service: **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**

This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits.

Precertification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if precertification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain precertification for you. Certain other services require prior approval. Please consult your benefit brochure for more information.

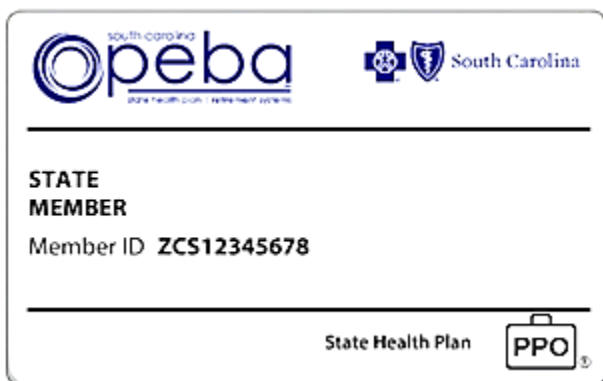
Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Brochure (R) 71-005 for the applicable contract year, which is the only legal description of benefits.



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

State Health Plan


State Health Plan Network

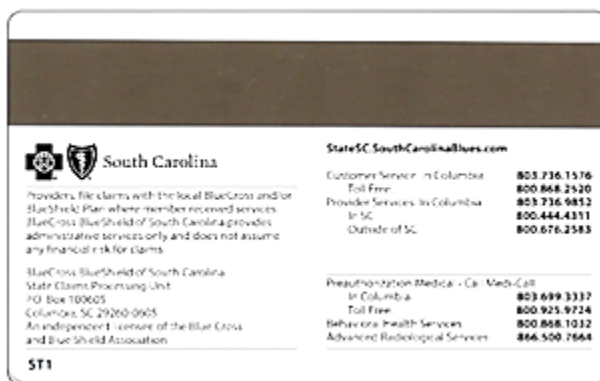
- Group products access the broad **State Health Plan Network**.
- The SHP and State Savings Plan prefix is ZCS.
- The MUSC Health Plan prefix is ZCK.
- Newer cards reflect the Public Employee Benefit Authority (PEBA) logo.
- The suitcase on the lower right front of the card indicates the network members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




STATE MEMBER
Member ID **ZCS12345678**

State Health Plan 




South Carolina

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

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

StateSC.SouthCarolinaBlues.com

Customer Service - In Columbia	803.736.1576
Toll Free	800.868.2520
Provider Services - In Columbia	803.736.9852
In SC	800.444.4311
Outside of SC	800.676.2583

Prescription Medical - Call Med-Call

In Columbia	803.699.3337
Toll Free	800.925.9724
Behavioral Health Services	800.868.1032
Advanced Radiological Services	866.500.7664

ST1






STATE MEMBER
Member ID **ZCS12345678**

State Savings Plan 




South Carolina

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

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

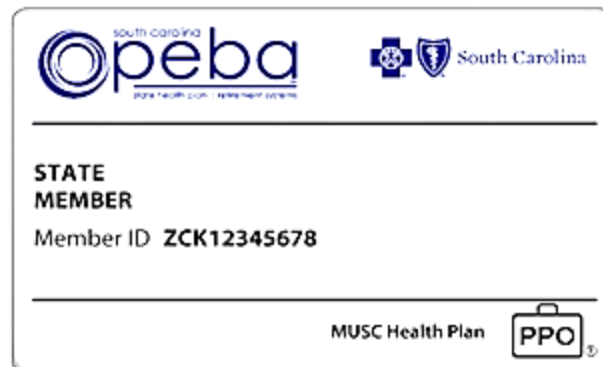
StateSC.SouthCarolinaBlues.com



Customer Service - In Columbia	803.736.1576
Toll Free	800.868.2520
Provider Services - In Columbia	803.736.9852
In SC	800.444.4311
Outside of SC	800.676.2583

Prescription Medical - Call Med-Call


In Columbia	803.699.3337
Toll Free	800.925.9724
Behavioral Health Services	800.868.1032
Advanced Radiological Services	866.500.7664

