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ALABAMA

This state does not participate in AFHC program.

ALASKA

This state does not participate in AFHC program.

ARIZONA

BlueCross and BlueShield of Arizona

- [AZ1A-BlueChoice HMO Arizona](#)
- [AZ1B-BlueSelect](#)

AZ1A-BlueChoice HMO Arizona

AFHC Office Hours: 8:00am - 4:30pm, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 602.864.4675

Refer this Product's Host Members To: 602.864.4675

After Hours Contact:

Notes:

SEND ALL GUEST APPLICATIONS TO AZ1A.
EFFECTIVE DATE CANNOT BE THE 29, 30, or 31 OF THE MONTH. (Please round to the 28th or 1st).

Guardian Information:

When setting up a Guest Membership for a minor at **AZ1A**, please provide the following information
Not required

PCP Assigned:

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Statewide

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-------------------|-----------------------|--------------|--|
| Primary | Kimberlee Palluck | 800.232.2345 ext.3205 | 602.864.4151 | kpalluck@azblue.com |
| Secondary | Sarah Hunter | 602.336.7628 | 602.864.4151 | shunter@azblue.com |
| Billing Contact | Alan Lunde | 602.864.2265 | 602.864.5766 | alunde@azblue.com |
| Program Manager | David Black | 602.864.5665 | | dblack@azblue.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|--------------|
| Inpatient Care | CIF | Same as High |
| Outpatient Care | \$10 copay/visit | Same as High |
| Emergency Care | \$150 copay/visit, waived if admitted \$25 copay urgent care facility | Same as High |
| Mental Health Inpatient | Maximum 30 days per calendar year/CIF | Same as High |
| Mental Health Outpatient | \$5 copay/visit Unlimited visits | Same as High |

AZ1B-BlueSelect

AFHC Office Hours: 8:00am-4:30pm, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 602.864.4675

Refer this Product's Host Members To: 602.864.4675

After Hours Contact:

Notes:

SEND ALL GUEST APPLICATIONS TO AZ1A.
EFFECTIVE DATE CANNOT BE THE 29, 30, or 31 OF THE MONTH. (Please round to the 28th or 1st).

Guardian Information:

When setting up a Guest Membership for a minor at **AZ1B**, please provide the following information

PCP Assigned:

No

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Statewide

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-------------------|-----------------------|--------------|--|
| Primary | Kimberlee Palluck | 800.232.2345 ext 3205 | 602.864.4151 | kpalluck@azblue.com |
| Secondary | Michelle Orozco | 602-864-4675 | 602-864-3155 | morozco@azblue.com |
| Secondary | Sarah Hunter | 602.336.7628 | 602.864.4151 | shunter@azblue.com |
| Billing Contact | Alan Lunde | 602.864.2265 | 602.864.5766 | alunde@azblue.com |
| Program Manager | David Black | 602.864.5665 | | dblack@azblue.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|--------------|
| Inpatient Care | CIF | Same as High |
| Outpatient Care | \$10 copay/visit | Same as High |
| Emergency Care | \$150 copay/visit, waived if admitted \$25 copay urgent care facility | Same as High |
| Mental Health Inpatient | Maximun 30 days per cal/yr | Same as High |
| Mental Health Outpatient | \$5 copay/visit Unlimted visits | Same as High |

ARKANSAS

Health Advantage

- [AR1A-HMO Partners](#)

AR1A-HMO Partners

AFHC Office Hours: 8:00am-5:00pm

Contact Information for Member Use:

Refer this Product's Home Members To: 800.843.1329

Refer this Product's Host Members To: 800.843.1329

After Hours Contact: 800.843.1329

Notes:

Guardian Information:

When setting up a Guest Membership for a minor at AR1A, please provide the following information
Name of guardian.

PCP Assigned:

No

Coverage Areas: Covered Counties Zip Codes

Fully Covered Statewide

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|---------------|----------------|--------------|--|
| Primary | Tracy Wallace | 501-212-8515 | 501-212-8518 | thwallace@arkbluecross.com |
| Program Manager | Kathy Ryan | (501)301-3405 | 501-378-3765 | koryan@arkbluecross.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|--|
| Inpatient Care | CIF | CIF |
| Outpatient Care | \$10 copay/visit | \$10 copay/visit |
| Emergency Care | \$50 copay/ER visit, waived if admitted to same facility | \$50 copay/ER visit, waived if admitted to same facility |
| Mental Health Inpatient | \$25 copay/day, 15 days/cy | \$25 copay/day, 15 days/cy |
| Mental Health Outpatient | 50% copay/visit, 50 visits/cy | 50% copay/visit, 50 visits/cy |

CALIFORNIA

Anthem Blue Cross - California

- [CA1C-BlueCross HMO/California Care](#)
- [CA1P-Blue Cross POS/ BlueCross Plus](#)

BlueShield of California

- [CA2A-Access + HMO](#)

CA1C-BlueCross HMO/California Care

AFHC Office Hours: 8:00am-4:00pm M-F MST

Contact Information for Member Use:

Refer this Product's Home Members To: 800.827.6422

Refer this Product's Host Members To: 800.827.6422

After Hours Contact: 800.827.6422

Notes:

**PLEASE INCLUDE SUB ID ON ALL APPLICATIONS. WE USE THAT NUMBER FOR OUR HOST ID.
*MEMBERS MUST CHOOSE OWN PCP. *PLS INCLUDE GUARDIAN IF APPLICABLE

Los Angeles counties covered except Avalon and Catalina. San Diego counties covered except Borrego Springs.

Guardian Information:

When setting up a Guest Membership for a minor at CA1C, please provide the following information
PLEASE PROVIDE GUARDIAN INFORMATION FOR MINOR CHILDREN, NAME, PHONE # AND RELATIONSHIP.

PCP Assigned:

No

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Alameda, Contra Costa, Humboldt, Kern, Kings, Los Angeles, Marin, Merced, Orange, Sacramento, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Stanislaus, Ventura, Yolo

Partially Covered Fresno, Madera, Riverside, San Benito, San Bernardino, Sonoma, Tulare

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-----------------|----------------|--------------|--|
| Primary | Guy Smith | 800-827-6422 | 303-764-7048 | guy.smith@anthem.com |
| Primary | Janice Taylor | 800-827-6422 | 303-764-7048 | janice.e.taylor@anthem.com |
| Primary | Jeanna Slovacek | 800.827-6422 | 303-764-7048 | jeanna.slovacek@anthem.com |
| Primary | Kathleen Farfel | 800-827-6422 | 303-764-7048 | kathleen.farfel@anthem.com |
| Program Manager | Sara Breen | 800-827-6422 | 303-764-7048 | sara.breen@anthem.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|------------|
| Inpatient Care | CIF | |
| Outpatient Care | \$10 copay/visit | |
| Emergency Care | \$50 copay/ER visit, no charge if admitted | |
| Mental Health Inpatient | \$100 copay/day, limited to 30 days/cy | |
| Mental Health Outpatient | \$35 copay/visit, limited to 20 days/cy | |

CA1P-Blue Cross POS/ BlueCross Plus

AFHC Office Hours:

[Contact Information for Member Use:](#)

[Refer this Product's Home](#)

Members To:

[Refer this Product's Host](#)

Members To:

After Hours Contact:

Notes:

Guardian Information:

When setting up a Guest Membership for a minor at CA1P, please provide the following information

PCP Assigned:

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered SEE CA1C

Partially Covered SEE CA1C

Contact Information:

| Type | Name | External Phone | Fax | Email |
|------|------|----------------|-----|-------|
|------|------|----------------|-----|-------|

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|--|
| Inpatient Care | CIF | \$250/Admission |
| Outpatient Care | \$5 copay/visit | \$15 copay/visit |
| Emergency Care | \$50 copay/ER visit, no charge if admitted | \$50 copay/ER visit, no charge if admitted |
| Mental Health Inpatient | \$100/day, limited to 30 days/cy | Acute phase only, \$250 copay/admission |
| Mental Health Outpatient | \$35 copay/visit, limited to 20 days/cy | \$35 copay/visit, limited to 20 days/cy |

CA2A-Access + HMO

AFHC Office Hours: M-Th 8am-4:30pm, Friday 9am-4:30pm

Contact Information for Member Use:

Refer this Product's Home Members To: 800-622-9402

Refer this Product's Host Members To: 800-622-9402

After Hours Contact: 800-622-9402

Notes:

All Eligibility is verified by AFHC Coordinators.
Mental Health: Handled by BSCAL directly.

