



SOUTH CAROLINA
Healthy Connections
MEDICAID



MEMBER
SUBSCRIBER NAME
MEMBER ID
ZCD1234567890

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

Group No.	GROUP ID
BIN	003858
PCN	A4
RxGROUP	WFSA
Benefit Plan	PLAN CODE
Effective Date	XX/XX/XXXX

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.BlueChoiceSCMedicaid.com

Customer Care Center: 1-866-781-5094
TTY Line: 1-866-773-9634
Prescription Drugs: 1-866-915-0327
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

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

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