



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

Medicaid

MEMBER	Group No.	<b>187100</b>
<b>JOHN Q. SMITH</b>	BIN No.	<b>610575</b>
MEMBER ID	Benefit Plan	<b>18SCS</b>
<b>ZCD123456789000</b>	Effective Date	<b>01/01/08</b>

PRIMARY CARE PROVIDER (PCP)	
<b>MARY X. JONES, MD</b>	<a href="http://www.BlueChoiceSCMedicaid.com">www.BlueChoiceSCMedicaid.com</a>
<b>1-999-555-1212</b>	

**Member:** Show this card and your Medicaid card when you get covered services. See your Member Handbook 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:** File with local BlueCross and/or BlueShield Plan.  
**Hospitals:** For inpatient admissions, call **1-866-902-1689** within 24 hours or the first business day.  
 BC 1965

**Customer Care Center:** **1-866-781-5094**  
**TTY Line:** **1-866-773-9634**  
**Prescription Drugs:** **1-866-915-0327**  
**24-Hour Nurse Help Line:** **1-866-577-9710**  
**TTY Line:** **1-800-368-4424**  
**For Current Eligibility:** **1-866-757-8286**

BlueChoice HealthPlan of South Carolina  
 P.O. Box 100124  
 Columbia, SC 29202-3124

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