**UNDERSTANDING YOUR BENEFITS ID CARD**

**ID CARD FRONT:**

| Member Name: | 2 |
| Member ID #: | 3 |
| Anthem BC Medical Group #: | 2790331M001 |
| Benefit Plan: | 040 Medical |
| Rx Group #: | SMRXS4U |
| Bin #: | 610014 |

**Office Visit Copay:** $20  
**Specialist Copay:** $30  
**Rx Copays:** S10 Generic  
**$20 Preferred Brand**  
**$40 Non Preferred Brand**

*Member pays brand copay plus the cost difference between generic and brand if an FDA approved generic equivalent is available and the brand is chosen.*

1. Prudent Buyer Plan references the Anthem Blue Cross network.
2. Employee Name is the covered member’s name as it appears in the HealthComp system.
3. Member ID is a non-identified number that replaces the member’s Social Security Number.
4. The Group # is an assigned number Anthem uses internally to determine benefit coverage.
5. This section provides your Pharmacy Benefit information administered by Express Scripts. The information listed includes: Express Scripts RX Bin, and Group number used by your Pharmacists.
6. HealthComp is the Superior Court’s Third Party Administrator (TPA). Contact HealthComp with Customer Service, Eligibility and benefit-related questions.
7. Prior Authorization is required before any scheduled admission and within 48 hours of a non-scheduled (emergency) hospital admission.
8. Blue Card is the Medical network available to you if traveling outside of California. Use this phone number to locate a PPO provider outside of California.
9. Connection Dental and First Dental Health are the PPO Dental networks. Use these phone numbers to locate Dental PPO providers nationwide.
10. The Anthem Blue Cross mailing address for Medical Claims incurred in California.
11. The mailing address for Dental.
12. Vision Benefits are provided through VSP. Use this phone number to contact VSP.
13. Anthem Blue Cross is legally required to include this disclaimer on its ID Cards.