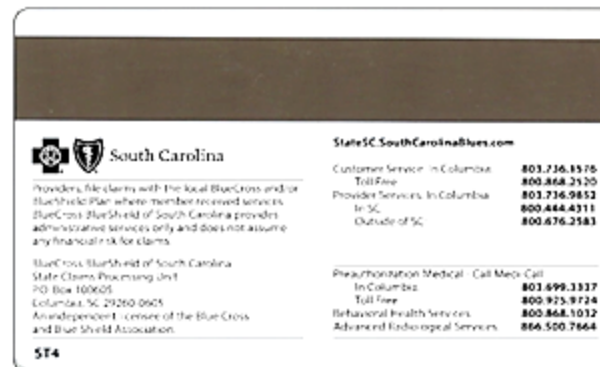
ST3




STATE MEMBER
Member ID **ZCK12345678**

MUSC Health Plan 




South Carolina

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

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

StateSC.SouthCarolinaBlues.com

Customer Service - In Columbia	803.736.1576
Toll Free	800.868.2520
Provider Services - In Columbia	803.736.9852
In SC	800.444.4311
Outside of SC	800.676.2583

Prescription Medical - Call Med-Call



In Columbia	803.699.3337
Toll Free	800.925.9724
Behavioral Health Services	800.868.1032
Advanced Endological Services	866.500.7664

ST4

Large Group PPO

Preferred Blue Network




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

 South Carolina		<p>www.SouthCarolinaBlues.com</p> <p>Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. MRI/MRA/PET/CT and radiation on oncology therapy will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefit payment consideration.</p> <p>Report all emergency admissions within 24 hours.</p> <p>Medical & Dental - Please submit claims to: P.O. Box 100300, Columbia, SC 29202</p> <p>Customer Service: XXX-XXX-XXXX Dental Customer Service: XXX-XXX-XXXX PPO Network Providers: 800-810-2583 Essential AdvocateSM: 855-638-5839 Precertification: 800-334-7287 Mental Health and Substance Abuse Precertification: 800-866-1032 EyeMed: 866-939-3633 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089</p> <p>An independent licensee of the Blue Cross and Blue Shield Association.</p>
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME	_____ _____	
Member ID XXX123456789012	_____ _____	
RxBIN 021684 RxGRP BXMN	_____ _____	
MAMMOGRAPHY NETWORK	_____ _____	
_____ GRID+	_____	
www.SouthCarolinaBlues.com		

Small Group PPO

Preferred Blue Network




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

 South Carolina		 South Carolina	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID XXX123614046483		Preferred Blue® Network	
RxBIN	021684		
RxGRP	BXGI		
PLAN CODE	380		
MAMMOGRAPHY NETWORK			
www.SouthCarolinaBlues.com			
		<p>Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions.</p> <p>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.</p> <p>An independent licensee of the Blue Cross and Blue Shield Association.</p> <p>SG3</p>	
		<p>www.SouthCarolinaBlues.com</p> <p>Member Resources</p> <p>Member Service Center: 800-868-2500, ext. 43475 Direct: 803-264-3475 24/7 Pharmacy Support: 855-819-0955 Mental Health & Substance Use Precertification: 800-868-1032</p> <p>Provider Resources</p> <p>Provider Services: 800-868-2510 Medical Precertification: 800-334-7287 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089</p> <p>BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202</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.

