

# UNDERSTANDING YOUR BENEFITS ID CARD

## ID CARD FRONT:

		Superior Court of California, County of Kern	
Member Name:	<b>2</b>	Member ID #:	HEA <b>3</b>
Anthem BC Medical Group #:	278031M001	Office Visit Copay:	\$20
Benefit Plan:	040 Medical <b>4</b>	Specialist Copay:	\$30
Rx Group #:	SMRXS4U	Rx Copays:	\$10 Generic
Bin #:	610014 <b>5</b>		\$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.			
		<b>1</b> Prudent Buyer Plan 	

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.

## ID CARD BACK:

		<a href="http://www.anthem.com/ca">www.anthem.com/ca</a> <a href="http://www.healthcomp.com">www.healthcomp.com</a> <a href="http://www.express-scripts.com">www.express-scripts.com</a> <a href="http://www.connectiondental.com">www.connectiondental.com</a> <a href="http://www.firstdentalhealth.com">www.firstdentalhealth.com</a> <a href="http://www.vsp.com">www.vsp.com</a>	
Providers: Pre-certification is not required if Medicare is primary.			
Submit all California Medical Claims to:			
Anthem Blue Cross PO Box 60007 <b>10</b> Los Angeles, CA 90060-0007		<b>7</b> Provider Only Claims Inquiries: 800-688-3828 Pre-Authorization Review: 800-274-7767 Coverage while traveling: <b>8</b> 800-810-2583 HealthComp*: 800-442-7247 (When calling, please reference Group: E50)	
Submit all Dental Claims to:			
HealthComp* - EDI Payor #: 85729 PO Box 45018 <b>11</b> Fresno, CA 93718-5018		<b>6</b> Express Scripts - Members*: 800-988-1913 Express Scripts - Pharmacy*: 800-922-1557 CONNECTION Dental*: <b>9</b> 877-277-6872 First Dental Health*: 800-334-7244 Vision Service Plan (VSP)*: <b>12</b> 800-877-7195 EAP - Optum*: 866-248-4098 (US Behavioral Health Plan CA EAP) *Contracts directly with the group.	
			
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<small>Anthem Blue Cross Life and Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims. Blue Cross of California using the trade name Anthem Blue Cross, administers claims on behalf of Anthem Blue Cross Life and Health Insurance Company and is not liable for benefits payable. Independent licensees of the Blue Cross Association.</small>			

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.