Guardian Information:

When setting up a Guest Membership for a minor at **CA2A**, please provide the following information

Name, address and relationship to the guest are needed. Phone information (if available) is suggested for the guardian, as well.

PCP Assigned:

Yes

Coverage Areas: [Covered Counties Zip Codes](#)**Fully Covered**

Kings, Los Angeles, Madera, Marin, Merced, Napa, Orange, Riverside, Sacramento, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Sonoma, Stanislaus, Tulare, Ventura

Partially Covered

Alameda, Butte, Contra Costa, El Dorado, Fresno, Kern, Nevada, Placer, San Bernardino, San Mateo, Santa Clara, Shasta, Solano, Trinity, Yolo

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-------------------|----------------|--------------|--|
| Primary | Cheryl Ann Carter | 916-350-7407 | 916-350-6194 | cheryl.carter@blueshieldca.com |
| Primary | Dianne Vasquez | 916-350-8927 | 916-350-6194 | dianne.vasquez@blueshieldca.com |
| Program Manager | Thomas DeAngelis | 916-350-7860 | 916-350-6194 | thomas.deangelis@blueshieldca.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---------------------------------------|---|
| Inpatient Care | 0\$ copay | \$200./day, for up to 7 days per admission for Hospital Services. |
| Outpatient Care | \$5 copay/visit | \$10 copay/visit |
| Emergency Care | \$100.00 copay/visit | \$100.00. copay/visit |
| Mental Health Inpatient | \$0 copay for inpatient mental health | \$200./day, for up to 7 days per admission for Hospital Services. |
| Mental Health Outpatient | \$5.00 copay | \$10.00 copay |

COLORADO

HMO Colorado

- [CO1A-BlueAdvantage](#)

CO1A-BlueAdvantage

AFHC Office Hours: 8:00am-4:30pm, M-F MST(except holidays)

Contact Information for Member Use:

Refer this Product's Home Members To: 800-827-6422

Refer this Product's Host Members To: 800-827-6422

After Hours Contact: 800-827-6422

Notes:

AFHC issues handled by AFHC Coords. only.

NOTE**Phone number for Guest Member is required.**PLEASE PROVIDE NAME OF CARETAKER IF DEPENDENT IS UNDERAGE.**PLEASE DO NOT GIVE OUT PERSONAL PHONE LINES OF COORDINATORS TO GUEST MEMBERS.

**PLEASE DO NOT USE THE ZIP CODE LIST, PLS USE THE COUNTIES LISTED IN THE PLAN PROFILE. THE ZIP LIST IS INCORRECT.

**VERY IMPORTANT THAT YOU INCLUDE THE SUB ID ON ALL APPLICATIONS. WE USE PART OF THAT ID FOR THE HOST ID.

Guardian Information:

When setting up a Guest Membership for a minor at **CO1A**, please provide the following information
NAME, ADDRESS, AND RELATIONSHIP

PCP Assigned:

Yes

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Adams, Arapahoe, Boulder,Broomfield, Denver, Douglas, Jefferson

Partially Covered Alamosa, Crowley, Elbert, El Paso, Fremont, Kit Carson, La Plata, Larimer, Mesa, Montrose, Otero, Pueblo, Routt, Teller, Weld

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|------------------|----------------|--------------|--|
| Primary | Guy Smith | 800.827.6422 | 303.764.7048 | guy.smith@anthem.com |
| Primary | Janice E. Taylor | 800.827.6422 | 303.764.7048 | janice.e.taylor@anthem.com |
| Primary | Jeanne Slovacek | 800-827-6422 | 303.764.7048 | jeanne.slovacek@anthem.com |
| Primary | Kathleen Farfel | 800-827-6422 | 303-764-7048 | kathleen.farfel@anthem.com |
| Program Manager | Sara Breen | 800-827-6422 | 303-764-7048 | sara.breen@anthem.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|------------|
| Inpatient Care | Inpatient Care CIF | N/A |
| Outpatient Care | \$10 copay/visit | N/A |
| Emergency Care | \$50 copay/ER visit | N/A |
| Mental Health Inpatient | \$100.00 CO-PAY PER ADMIT45 day maximum | N/A |
| Mental Health Outpatient | \$10/visits 1-5\$25/visits 6-2020 visits max/cy | N/A |

CONNECTICUT

Anthem BlueCross BlueShield - Connecticut

- [CT1E-BlueCare Health Plan](#)

CT1E-BlueCare Health Plan

AFHC Office Hours: 8:30 AM - 5:00 PM EST/EDT, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 800-922-6621

Refer this Product's Host Members To: 800-922-6621

After Hours Contact:

Notes:

All hosted Guest Membership to be set up through CT1E.
 AFHC e-mail: AFHCAE@Anthem.com.
 BlueCare Health Plan is the plan/provider network used for AFHC.
 We are willing to waive the 10 day notification period at the home plan's discretion- no confirmation call required.

Guardian Information:

When setting up a Guest Membership for a minor at **CT1E**, please provide the following information

PCP Assigned:

Yes

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered all counties statewide

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|---------------|----------------|--------------|--|
| Primary | Andre Audie | 877-326-6200 | 207-822-8902 | afhcae@anthem.com |
| Program Manager | Diane Robbins | 877-326-6200 | 207-822-8902 | Diane.Robbins@Anthem.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|----------------|
| Inpatient Care | 100% | Not Applicable |
| Outpatient Care | 100% after \$10 copay per visit for PCP 100% after \$20 copay per visit for Specialist | Not Applicable |
| Emergency Care | 100% after \$50 copay per ER visit 100% after \$25 copay per Urgent Care visit | Not Applicable |
| Mental Health Inpatient | Anthem Behavioral Health authorization required. 100% | Not Applicable |
| Mental Health Outpatient | Anthem Behavioral Health authorization required. (The initial 12 visits with participating provider do not require authorization.) 100% after \$20 Specialist copay per visit | Not Applicable |

DELAWARE

Blue Cross Blue Shield of Delaware

- [DE1B-Blue Care](#)
- [DE1P-Blue Select](#)

DE1B-Blue Care

AFHC Office Hours: 8:00am - 05:00PM EST

Contact Information for Member Use:

Refer this Product's Home Members To: Enrollment Services: 866-835-8977

Refer this Product's Host Members To: Customer Service 302-429-0260

After Hours Contact: Enrollment Services 866-835-8977 (leave voice message with phone number to return call)

Guardian Information:

When setting up a Guest Membership for a minor at **DE1B**, please provide the following information
Name, address and phone number.

Notes:

Identification Cards are mailed with Welcome Letter and AFHC Guest Member Benefit Booklet. Adult contact for dependents under 18 yrs.

PCP Assigned:

Yes

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Delaware: Kent, New Castle, Sussex

Partially Covered MD-Cecil, NJ-Salem, PA-Chester

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|--------------------|----------------|--------------|--|
| Primary | Robette J Wilson | 302.421.3400 | 302.421.8948 | Robette.Wilson@bcbsde.com |
| Secondary | Linda Collins | 302.421.3400 | 302.421.8948 | Linda.Collins@bcbsde.com |
| Billing Contact | Lorraine Cerminara | 302.421.3076 | 302.421.3178 | lorraine.cerminara@bcbsde.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--------------------------------|--------------------------------|
| Inpatient Care | \$100 copay for hospital | Not Applicable |
| Outpatient Care | \$7 copay | Not Applicable |
| Emergency Care | \$25 copay, waived if admitted | \$20 copay, waived if admitted |
| Mental Health Inpatient | Not Applicable | 80% after \$100 copay |
| Mental Health Outpatient | \$80 copay | Not Applicable |

DE1P-Blue Select

AFHC Office Hours: 8:30am - 7:00pm M-F, EST/EDT

Contact Information for Member Use:

Refer this Product's Home Members To: 800.633.2563

Refer this Product's Host Members To: 800.633.2563

After Hours Contact: (302) 421-3334

Notes:

POS product

Guardian Information:

When setting up a Guest Membership for a minor at **DE1P**, please provide the following information

Yes, we need all the guardian information.