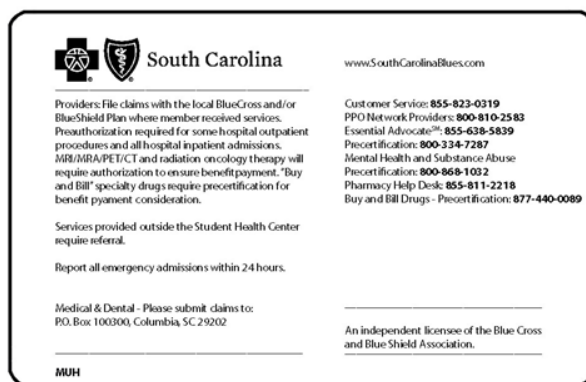
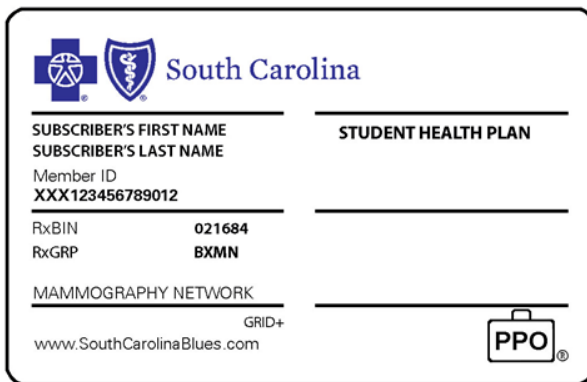
 South Carolina		 South Carolina	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID XXX123614046483		Preferred Blue® Network VSP Advantage Vision Network	
RxBIN	021684		
RxGRP	BXGI		
PLAN CODE	380		
MAMMOGRAPHY NETWORK			
www.SouthCarolinaBlues.com			
		<p>Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions.</p> <p>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.</p> <p>An independent licensee of the Blue Cross and Blue Shield Association.</p> <p>X12</p>	
		<p>www.SouthCarolinaBlues.com</p> <p>Member Resources</p> <p>Member Service Center: 800-868-2500, ext. 43475 Direct: 803-264-3475 24/7 Pharmacy Support: 855-819-0955 Mental Health & Substance Use Precertification: 800-868-1032</p> <p>Provider Resources</p> <p>Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089</p> <p>BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202</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 a group product other than Student Health Insurance).
- Cards reflect the Student Health Plan name.
- Coverage is offered to students and dependents of these universities:
 - University of South Carolina (USC)
 - MUSC
 - Clemson University
 - Coastal Carolina
 - Winthrop University
 - The Citadel


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



Short-Term Health Plan

Preferred Blue Network

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



South Carolina

Member Name _____ Preferred Blue Network

SUBSCRIBER NAME

Member ID _____

ZCX123456789999


RxBIN **004336** _____ Pharmacy Discount Program

RxGRP **SCB15** _____

PLAN CODE **380** _____

www.SouthCarolinaBlues.com

Out-of-State Emergency Services Only




South Carolina

www.SouthCarolinaBlues.com

Members: Report all emergency admissions within 24 hours.

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

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

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

Claims/Pharmacy Customer Service: **855-404-0752**

Medical Preauthorization: **800-327-3238**

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

Provider Services: **800-868-2510**

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

X11


CAREMARK®

Pharmacy benefits administrator

Medicare Advantage

BlueCross TotalSM PPO Network



- **Individual** products access the broad **BlueCross Total PPO Network**.
- The prefix for this plan is ZHP.
- Cards reflect the plan name and network.
- Out-of-network services received at a Medicare participating provider are reimbursable. A higher out-of-network cost sharing will apply.
- Members have dental coverage as of Jan. 1, 2019.




South Carolina BlueCross TotalSM

<p>Member Name SUBSCRIBER NAME</p> <p>Member ID 7HP012345678901</p>	<p>BlueCross Total Network Medicare Advantage PPO</p>
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<p>Issuer: 80840</p> <p>Part D/Plan Benefit: CMS-H8003-001</p>	<p>RxBIN RxCPCN RxGRP</p>	<p>021692 CTRXMEDD BXM001A77</p>
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SC Blue DentalSM Network



South Carolina


www.SCBlesMedAdvantage.com


Members: Use network services for maximum benefits.

Providers: Do not bill Medicare. Medicare limiting charges apply to non-participating 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.



