

KIMBERLY MITCHELL

HMO PLAN

Member ID:

STHA160W8808

State Health Network - SHBP

Benefits effective as of: 01/01/2026
Group: GA8039H1CS
Plan Code: 102
RxBIN/RxPCN: 004336/ADV
RxGRP: RX0696
Medical

Office Visit Co-pay \$35
Specialist Office Visit Co-pay \$45
Emergency Room Co-pay \$200
Urgent Care Co-pay \$35
Rx \$5/\$55/\$95
Rx Home \$12.50/\$137.50/\$237.50
For detailed benefit information
including Deductible and Out of Pocket
maximums, please visit anthem.com/shbp

ANTHEM HMO PLAN

Blue Open Access
HMO





Chat Live at [anthem.com/shbp](https://www.anthem.com/shbp)

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

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

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02/05/2026