PCP Assigned:

Yes

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Delaware: Kent, New Castle, Sussex

Partially Covered MD-Cecil, NJ-Salem, PA-Chester

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|--------------------|----------------|--------------|--|
| Primary | Robette J Wilson | 302.421.3400 | 302.421.8948 | kathleen.collins@bcbsde.com |
| Billing Contact | Lorraine Cerminara | 302.421.3076 | 302.421.3178 | lorraine.cerminara@bcbsde.com |
| Program Manager | Linda Collins | 302.421.3400 | 302.421.8948 | Susan.Watkins@bcbsde.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--------------------------------|--------------------------------|
| Inpatient Care | Not Applicable | Not Applicable |
| Outpatient Care | Copay | \$7 copay |
| Emergency Care | \$25 copay, waived if admitted | \$25 copay, waived if admitted |
| Mental Health Inpatient | 80%, then \$100 copay | 80%, then \$100 copay |
| Mental Health Outpatient | Not Applicable | \$15 copay 20 visits/cy |

DISTRICT OF COLUMBIA

CareFirst BlueChoice

- [DC1A-District of Columbia BlueChoice](#)

DC1A-District of Columbia BlueChoice

AFHC Office Hours: 7:00am -7:00pm M-F EASTERN TIME

Contact Information for Member Use:

Refer this Product's Home Members To: 1-800-296-5555

Refer this Product's Host Members To: 1-800-296-5555

After Hours Contact: 1-800-296-5555

Notes:

Allergy serum is not covered under medical.
It refers calls to the AFHC Coordinators personal telephone #, refer all AFHC calls to the AFHC dept at 888-452-6403. Coordinators should contact DC1A on our direct telephone #'s.

Guardian Information:

When setting up a Guest Membership for a minor at **DC1A**, please provide the following information
Guardian's name and contact number is needed in the memo field

PCP Assigned:

No

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered

DC-District of Columbia, MD-Allegany, Anne Arundel, Baltimore, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Fairfax, Garrett, Harford, Howard, Kent, Montgomery, Prince Georges, Queen Anne's, Saint Mary's, Somerset, Talbot, Washington, Wicomico, Worcester, VA-Alexandria(City), Arlington, Falls Church,Fairfax County, (City),Fauquier County,Loudoun County,Prince William County, Spotsylvania County, Stafford County

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|------------------------|----------------|--------------|--|
| Primary | Angel Jova | 202-680-5801 | 301-470-7964 | angel.jova@carefirst.com |
| Secondary | Kim Close - Supervisor | 202-680-5782 | 301-470-7961 | KIM.CLOSE@CAREFIRST.COM |
| Program Manager | Beverly Howze | 202-680-6262 | | Beverly.Howze@carefirst.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|--|
| Inpatient Care | No Copay | \$300 |
| Outpatient Care | \$5 PC \$10 Specialist | \$10 PC \$20 Specialist |
| Emergency Care | \$25 | \$50 |
| Mental Health Inpatient | No Deductible | \$300 Deductible |
| Mental Health Outpatient | The first 40 outpatient visits for mental health are paid at 75% of schedule. Additional visits are paid at 60\$ of schedule. | Visits 1-40 \$25% Plan allowance Visits 41+ 40% of Plan allowance |

FLORIDA

Capital Health Plan

- [FL1B-Capital Health Plan, Inc.](#)

Central Florida

- [FL1C-BlueCare HMO](#)

FL1B-Capital Health Plan, Inc.

AFHC Office Hours: 8:00am - 5:00pm, M-F (except holidays)

Contact Information for Member Use:

Refer this Product's Home 850.383.3311
 Members To:

Refer this Product's Host 850.383.3311
 Members To:

After Hours Contact: 850-383-3311

Guardian Information:

When setting up a Guest Membership for a minor at **FL1B**, please provide the following information

Guardian information in the memo section of application.

Notes:**PCP Assigned:**

Yes

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Gadsden, Jefferson, Leon, Wakulla, Calhoun, Liberty, Franklin

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|----------------|----------------|--------------|--|
| Primary | Cathy Iscrupe | 850.383-3502 | 850.383.3590 | caiscrupe@chp.org |
| Secondary | Carolyn Tyler | 850.523.7429 | 850.383.3590 | clyler@chp.org |
| Secondary | Kathy McGee | 850.383.3523 | 850.383.3590 | kmmcgee@chp.org |
| Program Manager | Felicia Mackey | 850.523.7302 | 850.383.3339 | ffmackey@chp.org |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|--|
| Inpatient Care | High Option is Premier Plus Selection \$250 copay/admission | Low Option is Premier Selection \$200 copay per day for first 5 days |
| Outpatient Care | High Option is Premier Plus Selection \$15 copay during regular office hours \$20 copay after regular hours (including weekend and evenings) \$25 copay per ov for service provided by participating provider when authorized by primary care physician | Low Option is Premier Selection \$15 copay during regular office hours \$25 copay after regular hours (including weekend and evenings) \$30 copay per ov for service provided by participating provider when authorized by primary care physician |
| Emergency Care | High Option is Premier Plus Selection \$100 copay per episode | Low Option is Premier Selection \$100 copay per episode |
| Mental Health Inpatient | High Option is Premier Plus Selection \$250 copay/admission, limited to 31 day/cy | Low Option is Premier Selection \$200 copay per day for first 5 days, limited to 31 day max/cy |
| Mental Health Outpatient | High Option is Premier Plus Selection \$25 copay/visit, limited to 20 visits per contract year | Low Option is Premier Selection \$30 copay/visit, limited to 20 visits per contract year |

FL1C-BlueCare HMO

AFHC Office Hours: M-Th 8:00am-4:30pm, Fri 9:00am-4:30pm

Contact Information for Member Use:

Refer this Product's Home Members To: 1-800-352-2583

Refer this Product's Host Members To: 1-800-352-2583

After Hours Contact: 1-800-352-2583

Notes:

Send AFHC Email to: AwayFromHomeCareDepartment@bcbsfl.com. All claims and benefit information are handled by customer service. Physical address is required when using P.O. Box

Guardian Information:

When setting up a Guest Membership for a minor at **FL1C**, please provide the following information

Local Guardian or Authorized Representative required.

PCP Assigned:

Yes. If Guest Member does not select, AFHC/Host Plan will select

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered

Alachua, Baker, Bradford, Brevard, Broward, Clay, Charlotte, Citrus, Columbia, Dade, Desoto, Dixie, Duval, Escambia ??????????????????FL, Flagler, Gilchrist, Hendry, Hernando, Hillsborough, Lake, Lee, Levy, Manatee, Marion, Martin, Nassau, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Suwannee, Volusia

Partially Covered

Okaloosa FL, Walton FL

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-------------------|---------------------------|--------------|--|
| Primary | Jennifer McKinney | 800.717.8641 Opt 4 | 904.357.6564 | Jennifer.McKinney@bcbsfl.com |
| Primary | Lyruth Brown | 800.717.8641 Opt 4 | 904.357.6564 | Lyruth.Brown@bcbsfl.com |
| Primary | Tracy Gadsden | 800.717.8641 Opt 4 | 904.357.6564 | Tracy.Gadsden@bcbsfl.com |
| Program Manager | Erick Griffis | 1.888.905.8783 ext. 51383 | 904.357.6564 | Erick.Griffis@bcbsfl.com |
| Program Manager | Margo Valencia | 1.888.905.8783 ext. 52120 | | Margo.Valencia@bcbsfl.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|------------------------------|------------------------------|
| Inpatient Care | CIF | \$250/admission |
| Outpatient Care | \$5 copay/visit | \$10 copay/visit |
| Emergency Care | \$50 copay/ER visit | \$50 copay/ER visit |
| Mental Health Inpatient | CIF, 30 days/cy | \$250/admission30 days/cy |
| Mental Health Outpatient | \$25 copay/visit20 visits/cy | \$25 copay/visit20 visits/cy |

GEORGIA

Anthem BlueCross BlueShield - Georgia

- [GA1A-BlueChoice Healthcare Plan](#)
- [GA1P-BlueChoice Option](#)

GA1A-BlueChoice Healthcare Plan

AFHC Office Hours: 8:00am - 5:30pm M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 800.441.2273

Refer this Product's Host Members To: 800-535-8291

After Hours Contact: 800.535.8291

Notes:

Guardian Information:

When setting up a Guest Membership for a minor at **GA1A**, please provide the following information

GUARDIAN NAME- RELATIONSHIP

PCP Assigned:

Yes

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered

Clarke, Cobb, De Kalb, Douglas, Elbert, Forsyth, Fulton, Gwinnett, Jenkins, Jones, Lincoln, Lumpkin, Marion, Peach, Pulaski, Taliaferro

Partially Covered

AL - Russell, GA - Banks, Barrow, Bartow, Bibb, Bryan, Bullock, Burke, Butts, Candler, Carroll, Chatham, Chattooga, Cherokee, Clayton, Columbia, Coweta, Dawson, Dodge, Effingham, Emanuel, Fayette, Floyd, Franklin, Gilmer, Glascock, Gordon, Greene, Hall, Hancock, Harris, Hart, Henry, Houston, Jackson, Jasper, Jefferson, Lamar, Liberty, Long, Madison, McDuffie, Meriwether, Monroe, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Richmond, Rockdale, Screven, Spalding, Talbot, Twiggs, Union, Walton, Warren, White, Wilkes, Wilkinson, SC-Aiken

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-----------------|----------------|----------------|--|
| Primary | Angela Jackson | 800.535.8291 | 866-755-5283 | AngelaG.Jackson@Anthem.com |
| Primary | MELONIE PITTMAN | 1-800-535-8291 | 866-755-5283 | melonie.pittman@bcbsga.com |
| Program Manager | SUSAN TINKLER | 1-800-535-8291 | 1-866-755-5283 | Stinkler@bcbsga.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|----------------|
| Inpatient Care | CIF | NOT APPLICABLE |
| Outpatient Care | \$10 copay/visit | NOT APPLICABLE |
| Emergency Care | \$50 copay/ER visit | NOT APPLICABLE |
| Mental Health Inpatient | CIF, limited to 30 days/cy | NOT APPLICABLE |
| Mental Health Outpatient | \$25 copay/visit, limited to 20 visits/cy | NOT APPLICABLE |

GA1P-BlueChoice Option

AFHC Office Hours: 8:00am - 5:30pm

Contact Information for Member Use:

Refer this Product's Home Members To: 800.441.2273

Refer this Product's Host Members To: 800-535-8291

After Hours Contact: 800.535.8291

Notes:

All guest membership applications should be sent through GA1A.

Guardian Information:

When setting up a Guest Membership for a minor at **GA1P**, please provide the following information

GUARDIAN NAME- RELATIONSHIP TO MINOR

PCP Assigned:

Yes

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered

AL- Russell, GA- Bryan, Clarke, Cobb, De Kalb, Douglas, Elbert, Forsyth, Fulton, Gwinnett, Jenkins, Jones, Lincoln, Lumpkin, Marion, Newton, Peach, Pulaski, Rockdale

Partially Covered

Banks, Barrow, Bartow, Bibb, Bulloch, Burke, Butts, Byron, Candler, Catoosa, Carroll, Chatham, Chattooga, Cherokee, Clayton, Columbia, Coweta, Dawson, Dodge, Effingham, Emanuel, Fayette, Floyd, Franklin, Gilmer, Glascock, Gordon, Greene, Hall, Hancock, Harris, Hart, Henry, Houston, Jackson, Jasper, Jefferson, Lamar, Liberty, Long, Madison, McDuffie, Meriwether, Monroe, Morgan, Muscogee, Oconee, Oglethorpe, Paulding, Pickens, Polk, Richmond, Screven, Spalding, Talbot, Taliaferro, Twiggs, Union, Walton, Warren, White, Wilkes, Wilkinson, SC-Aiken

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-----------------|----------------|--------------|--|
| Primary | Angela Jackson | 800.535.8291 | 866-755-5283 | AngelaG.Jackson@anthem.com |
| Primary | Melonie Pittman | 800-535-8291 | 866-755-5283 | melonie.pittman@bcbsga.com |
| Program Manager | SUSAN TINKLER | 800-535-8291 | 866-755-5283 | STINKLER@BCBSGA.COM |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|----------------|
| Inpatient Care | CIF | NOT APPLICABLE |
| Outpatient Care | \$10 copay/visit | NOT APPLICABLE |
| Emergency Care | \$50 copay/visit | NOT APPLICABLE |
| Mental Health Inpatient | CIF/limited 30 days/cy | NOT APPLICABLE |
| Mental Health Outpatient | \$25 copay/visit, limited to 20 visits/cy | NOT APPLICABLE |

HAWAII

BlueCross and BlueShield of Hawaii

- [HI1B-Health Plan Hawaii](#)
- [HI1C-HMO Hawaii](#)
- [HI1D-Fifty Plus](#)
- [HI2B-Health Plan Hawaii Plus](#)

HI1B-Health Plan Hawaii

AFHC Office Hours: 8am - 4pm, M-F

Contact Information for Member Use:

Refer this Product's Home 808.948.6372

Members To:

Refer this Product's Host 808.948.6466

Members To:

After Hours Contact: 808.948.6466

Notes:

HI2B and HI1B are preferred Host codes.

Guardian Information:When setting up a Guest Membership for a minor at **HI1B**, please provide the following information**PCP Assigned:**

No

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Hawaii, Honolulu, Kauai, Maui

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|------------------|----------------|--------------|--|
| Primary | Donna Moniz | 808.948.6466 | 808.948.6433 | donna_moniz@hmsa.com |
| Primary | Ethel Kaiura | 808.948.6466 | 808.948.6433 | ethel_kaiura@hmsa.com |
| Primary | Jameylani Molina | 808.948.6466 | 808.948.6433 | jameylani_molina@hmsa.com |
| Primary | Ricci Houston | 808.948.6466 | 808.948.6433 | ricci_houston@hmsa.com |
| Program Manager | Darin Jitchaku | 808.948.6466 | 808.948.6433 | darin_jitchaku@hmsa.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|--|
| Inpatient Care | 20% copay of eligible charge, (semi-private) | 20% copay of eligible charge, (semi-private) cov code JX. Eff. 1/1/2011 no Low/Standard option available |
| Outpatient Care | \$15 copay/visit | \$15 copay/visit. Eff. 1/1/2011 no Low/Standard option available |
| Emergency Care | \$50 copay/visit. Eff. 1/1/2011, \$75.00 copay/visit | \$25 copay/visit. Eff. 1/1/2011 no Low/Standard option available |
| Mental Health Inpatient | 20% copay eligible of charge, (semi-private)30 days/cy. Eff 1/1/2011, No days limit, 20% of EC per physician visit. | 20% copay eligible of charge, (semi-private)30 days/cy. Eff. 1/1/2011 no Low/Standard option available |
| Mental Health Outpatient | \$15 copay/visits24 visits/cy. Eff. 1/1/2011, 20% of EC | \$15 copay/visits24 visits/cy. Eff 1/1/2011 no Low/Standard option available |

HI1C-HMO Hawaii

AFHC Office Hours: 8am - 4pm, M-F

Contact Information for Member Use:

Refer this Product's Home 808.948.6372

Members To:

Refer this Product's Host 808.948.6466

Members To:

After Hours Contact: 808.948.6466

Notes:

HI2B and HI1B are preferred Host codes.

Guardian Information:When setting up a Guest Membership for a minor at **HI1C**, please provide the following information**PCP Assigned:**

No

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Hawaii, Honolulu, Kauai, Maui

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|------------------|----------------|--------------|--|
| Primary | Donna Moniz | 808.948.6466 | 808.948.6433 | donna_moniz@hmsa.com |
| Primary | Ethel Kaiura | 808.948.6466 | 808.948.6433 | ethel_kaiura@hmsa.com |
| Primary | Jameylani Molina | 808.948.6466 | 808.948.6433 | jameylani_molina@hmsa.com |
| Primary | Ricci Houston | 808.948.6466 | 808.948.6433 | ricci_houston@hmsa.com |
| Program Manager | Darin Jitchaku | 808.948.6466 | 808.948.6433 | darin_jitchaku@hmsa.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|---|
| Inpatient Care | 100% covered, less room diffcov code AS | 100% covered, less room diffcov code AS |
| Outpatient Care | \$15 copay/visit | \$15 copay/visit |
| Emergency Care | \$50 copay/visit. Eff 1/1/2010 copay waived if admitted | \$50 copay/visit. Eff 1/1/2011 copay waived if admitted |
| Mental Health Inpatient | CIF (semi-private)30 days/cy. Eff. 1/1/2011 100% covered, less room diff, no days limit | CIF (semi-private)30 days/cy. Eff. 1/1/2011 100% covered, less room diff, no days limit |
| Mental Health Outpatient | \$15 copay/visit40 visits/cy. Eff. 1/1/2011, no day limit | \$15 copay/visit40 visits/cy. Eff. 1/1/2011, no days limit. |

HI1D-Fifty Plus

AFHC Office Hours: 8am-4pm M-F

Contact Information for Member Use:

Refer this Product's Home 808.948.6372

Members To:

Refer this Product's Host 808.948.6466

Members To:

After Hours Contact: 808.948.6466

Notes:

HI2B and HI1B are preferred Host codes.