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South Carolina BlueCross TotalSM

<p>Member Name SUBSCRIBER NAME</p> <p>Member ID 7HP012345678901</p>	<p>BlueCross Total Network Medicare Advantage PPO</p>
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<p>Issuer: 80840</p> <p>Part D/Plan Benefit: CMS-H8003-002</p>	<p>RxBIN RxCPCN RxGRP</p>	<p>021692 CTRXMEDD BXM001A77</p>
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SC Blue DentalSM Network



South Carolina


www.SCBlesMedAdvantage.com


Members: Use network services for maximum benefits.

Providers: Do not bill Medicare. Medicare limiting charges apply to non-participating 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.



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South Carolina BlueCross TotalSM

<p>Member Name SUBSCRIBER NAME</p> <p>Member ID 7HP012345678901</p>	<p>BlueCross Total Network Medicare Advantage PPO</p>
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<p>Issuer: 80840</p> <p>Part D/Plan Benefit: CMS-H8003-003</p>	<p>RxBIN RxCPCN RxGRP</p>	<p>021692 CTRXMEDD BXM001A77</p>
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SC Blue DentalSM Network



South Carolina


www.SCBlesMedAdvantage.com

Members: Use network services for maximum benefits.

Providers: Do not bill Medicare. Medicare limiting charges apply to non-participating 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**

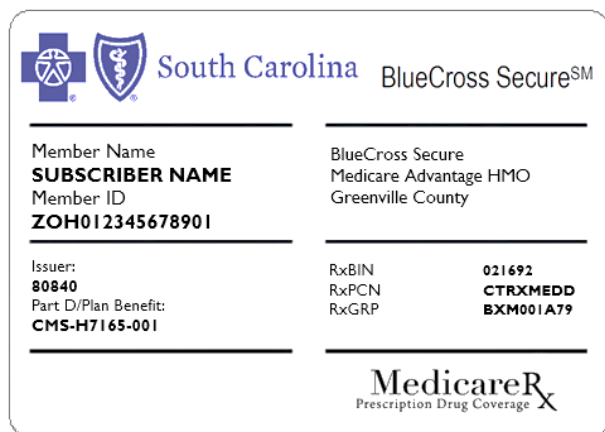
BlueCross BlueShield of South Carolina
 P.O. Box 100191
 Columbia, SC 29202-3191
 An independent licensee of the Blue Cross and Blue Shield Association.

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Medicare Advantage

BlueCross SecureSM HMO Greenville County Network

- **Individual** products access the narrow **Medicare Advantage HMO Greenville County Network**.
- The prefix for this plan is ZOH.
- Cards reflect the plan name and network.
- Members may use the Greenville network or Richland network for benefits except in cases of emergency.
- There will be no reimbursement for services from providers who are out of the network or ineligible to receive Medicare payments.
- Members have dental coverage as of Jan. 1, 2019.



South Carolina BlueCross SecureSM

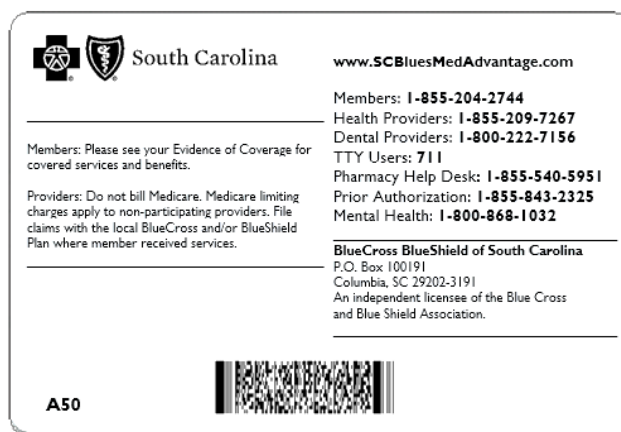
Member Name
SUBSCRIBER NAME

Member ID
ZOH012345678901

BlueCross Secure
Medicare Advantage HMO
Greenville County

Issuer: 80840	RxBIN 021692
Part D/Plan Benefit: CMS-H7165-001	RxPCN CTRXMEDD
	RxGRP BXM001A79

MedicareRx
Prescription Drug Coverage



South Carolina www.SCBluesMedAdvantage.com


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

Members: Please see your Evidence of Coverage for covered services and benefits.

