










State Health Benefit Plan (SHBP) Commercial sample ID cards


Georgia | Commercial


 	
<NAME>	
Member ID: <PREFIX><HCID> Benefits effective as of: Group: GA80391SAA Plan Code: 102 RxBIN/RxPCN: 004336/ADV RxGRP: RX0696 <PLANDES1> <PLANDES2>	HRA PLAN State Health Network - SHBP Medical Co-insurance** In/Out 15%/40% Medical Deductible** In/Out: Subscriber \$1500/\$3000 Pharmacy Deductible No Pharmacy Co-insurance Yes For detailed benefit information including Deductible and Out of Pocket maximums, please visit anthem.com/shbp
<GROUP NAME>	
Blue Open Access POS 	

 	
<NAME>	
Member ID: <PREFIX><HCID> Benefits effective as of: Group: GA80392SAA Plan Code: 102 RxBIN/RxPCN: 004336/ADV RxGRP: RX0696 <PLANDES1> <PLANDES2>	HRA PLAN State Health Network - SHBP Medical Co-insurance** In/Out 20%/40% Medical Deductible** In/Out: Subscriber \$2000/\$4000 Pharmacy Deductible No Pharmacy Co-insurance Yes For detailed benefit information including Deductible and Out of Pocket maximums, please visit anthem.com/shbp
<GROUP NAME>	
Blue Open Access POS 	

 	
<NAME>	
Member ID: <PREFIX><HCID> Benefits effective as of: Group: GA80393SAA Plan Code: 102 RxBIN/RxPCN: 004336/ADV RxGRP: RX0696 <PLANDES1> <PLANDES2>	HRA PLAN State Health Network - SHBP Medical Co-insurance** In/Out 25%/40% Medical Deductible** In/Out: Subscriber \$2500/\$5000 Pharmacy Deductible No Pharmacy Co-insurance Yes For detailed benefit information including Deductible and Out of Pocket maximums, please visit anthem.com/shbp
<GROUP NAME>	
Blue Open Access POS 	

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Possession of this card does not guarantee eligibility for benefits. Please submit claims to local Blue plan. If Medicare is primary, please file claims with Medicare. If a provider does not submit your claim on your behalf, please file claim at: www.anthem.com/submitmyclaim or mail to Anthem Blue Cross and Blue Shield, P.O. Box 105370, Atlanta, GA 30348-5370 **Medical deductible/co-insurance and pharmacy co-insurance is first paid directly to the provider from available HRA credits. Deductible will change if coverage tier changes. All hospital admissions and certain outpatient services require pre certification.	
Member/Provider Services 855-641-4862 24/7 Nurse Line 866-787-6361 Pre Certification 855-668-6442 Coverage While Traveling 800-810-2583 Behavioral Health 855-679-5722 Sharecare Be Well® SHBP* 888-616-6411 CVS Caremark® Customer Care* 844-345-3241 livehealthonline.com	*Contracts directly with group Anthem Blue Cross and Blue Shield is the trade name of Blue Cross and Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.
11/01/2023	

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24/7 Nurse Line 866-787-6361

Pre Certification 855-868-6442

Coverage While Traveling 800-810-2583

Behavioral Health 855-679-5722

Sharecare Be Well@ SHBP* 888-616-6411

CVS Caremark® Customer Care* 844-345-3241

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***Contracts directly with group**

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