Guardian Information:When setting up a Guest Membership for a minor at **HI1D**, please provide the following information**PCP Assigned:**

No

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Hawaii, Honolulu, Kauai, Maui

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|------------------|----------------|--------------|--|
| Primary | Donna Moniz | 808.948.6466 | 808.948.6433 | donna_moniz@hmsa.com |
| Primary | Ethel Kaiura | 808.948.6466 | 808.948.6433 | ethel_kaiura@hmsa.com |
| Primary | Jameylani Molina | 808.948.6466 | 808.948.6433 | jameylani_molina@hmsa.com |
| Primary | Ricci Houston | 808.948.6466 | 808.948.6433 | ricci_houston@hmsa.com |
| Program Manager | Darin Jitchaku | 808.948.6466 | 808.948.6433 | darin_jitchaku@hmsa.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|--|
| Inpatient Care | 20% copay of eligible charge, (semi-private)cov code AO | 20% copay of eligible charge, (semi-private) cov code AO |
| Outpatient Care | \$17 copay/visit | \$15 copay/visit |
| Emergency Care | \$25 copay/visit. Eff 1/1/2011 \$50 copay/visit, 20% of EC for Physician visit | \$25 copay/visit |
| Mental Health Inpatient | 20% copay of eligible charge (semi-private) | 20% copay of eligible charge (semi-private) |
| Mental Health Outpatient | 20% copay/visit24 visits/cy | 20% copay/visit24 visits/cy |

HI2B-Health Plan Hawaii Plus

AFHC Office Hours: 8am-4pm M-F

Contact Information for Member Use:

Refer this Product's Home 808.948.6372

Members To:

Refer this Product's Host 808.948.6466

Members To:

After Hours Contact: 808.948.6466

Notes:

HI2B & HI1B are preferred Host codes.

Guardian Information:When setting up a Guest Membership for a minor at **HI2B**, please provide the following information**PCP Assigned:**

No

Coverage Areas: [Covered Counties](#) [Zip Codes](#)

Fully Covered Hawaii, Honolulu, Kauai, Maui

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|------------------|----------------|--------------|--|
| Primary | Donna Moniz | 808.948.6466 | 808.948.6433 | donna_moniz@hmsa.com |
| Primary | Ethel Kaiura | 808.948.6466 | 808.948.6433 | ethel_kaiura@hmsa.com |
| Primary | Jameylani Molina | 808.948.6466 | 808.948.6433 | jameylani_molina@hmsa.com |
| Primary | Ricci Houston | 808.948.6466 | 808.948.6433 | ricci_houston@hmsa.com |
| Program Manager | Darin Jitchaku | 808.948.6466 | 808.948.6433 | darin_jitchaku@hmsa.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|---|
| Inpatient Care | CIF (semi-private). Eff. 1/1/2011, \$75.00 per day. | CIF (semi-private). Eff. 1/1/2011, no Low/Standard option available |
| Outpatient Care | \$14 copay/visit. Eff. 1/1/2011, \$15 copay/visit | \$10 copay/visit. Eff. 1/1/2011, no Low/Standard option available |
| Emergency Care | \$25 copay/visit. Eff. 1/1/2011, \$75.00 copay/visit | \$25 copay/visit. Eff. 1/1/2011, no Low/Standard option available |
| Mental Health Inpatient | CIF (semi-private)30 days/cy. Eff 1/1/2011, \$75.00 copay per day, no days limit | CIF (semi-private)30 days/cy. Eff. 1/1/2011, no Low/Standard option available |
| Mental Health Outpatient | \$14 copay/visit24 visits/cy. Eff 1/1/2011, No copay/visit, no days limit | \$10 copay/visit24 visits/cy. Eff. 1/1/2011, no Low/Standard option available |

IDAHO

This state does not participate in AFHC program.

ILLINOIS

BCI HMO

- [IL1B-HMO Illinois, a Blue Cross HMO](#)

IL1B-HMO Illinois, a Blue Cross HMO

AFHC Office Hours: 8:00 am - 6:00 pm

Contact Information for Member Use:

Refer this Product's Home Members To: 800-892-2803

Refer this Product's Host Members To: 800-892-2803

After Hours Contact:**Notes:**

For Coordinators use only Lidia Carrazco, 630-824-6225. Home Members should be calling 800-892-2803. Host Members should be calling 800-772-6897. Mental health services provided by HOST Plan.

Guardian Information:

When setting up a Guest Membership for a minor at **IL1B**, please provide the following information

Standard Authorization Form

PCP Assigned:

No

Coverage Areas:[Covered Counties Zip Codes](#)**Fully Covered**

IL - Cook, Du Page, Kane, Lake, McHenry, Peoria, Will, Winnebago, IN - Porter

Partially Covered

IL - Boone, Christian, De Kalb, Kendall, Lee, Logan, Mason, Menard, Ogle, Sangamon, St. Clair, Tazewell, Whiteside, IN - Lake, Morgan,

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|---|----------------|--------------|--|
| Primary | Bonnie Rowland-Hansen | 815-639-7392 | 815-639-7116 | HansenB@bcbsil.com |
| Billing Contact | Jill Albright | 815-639-7157 | 815-639-7116 | AlbrightJ@bcbsil.com |
| Billing Contact | Karen Lannon - Customer Advocate Technician | 815-639-7308 | 815-639-7116 | Karen_Lannon@bcbsil.com |
| Program Manager | Melissa Peterson | 815-639-7193 | 815-639-7116 | PetersonM2@bcbsil.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|---|
| Inpatient Care | Covered in Full | \$150 copay/day for 1st 5 days/cy, then covered in full |
| Outpatient Care | \$10 copay/visit | \$20 copay/visit |
| Emergency Care | In or out of area \$50 copay Copay is waived if admitted. All follow up care must be provided or coordinated by PCP | In or out of area \$75 copay Copay is waived if admitted. All follow up care must be provided or coordinated by PCP |
| Mental Health Inpatient | Covered in Full | \$150 copay day for 1st 5 days/cy, then Covered in Full |
| Mental Health Outpatient | \$10 copay/visit | \$20 copay/visit |

INDIANA

Anthem BlueCross BlueShield - Indiana

- [IN1D-Blue Preferred Primary](#)

IN1D-Blue Preferred Primary

AFHC Office Hours: 8:30am-4:00pm, M-F ET

Contact Information for Member Use:

Refer this Product's Home Members To:

Refer this Product's Host Members To: 800.355.6414

After Hours Contact:

Notes:

For counties with check (partial coverage) and counties not listed, you need to call a coordinator...
Renewal applications will be accepted without lapse if received on or before end date of previous application

Guardian Information:

When setting up a Guest Membership for a minor at **IN1D**, please provide the following information
 The guardian/caregiver name and relationship to minor.

PCP Assigned:

No

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered

Allen, Boone, Cass, Clark, Clay, Clinton, Daviess, Dearborn, Delaware, Dubois, Elkhart, Floyd, Gibson, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jefferson, Jennings, Johnson, Knox, Kosciusko, LaPorte, Lagrange, Lake, Lawrence, Madison, Marion, Marshall, Miami, Monroe, Montgomery, Morgan, Noble, Orange, Porter, Putnam, Randolph, Scott, Shelby, St Joseph, Starke, Tippecanoe, Vanderburgh, Vermillion, Vigo, Wabash, Warrick, Washington, Wells, White, Whitley

Partially Covered

Adams, Benton, Brown, Carroll, Decatur, Fayette, Fulton, Grant, Perry, Pulaski, Ripley, Rush, Sullivan, Tipton, Wayne,

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|----------------|----------------|--------------|--|
| Primary | Patty Neff | 800-355-6414 | 800-334-3845 | patricia.neff@anthem.com |
| Secondary | Dietra Hensley | 800.355.6414 | 800.334.3845 | dietra.hensley@anthem.com |
| Billing Contact | Janet Wolford | 800.355.6414 | 800.334.3845 | janet.wolford@anthem.com |
| Program Manager | Val Curry | 800.355.6414 | 800.334.3845 | val.curry@anthem.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|------------|
| Inpatient Care | \$250 copay/admission | |
| Outpatient Care | \$15 office visit - Outpt hospital or facility \$75 copay for surgical - 20% co-insurance non-surgical | |
| Emergency Care | \$200 copay/ER \$75 copay/UC | |
| Mental Health Inpatient | In-patient \$250 copay, unlimited | |
| Mental Health Outpatient | \$15 office visit -Outpt hospital or facility: unlimited visits - 20% co-insurance | |

IOWA

This state does not participate in AFHC program.