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

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

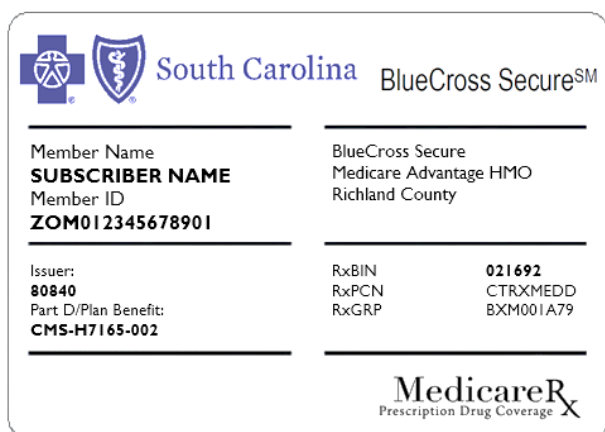
A50



Medicare Advantage

BlueCross SecureSM HMO Richland County Network

- **Individual** products access the narrow **Medicare Advantage HMO Richland County Network**.
- The prefix for this plan is ZOM.
- Cards reflect the plan name and network.
- Members may use the Richland network or Greenville network for benefits except in cases of emergency.
- There will be no reimbursement for services from providers who are out of the network or ineligible to receive Medicare payments.
- Members have dental coverage as of Jan. 1, 2019.



South Carolina BlueCross SecureSM

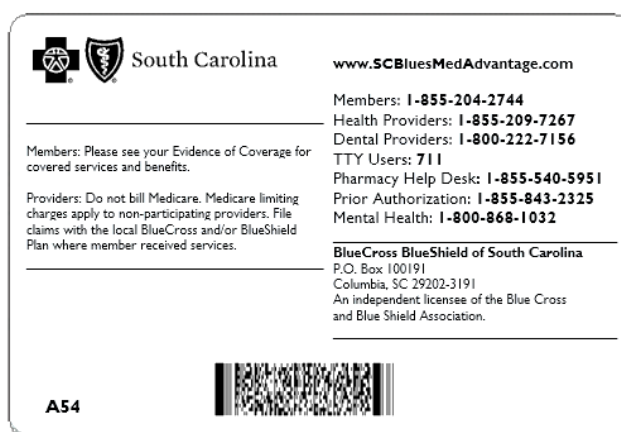
Member Name
SUBSCRIBER NAME

Member ID
ZOM012345678901

BlueCross Secure
Medicare Advantage HMO
Richland County

Issuer: 80840	RxBIN 021692
Part D/Plan Benefit: CMS-H7165-002	RxPCN CTRXMEDD
	RxGRP BXM001A79

MedicareRx
Prescription Drug Coverage



South Carolina www.SCBluesMedAdvantage.com


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

Members: Please see your Evidence of Coverage for covered services and benefits.

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

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



A54






BlueChoice HealthPlan of South Carolina


Primary Choice Large Group BlueChoice HMO Network

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

		Primary Choice	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID ZCC000000000		Health Benefits	
PLAN HMO PLAN CODE 380.02 RxBIN 021684 RxGRP CHC	www.BlueChoiceSC.com		
			

		www.BlueChoiceSC.com	
Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services. Providers, file all claims with the local BlueCross and/or BlueShield Plan where member received services. BlueChoice HealthPlan provides administrative services and does not assume any financial risk for claims.		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 P.O. Box 6170 Columbia, SC 29260-6170		Use HCA affiliates to receive the maximum benefit. BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.	
B39		Rx Powered by BlueChoice HealthPlan	


