



**BlueCross  
BlueShield** BlueOptions

Subscriber Name:  
**ANTHONY HURDLE**  
Subscriber ID:  
**CGQW17478961**

COMPASS GROUP  
01 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\*