



**BlueCross
BlueShield** BlueOptions

Subscriber Name:
ANTHONY HURDLE
Subscriber ID:
CGQW17478961

01 COMPASS GROUP
Group No: 008952
Date Issued: 01/01/20

In-Network Member Responsibility:
Coinsurance 40%
Deductible \$3,000
Preventive \$0

Blue®





**BlueCross
BlueShield**

Claims are subject to review. For nonparticipating or non-NC providers, members are responsible for ensuring that prior review/certification is obtained. Participating NC providers are responsible for obtaining prior review/certification.

BlueCross and BlueShield of North Carolina, an independent licensee of the BlueCross and BlueShield Association, provides administrative services only and does not assume any financial risk for claims.

BLUECROSSNC.COM

Customer Service:	1-800-755-0790
Nurse Support Line:	1-877-477-2424
Mental Health:	1-800-359-2422
Locate Non-NC Provider:	1-800-810-2583
Provider Service:	1-800-214-4844
Prior Review/Certification:	1-800-672-7897
Compass Group Benefits	1-877-311-4747
Radiology Pre-Cert:	1-866-455-8414
CVS Caremark*	1-855-656-0360

*Contracts directly with group

Providers should send claims to their local BlueCross BlueShield Plan.

Medical: BCBSNC PO Box 35, Durham, NC 27702-0035

CVS Caremark Pharmacy Benefits Administrator*