KANSAS

This state does not participate in AFHC program.

KENTUCKY

Anthem BlueCross BlueShield - Kentucky

- [KY1C-Blue Preferred Primary](#)

KY1C-Blue Preferred Primary

AFHC Office Hours: 8:30am-4:00pm, M-F ET

Contact Information for Member Use:

Refer this Product's Home Members To: Use the customer/member service number on the back of their Home insurance card. If just traveling out of state, call 800-810-2583

Refer this Product's Host Members To: 800.355.6414

After Hours Contact: Host should call 800-355-6414 and Home should call 800-810-2583.

Notes:

For counties with check (partial coverage) and counties not listed, you need to call a coordinator.....Renewal applications will be accepted without lapse if received on or before end date of previous application No

Guardian Information:

When setting up a Guest Membership for a minor at **KY1C**, please provide the following information
The guardian/caregiver name and relationship to minor.

PCP Assigned:

Coverage Areas:

[Covered Counties Zip Codes](#)

Fully Covered

Barren, Bell, Boone, Boyd, Boyle, Campbell, Casey, Clark, Clay, Daviess, Estill, Fayette, Fleming, Floyd, Franklin, Grant, Grayson, Hardin, Harlan, Henderson, Hopkins, Jefferson, Johnson, Kenton, Knox, Laurel, Leslie, Letcher, Lincoln, Logan, Madison, Mason, McCracken, Montgomery, Muhlenberg, Nelson, Oldham, Perry, Pike, Pulaski, Rowan, Scott, Shelby, Simpson, Taylor, Warren, Whitley

Partially Covered

Adair, Allen, Anderson, Bath, Bourbon, Bracken, Breckinridge, Bullitt, Calloway, Carroll, Carter, Christian, Clinton, Fulton, Garrard, Graves, Green, Greenup, Harrison, Hart, Henry, Jessamine, Lawrence, Lewis, Marion, Marshall, McCreary, Menifee, Mercer, Monroe, Morgan, Nicholas, Owen, Pendleton, Rockcastle, Trigg, Union, Washington, Wayne, Woodford

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|----------------|----------------|--------------|--|
| Primary | Patty Neff | 800-355-6414 | 800-334-3845 | patricia.neff@anthem.com |
| Secondary | Dietra Hensley | 800.355.6414 | 800.334.3845 | dietra.hensley@anthem.com |
| Billing Contact | Janet Wolford | 800.355.6414 | 800.334.3845 | janet.wolford@anthem.com |
| Program Manager | Val Curry | 800-355-6414 | 800.334.3845 | val.curry@anthem.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|------------|
| Inpatient Care | \$250 copay/admission | |
| Outpatient Care | \$15 office visit - Outpt hospital or facility \$75 for surgical - 20% coinsurance for non-surgical | |
| Emergency Care | \$200 copay/ER \$75 copay/UC | |
| Mental Health Inpatient | \$250 copay, unlimited days | |
| Mental Health Outpatient | \$15 office visit, unlimited - Outpt hospital or facility 20% coinsurance | |

LOUISIANA

HMO Louisiana

- [LA2A-HMOLA](#)
- [LA2P-HMOLA POS](#)

LA2A-HMOLA

AFHC Office Hours: 8:00am-4:30pm

Contact Information for Member Use:

Refer this Product's Home Members To: 800.392.4086

Refer this Product's Host Members To: 800.392.4086

After Hours Contact: 800-225-8683

Guardian Information:

When setting up a Guest Membership for a minor at LA2A, please provide the following information
Name of local guardian address and phone number

Notes:**PCP Assigned:**

No

Coverage Areas: [Covered Counties Zip Codes](#)**Fully Covered**

Ascension, Assumption, Bossier, Caddo, East Baton Rouge, East Feliciana, Iberville, Jefferson, Lafourche, Livingston, Orleans, Pointe Coupee, Red River, St. Bernard, St. Charles, St. Helena, St. James, St. John, St. Tammany, Tangipahoa, Terrebonne, Webster, West Baton Rouge, West Feliciana

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|------------------|----------------|--------------|--|
| Primary | Pamela Claiborne | 800-225-8683 | 225-297-2680 | pamela.claiborne@bcbsla.com |
| Program Manager | Jeffrey Fletcher | 225-295-2246 | 225-297-2680 | jeffrey.fletcher@bcbsla.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|-------------------------------------|----------------|
| Inpatient Care | \$100/day Co pay Per Day for 3 Dyas | Not Applicable |
| Outpatient Care | \$10/ Co pay per visit | Not Applicable |
| Emergency Care | \$100 Per Visit: Waived if Admitted | Not Applicable |
| Mental Health Inpatient | 100 Co pay Per Day for 3 Days | Not Applicable |
| Mental Health Outpatient | \$25/visit, 30 visits/cy | Not Applicable |

LA2P-HMOLA POS

AFHC Office Hours: 8:00am-4:00pm

Contact Information for Member Use:

Refer this Product's Home Members To: 800-258-3495

Refer this Product's Host Members To: 800-258-3495

After Hours Contact: 800-225-8683

Guardian Information:

When setting up a Guest Membership for a minor at LA2P, please provide the following information
Name of local guardian address and phone number

Notes:**PCP Assigned:**

No

Coverage Areas: [Covered Counties Zip Codes](#)**Fully Covered**

Ascension, Assumption, Bossier, Caddo, East Baton Rouge, East Feliciana, Iberville, Jefferson, Lafourche, Livingston, Orleans, Pointe Coupee, Red River, St. Bernard, St. Charles, St. Helena, St. James, St. John, St. Tammany, Tangipahoa, Terrebonne, Webster, West Baton Rouge, West Feliciana

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|------------------|----------------|--------------|--|
| Primary | Pamela Claiborne | 800.225.8683 | 225-298-1623 | pamela.claiborne@bcbsla.com |
| Program Manager | Jeffrey Fletcher | 225-295-2246 | | Jeffery.Fletcher@bcbsla.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|-------------------------------------|------------|
| Inpatient Care | \$200 co pay per day for 3 days | 70/30 |
| Outpatient Care | \$20 Co Pay | 70/30 |
| Emergency Care | \$100 Per Visit; Waived if Admitted | 70/30 |
| Mental Health Inpatient | \$200 Co Pay Per Day for 3 Days | 70/30 |
| Mental Health Outpatient | \$35 Co pay per Visit | 70/30 |

MAINE

Anthem BlueCross BlueShield - Maine

- [ME1A-HMO Maine](#)

ME1A-HMO Maine

AFHC Office Hours: 8:30 AM - 5:00 PM EST/EDT, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 800-527-7706

Refer this Product's Host Members To: 800-527-7706

After Hours Contact:

Notes:

All hosted Guest Membership to be set up through ME1A.
 AFHC e-mail: AFHCAE@Anthem.com.
 HMO Maine is the plan/provider network used for AFHC.
 We are willing to waive the 10 day notification period at the home plan's discretion- no confirmation call required.

Guardian Information:

When setting up a Guest Membership for a minor at **ME1A**, please provide the following information

PCP Assigned:

Yes

Coverage Areas: [Covered Counties](#) [Zip Codes](#)

Fully Covered All counties statewide

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|---------------|----------------|--------------|--|
| Primary | Andre Audie | 877-326-6200 | 207-822-8902 | afhcae@anthem.com |
| Program Manager | Diane Robbins | 877-326-6200 | 207-822-8902 | Diane.Robbins@Anthem.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|----------------|
| Inpatient Care | 100% | Not Applicable |
| Outpatient Care | 100% after \$10 copay per visit for PCP 100% after \$20 copay per visit for Specialist PCP referral required for most services | Not Applicable |
| Emergency Care | 100% after \$100 copay per ER visit | Not Applicable |
| Mental Health Inpatient | Anthem Behavioral Health authorization required. Listed illness: 100% Non-listed illness: 80% up to 31 days per calendar year 2 days of day treatment equals 1 day of inpatient services | Not Applicable |
| Mental Health Outpatient | Anthem Behavioral Health authorization required. (The initial 12 visits with participating provider do not require authorization.) Listed illness: 100% after \$20 Specialist copay Non-listed illness: 50% up to 40 visits per calendar year | Not Applicable |

MARYLAND

This state does not participate in AFHC program.