		Primary Choice		BCSSC EE
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID ZCC000000000		Health Benefits		
PLAN HMO PLAN CODE 380.02 RxBIN 021684 RxGRP CHC	www.BlueChoiceSC.com			
				

		www.BlueChoiceSC.com		
Members, see your benefit booklet for covered services. Possession of this card does not guarantee eligibility for services. Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services. BlueChoice HealthPlan provides administrative services only, and does not assume any financial risk for claims.		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 P.O. Box 6170 Columbia, SC 29260-6170		BlueChoice HealthPlan and BlueCross BlueShield of South Carolina are independent licensees of the Blue Cross and Blue Shield Association. Benefits available in network only.		
B38		Rx Powered by BlueChoice HealthPlan		

Advantage Plus Large Group

Advantage Network

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



**BlueChoice[®]
HealthPlan**
South Carolina

**Advantage
Plus**



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


PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

Advantage Network

Health Benefits

www.BlueChoiceSC.com



**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 claims with the local BlueCross and/or BlueShield Plan where member received services.

BlueChoice HealthPlan provides administrative services only, and does not assume any financial risk for claims.

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

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

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


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

B37

Rx Powered by BlueChoice HealthPlan

CarolinaADVANTAGESM and CarolinaADVANTAGESM with Dental Small Group Advantage Network


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



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


PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC


www.BlueChoiceSC.com



Advantage Network

Health Benefits





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

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

B45


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



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


PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC


www.BlueChoiceSC.com



Advantage Network

Health/Dental Benefits





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 29207-3300

B46

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

BusinessADVANTAGESM Small Group Advantage Network

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





BusinessADVANTAGE

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

PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

Advantage Network

Health Benefits
Vision

www.BlueChoiceSC.com



BusinessADVANTAGE

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**



www.BlueChoiceSC.com

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

B33 Rx Powered by BlueChoice HealthPlan





BusinessADVANTAGE

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


PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

Advantage Network

Health Benefits
Vision
Comprehensive Dental

www.BlueChoiceSC.com



BusinessADVANTAGE

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**




www.BlueChoiceSC.com

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

B34 Rx Powered by BlueChoice HealthPlan

My Choice Individual and My Choice Individual HDHP BlueChoice Network

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



**My Choice
Individual Coverage**

SUBSCRIBER'S FIRST NAME _____

SUBSCRIBER'S LAST NAME _____


Member ID _____


ZCL000000000 _____

PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

Health Benefits _____

www.BlueChoiceSC.com





**My Choice
Individual Coverage**

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

Health Benefits _____

www.BlueChoiceSC.com



MEMBERS

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


PROVIDERS

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

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

Benefits available in network only.

Rx Powered by BlueChoice HealthPlan



**My Choice
Individual Coverage
HDHP**

SUBSCRIBER'S FIRST NAME _____

SUBSCRIBER'S LAST NAME _____


Member ID _____

ZCL000000000 _____

PLAN	PPO
PLAN CODE	380.04
RxBIN	021684
RxGRP	CHC

Health Benefits _____

www.BlueChoiceSC.com





**My Choice
Individual Coverage
HDHP**

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

Health Benefits _____

www.BlueChoiceSC.com



MEMBERS

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

PROVIDERS

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

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


Benefits available in network only.


Rx Powered by BlueChoice HealthPlan

Healthy BlueSM: 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.


Healthy BlueSM
 BlueChoice® HealthPlan of SC


Healthy Connections

MEMBER SUBSCRIBER NAME	PRIMARY CARE PROVIDER (PCP) PROVIDER NAME
MEMBER ID 123456789	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.

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-House Nurseline: 1-866-577-9710
TTY Line: 1-800-368-4424
For Current Eligibility: 1-866-757-8286
Hospitals: For inpatient admissions, call 1-866-902-1689 within 24 hours or the first business day.

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

BC1965 0707 SC0014749 0508

SOUTH CAROLINA
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 1-866-289-0709 for coverage questions or visit provider.scohs.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 1-800-834-3660 with questions regarding Pharmacy Services.



