

# UNDERSTANDING YOUR HEALTH PLAN ID CARD

Below is a sample and description of the Superior Court of California, County of Kern health plan ID card. ID cards may vary based on the plan coverage selected. If you have questions regarding your ID card or need additional cards, please contact HealthComp at 800-442-7247.

## ID CARD FRONT:



**Superior Court of California,  
County of Kern**

**Member Name:** 1

**Member ID:** HEA 123A4567 2

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**Group:** 278031M001 3  
**Plan Code:** 040

**RXBIN:** 610014  
**RXGRP:** SMRXS4U 4

**PRODUCTS:** MEDICAL/RX  
**Rx Copays:** \$10 Generic  
\$20 Preferred Brand  
\$40 Non-Preferred Brand

**In-Network Deductible:** IND/FAM \$0/\$0  
**Out-of-Network Deductible:** IND/FAM \$250/\$500 (2 persons)  
**In-Network Out-of-Pocket:** IND/FAM \$1500/\$3000  
**Out-of-Network Out-of-Pocket:** IND/FAM \$2500/\$5000

6 For detailed benefit information including Deductible and Out-of-Pocket maximums which may vary for certain benefits, please visit healthcomp.com

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7 Superior Court of Kern County utilizes HealthComp to handle member contact for health plan administration. See back for contact information.

**PRUDENT BUYER PLAN®**



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1. The covered member's name as it appears in the HealthComp system.
2. Member ID consists of an Anthem prefix (i.e., HEA) plus your subscriber ID number.
3. The Group # and Plan code are assigned numbers Anthem uses to determine benefit coverage.
4. Express Scripts Pharmacy Benefit information, including the RX Bin and Group number used by your pharmacist.
5. The medical plan deductibles and out-of-Pocket maximums.
6. The Healthcomp website, should you need additional plan information.
7. HealthComp noted as the Plan's Third-Party Administrator.
8. Prudent Buyer Plan and the PPO suitcase are references to the Anthem Blue Cross network.
9. Provider directions for filing a medical claim.
10. Reminder to reference the member number on the front of the ID card if you are submitting plan inquiries.
11. The mailing address for dental claims.
12. Plan logos for dental (Connection Dental and First Dental Health) and Rx coverage (Express Scripts).
13. Plan websites for Anthem and dental and vision coverage (if applicable).
14. Important contact numbers for members and providers.
15. Anthem Blue Cross legal disclaimer.

## ID CARD BACK:



**anthem.com**  
connectiondental.com 13  
firstdentalhealth.com  
vsp.com

9 **Providers:** Please file all claims with the Blue Cross and Blue Shield Plan in the state where services are rendered. If Medicare is primary, file claims to Medicare. Include the 3-digit prefix in addition to the ID number.

10 **Members:** When submitting inquiries always include your member number from the front of this card.

11 Submit all Dental Claims to:  
HealthComp\* - EDI Payor#: 85729  
PO Box 45018  
Fresno, CA 93718-5018

Possession of this card does not guarantee eligibility for benefits.

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EXPRESS SCRIPTS®

14 **Member Services HealthComp\***  
(When calling please reference Grp#: E50)  
Pre-Authorization Review  
Coverage While Traveling  
Provider Only Claims Inquiry  
Provider Eligibility/Benefits\*  
Express Scripts Member\*  
Express Scripts Pharmacy\*  
800-442-7247  
healthcomp.com  
800-274-7767  
800-810-BLUE  
800-688-3828  
800-442-7247  
800-988-1913  
800-922-1557  
express-scripts.com  
877-277-6872  
800-334-7244  
800-877-7195  
866-248-4098

\*Contracts directly with group

15 Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem Blue Cross provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.