MASSACHUSETTS

BlueCross and BlueShield of Massachusetts

- [MA1L-HMO Blue](#)

MA1L-HMO Blue

AFHC Office Hours: 8:00am-4:30pm, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 800.588.5509

Refer this Product's Host Members To: 800.588.5509

After Hours Contact: 800-835-8232

Guardian Information:

When setting up a Guest Membership for a minor at **MA1L**, please provide the following information
name, addr and relationship

Notes:

All guest members are in the HMO Blue network. Please provide a valid email address for all guest members if possible. Thanks.

PCP Assigned:

No

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

Partially Covered Not applicable

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-------------------|----------------|--------------|--|
| Primary | Kathleen Walsh | 800-835-8232 | 617.246.6333 | kathleen.walsh@bcbsma.com |
| Primary | Stephonay Nichols | 800-835-8232 | 617.246.6333 | stephonay.nichols@bcbsma.com |
| Program Manager | Daniel McLaughlin | 800-835-8232 | 617.246.6333 | daniel.mclaughlin@bcbsma.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|---|
| Inpatient Care | CIF | \$500* copayment per admission |
| Outpatient Care | \$10 copayment per visit | \$20 copayment per visit \$250* copayment per day surgery admission |
| Emergency Care | \$100 copay per emergency room visit | \$150 copayment per emergency room visit |
| Mental Health Inpatient | CIF up to benefit limit (if any) | \$500* copayment per admission up to benefit limit (if any) |
| Mental Health Outpatient | \$10 copayment per visit up to benefit limit (if any) | \$20 copayment per visit up to benefit limit (if any) |

MICHIGAN

East Michigan

- [MI1C-Blue Care Network, Southeast Michigan](#)

MI1C-Blue Care Network, Southeast Michigan

AFHC Office Hours: 8:30am-5:00pm EST M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 800-810-BLUE (2583)

Refer this Product's Host Members To: 877-465-5122

After Hours Contact: 877-465-5122

Guardian Information:

When setting up a Guest Membership for a minor at MI1C, please provide the following information

Notes:

PCP Assigned:

No

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered

Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Grand Traverse, Houghton, Huron, Ingham, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lapeer, Leelanau, Livingston, Mackinac, Macomb, Manistee, Marquette, Mason, Mecosta, Midland, Monroe, Montmorency, Muskegon, Oakland, Oceana, Ogenaw, Ocodia, Osceola, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford

Partially Covered

Berrien, Gladwin, Hillsdale, Ionia, Montcalm, Newaygo

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|------------------------|----------------|--------------|--|
| Primary | Michael Licalsi | 877.465.5122 | 248.799.6469 | MLicalsi@bcbsm.com |
| Program Manager | Maria Cook - Manager | 877.465.5122 | 248-799-6469 | MCook3@bcbsm.com |
| Program Manager | Orin Lewis - Director | 877.465.5122 | 248.799.6469 | OLEwis@bcbsm.com |
| Program Manager | Tina Hall - Supervisor | 877.465.5122 | 248-799-6469 | THall2@bcbsm.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|---|
| Inpatient Care | CIF | \$25/admission/max of \$1000/individual or \$2000/contract |
| Outpatient Care | \$5 copay | \$15 copay |
| Emergency Care | \$25 copay/ER visit, waived if admitted \$10 copay/UC Center | \$50 copay/ER visit, waived if admitted \$10 copay/UC Center |
| Mental Health Inpatient | CIF, limited to 30 days/cy | Not Applicable |
| Mental Health Outpatient | 50% copay,limited to 20 visits/cy | 50% copay,limited to 20 visits/cy |

MINNESOTA

BlueCross and BlueShield of Minnesota

- [MN1A-Blue Plus](#)

MN1A-Blue Plus

AFHC Office Hours: 8:00am-8:00pm, M-F (CST)

Contact Information for Member Use:

Refer this Product's Home Members To: 651.662.5227

Refer this Product's Host Members To: 800.711.9867

After Hours Contact: 800.711.9867

Notes:

UC Call 1.800.711.9867.
 Amanda Young ext. 21991
 Stephanie Audette ext. 27737
 Mary Deike ext. 26630

Guardian Information:

When setting up a Guest Membership for a minor at **MN1A**, please provide the following information

MN1A would like to have the guardian name and Phone number in memo section

PCP Assigned:

Yes. If Guest Member does not select, AFHC/Host Plan will select

Coverage Areas:**Covered Counties Zip Codes****Fully Covered**

MN-Aitkin, Anoka, Becker, Benton, Blue Earth, Brown, Carlton, Carver, Cass, Chisago, Clay, Cook, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Hubbard, isanti, Itasca, Kanabec, Kandiyohi, Koochiching, Lake, Lake of the Wood, Le Sueur, Lincoln, Lyon, McLeod, Meeker, Mille Lacs, Morrison, Mower, Nicollet, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Pope, Ramsey, Red Lake, Renville, Rice, Roseau, Scott, Sherburne, St. Louis, Stearns, Steele, Stevens, Swift, Todd, Wabasha, Wadena, Waseca, Washington, Winona, Wright, ND-Cass, Grand Forks, Traill, Walsh, WI-Pierce, Polk, St. Croix

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|-------------------|----------------|--------------|--|
| Primary | Amanda Young | 800.711.9867 | 651.662.0035 | Amanda_Young@bluecrossmn.com |
| Secondary | Mary Deike | 800.711.9867 | 651.662.0035 | Mary_Deike@bluecrossmn.com |
| Secondary | Stephanie Audette | 800.711.9867 | 651.662.0035 | Stephanie_Audette@bluecrossmn.com |
| Program Manager | Cathy Kasel | 800.811.9867 | 651.662.2236 | Cathy_Kasel@bluecrossmn.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|---------------------|
| Inpatient Care | CIF | Same as High Option |
| Outpatient Care | \$10 copay/visit | Same as High Option |
| Emergency Care | \$40 copay/ER visit | Same as High Option |
| Mental Health Inpatient | CIF | Same as High Option |
| Mental Health Outpatient | CIF prior authorization after 10 hours | Same as High Option |

MISSISSIPPI

This state does not participate in AFHC program.

MISSOURI

Blue Care and Blue-Advantage 65

- [MO1B-Blue-Care](#)

BlueChoice HMO Missouri

- [MO2B-BlueChoice](#)

MO1B-Blue-Care

AFHC Office Hours: 8:00am-5:00pm CST

Contact Information for Member Use:

Refer this Product's Home Members To: 816-395-3791

Refer this Product's Host Members To: 1-800-348-2421

After Hours Contact: 1-800-348-2421

Guardian Information:

When setting up a Guest Membership for a minor at **MO1B**, please provide the following information

Yes. We would like the guardians name and the relationship to the guest member.

Notes:

Rasheida Perry 816-395-2702 (For Coordinators Only)
 Jami Stovall 816-395-2117 (For Coordinators Only)

PCP Assigned:

Yes
 Yes. If Guest Member does not select, AFHC/Host Plan will select

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered KS- Johnson, Wyandotte
 MO- Buchanan, Cass, Clay, Jackson, Lafayette, Platte, Ray, Johnson

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|----------------|----------------|--------------|--|
| Primary | Jami Stovall | 816.395.3791 | 816.395.2464 | jami.stovall@bluekc.com |
| Primary | Rasheida Perry | 816.395.3791 | 816.395.2464 | rasheida.perry@bluekc.com |
| Program Manager | Debra Johnson | 816.395.2855 | 816.395.2464 | debra.johnson@bluekc.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|---|
| Inpatient Care | CIF | \$350 copay/admission |
| Outpatient Care | No Copay | \$10 copay/office visit |
| Emergency Care | No Copay | \$50 copay/ER visit |
| Mental Health Inpatient | CIF limited to 45 days/disablility, renewable after 60 days | No copay, covered for 30 days/cy |
| Mental Health Outpatient | No Copay20 visits/cy | 20 visits/cy @ 100% 1st 3 visitsvisits 4-20 \$25 copay up to 50% of total cost of providing service |

MO2B-BlueChoice**AFHC Office Hours:** 8:30 am to 4:00 pm M-F, EST**Contact Information for Member Use:****Refer this Product's Home Members To:** Use the customer/member service number on the back of their Home insurance card. If just traveling out of state, call 800-810-2583**Refer this Product's Host Members To:** 800.355-6414**After Hours Contact:** Home members call 800-810-2583 and Host members call 800-355-6414**Notes:**

Please call for coverage in any partial counties. Renewal applications will be accepted without lapse if received on or before end date of previous application.