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



Affordable Care Act (ACA) Individual Plans

BlueCross: Blue EssentialsSM

BlueEssentials Network

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


 South Carolina		www.SouthCarolinaBlues.com Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health & Substance Use Precertification: 800-868-1032 Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089 BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the BlueCross and BlueShield Association.
Member Name SUBSCRIBER NAME Member ID XXX123614046483 RxBIN 021684 RxGRP BXGI PLAN CODE 380	Blue EssentialsSM Network Exclusive Provider Organization	 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		X14

 South Carolina		www.SouthCarolinaBlues.com Member Resources Member Service Center: 855-404-6752 24/7 Pharmacy Support: 855-823-0387 Mental Health & Substance Use Precertification: 800-868-1032 Provider Resources Provider Services: 800-868-2510 Medical Authorization: 855-895-1682 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089 BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the BlueCross and BlueShield Association.
Member Name SUBSCRIBER NAME Member ID XXX123614046483 RxBIN 021684 RxGRP BXGI PLAN CODE 380	Blue EssentialsSM Network Exclusive Provider Organization	 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		X13

Reedy Network

- Can only use the Prisma Health Upstate Network
- Cards reflect the plan name and network.
- Members **do not** have **out-of-network** or **out-of-state benefits**, except in the event of an emergency.

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



South Carolina



Member Name
SUBSCRIBER NAME
Member ID
RBX123456789999

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

www.SouthCarolinaBlues.com

BlueExclusiveSM Reedy
PRISMA Health Upstate Network

Out-of-Area Emergency Services Only

South Carolina

www.SouthCarolinaBlues.com

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

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


Members: Report all emergency admissions within 24 hours.

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

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

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

X16



South Carolina



Member Name
SUBSCRIBER NAME
Member ID
RBN123456789999

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

www.SouthCarolinaBlues.com

BlueExclusiveSM Reedy
PRISMA Health Upstate Network

Out-of-Area Emergency Services Only

South Carolina

www.SouthCarolinaBlues.com

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

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

Members: Report all emergency admissions within 24 hours.

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

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


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

X17

Cooper Network

- Can only use the MUSC Health Alliance Network
- Cards reflect the plan name and network.
- Members **do not** have **out-of-network** or **out-of-state benefits**, except in the event of an emergency.

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




South Carolina

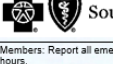
Member Name
SUBSCRIBER NAME
Member ID
MBX123456789999

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

www.SouthCarolinaBlues.com

BlueExclusiveSM Cooper
MUSC Health Alliance Network

Out-of-Area Emergency Services Only 



South Carolina

www.SouthCarolinaBlues.com

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

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


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

Members: Report all emergency admissions within 24 hours.

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

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

X18




South Carolina


Member Name
SUBSCRIBER NAME
Member ID
MBY123456789999

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

www.SouthCarolinaBlues.com

BlueExclusiveSM Cooper
MUSC Health Alliance Network

Out-of-Area Emergency Services Only 



South Carolina

www.SouthCarolinaBlues.com

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

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

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

Members: Report all emergency admissions within 24 hours.

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



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


X19

BlueChoice HealthPlan: Blue OptionSM

Blue Option Network

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

		Blue OptionSM	
<hr/> SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME Member ID ZCJ000000000		<hr/> Blue Option Network	
PLAN CODE RxBIN RxGRP	380.04 021684 CHC	<hr/> Health Benefits	
<hr/> www.BlueOptionSC.com			

		www.BlueOptionSC.com	
<hr/> 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.		<hr/> MEMBERS Member Services: 855-826-7636 Out of Area: 800-810-2583	
<hr/> BlueChoice HealthPlan P.O. Box 6170 Columbia, SC 29260-6170		<hr/> PROVIDERS Mental Health: 800-868-2032 Pharmacy: 855-811-2218 Authorization: 800-950-5387 Vision: 800-368-9609	
<hr/> B35		<hr/> BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. Rx Powered by BlueChoice HealthPlan	