Guardian Information:When setting up a Guest Membership for a minor at **MO2B**, please provide the following information

Same info now required on the AFHC applications.

PCP Assigned:

No

Coverage Areas:**Covered Counties Zip Codes****Fully Covered**

Adair, Audrain, Barry, Boone, Butler, Callaway, Camden, Cole, Franklin, Gasconade, Greene, Jasper, Jefferson, Laclede, Lincoln, Phelps, Polk, Randolph, St Charles, Ste Genevieve, St Francois, St Louis, Taney, Texas.

Partially Covered

Barton, Cedar, Christian, Crawford, Howard, Howell, Lawrence, Linn, Macon, Miller, Montgomery, Morgan, Newton, Osage, Perry, Pettis, Pike, Pulaski, Putnam, Stone, Warren, Washington, Webster, Wright. IL county - Monroe.

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|----------------|----------------|--------------|--|
| Primary | Patty Neff | 800-355-6414 | 800-334-3845 | patricia.neff@anthem.com |
| Secondary | Dietra Hensley | 800-355-6414 | 800-334-3845 | dietra.hensley@anthem.com |
| Billing Contact | Janet Wolford | 800.355.6414 | 800.334.3845 | janet.wolford@anthem.com |
| Program Manager | Val Curry | 800.355.6414 | 800.334.3845 | val.curry@anthem.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|------------|
| Inpatient Care | \$250 copay/admission | |
| Outpatient Care | \$15 office visit - Outpt hospital or facility \$75 copay for surgical 20% co-insurance for non-surgical | |
| Emergency Care | \$200 copay/ER visit \$75 copay/Urgent Care | |
| Mental Health Inpatient | \$250 copay/admission - inpt days/calendar year | |
| Mental Health Outpatient | \$15 office visit - outpt facility 50 visits/calendar year 20% co-insurance | |

MONTANA

This state does not participate in AFHC program.

NEBRASKA

This state does not participate in AFHC program.

NEVADA

Anthem BlueCross BlueShield - Nevada

- [NV1A-HMO Nevada](#)

NV1A-HMO Nevada

AFHC Office Hours: 8:00am-4:30pm, M-F MST

Contact Information for Member Use:

Refer this Product's Home Members To: 800-827-6422

Refer this Product's Host Members To: 800-827-6422

After Hours Contact: 800.827.6422

Notes:

AFHC Colorado Coordinates Guest Memberships in NV .
 PHONE NUMBER OF GM IS REQUIRED.
 NAME OF CARETAKER IF UNDERAGE DEPENDENTS IS REQUIRED.
 PER NEVADA LAW: ALL NEWBORNS COVERED FOR 1ST 31 DAYS, NO EXCEPTIONS.
 PHONE NUMBER OF GM IS REQUIRED. **COVERAGE IS LISTED BY CITY**
 **PLEASE INCLUDE THE SUB ID ON ALL APPLICATIONS. WE USE PART OF THAT ID FOR THE HOST ID.

Guardian Information:

When setting up a Guest Membership for a minor at **NV1A** , please provide the following information
 NAME AND RELATIONSHIP

PCP Assigned:

Yes

Coverage Areas: [Covered Counties](#) [Zip Codes](#)

Fully Covered

Partially Covered

CLARK, WASHOE**COVERAGE LISTED BY CITY:
 BOULDER CITY, CARSON CITY, GARDNERVILLE, HENDERSON, INCLINE VILLAGE, LAS VEGAS, NORTH LAS VEGAS, MINDEN, RENO, PAHRUMP, SPARKS.
 PLS NOTE ELKO IS NO LONGER A COVERED CITY.

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-----------------|----------------|--------------|--|
| Primary | Guy Smith | 800.827.6422 | 303.764.7048 | guy.smith@anthem.com |
| Primary | Janice Taylor | 800.827.6422 | 303.764.7048 | janice.e.taylor@anthem.com |
| Primary | Jeanne Slovacek | 800-827-6422 | 303.764.7048 | jeanne.slovacek@anthem.com |
| Primary | Kathleen Farfel | 800-827-6422 | 303-764-7048 | kathleen.farfel@anthem.com |
| Program Manager | Sara Breen | 800-827-6422 | 303-764-7048 | sara.breen@anthem.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|----------------------------|------------|
| Inpatient Care | CIF | N/A |
| Outpatient Care | \$10/visit | N/A |
| Emergency Care | \$50/visit | N/A |
| Mental Health Inpatient | \$100.00 copay 45 day max | N/A |
| Mental Health Outpatient | \$35 copay/40 visit max/cy | N/A |

NEW HAMPSHIRE

Matthew Thornton Blue

- [NH1C-Matthew Thorton Blue](#)

NH1C-Matthew Thorton Blue

AFHC Office Hours: 8:30 AM - 5:00 PM EST/EDT, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 1-800-870-3057

Refer this Product's Host Members To: 1-800-870-3057

After Hours Contact:**Notes:**

All hosted Guest Membership to be set up through NH1C.
 AFHC e-mail: AFHCAE@Anthem.com.
 Matthew Thornton Blue is the plan/provider network used for AFHC.
 We are willing to waive the 10 day notification period at the home plan's discretion- no confirmation call required.

Guardian Information:

When setting up a Guest Membership for a minor at **NH1C**, please provide the following information

PCP Assigned:

Yes

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered all counties statewide

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|---------------|----------------|--------------|--|
| Primary | Andre Audie | 877-326-6200 | 207-822-8902 | afhcae@anthem.com |
| Program Manager | Diane Robbins | 877-326-6200 | 207-822-8902 | Diane.Robbins@Anthem.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|---------------|
| Inpatient Care | 100% | Not Available |
| Outpatient Care | 100% after \$10 copay per visit for PCP 100% after \$20 copay per visit for Specialist PCP referral required for most services | Not Available |
| Emergency Care | 100% after \$100 copay per ER visit | Not Available |
| Mental Health Inpatient | Behavioral Health Network authorization required Mental Health: 30 days per calendar year Limit does not apply for biologically-based mental illness Substance Abuse: 30 days per calendar year 2 days of day treatment equal 1 day of inpatient | Not Available |
| Mental Health Outpatient | Behavioral Health Network authorization required 100% after \$20 specialist copay Mental Health: limited to 20 visits per calendar year Limit does not apply for biologically-based mental illness Substance Abuse: limited to 20 visits per calendar year | Not Available |

NEW JERSEY

Horizon HMO

- [NJ1A-Horizon HMO](#)

NJ1A-Horizon HMO

AFHC Office Hours: MTWTF 8:00AM-5:00PM EST H 9:00AM-5:00PM EST

Contact Information for Member Use:

Refer this Product's Home Members To: 800.355.2583

Refer this Product's Host Members To: 800.355.2583

After Hours Contact:

Notes:

Guardian Information:

When setting up a Guest Membership for a minor at NJ1A, please provide the following information
Guardian's full name and relationship to the guest.
Any restrictions on PHI to be released.

PCP Assigned:

Yes. If Guest Member does not select, AFHC/Host Plan will select

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Statewide

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|------------------|----------------|--------------|--|
| Primary | Deborah Haqq | 973-466-8091 | 973-274-4275 | deborah_haqq@horizonblue.com |
| Primary | Tyishia Eaddy | 973-466-8091 | 973-274-4275 | tyishia_eaddy@horizonblue.com |
| Secondary | DaVonne Weathers | | | davonne_weathers@horizonblue.com |
| Secondary | Ralph Durant | 973-466-8095 | 973.274-4275 | ralph_durant@horizonblue.com |
| Secondary | Sharon Boone | 973-466-8091 | 973-274-4275 | sharon_boone@horizonblue.com |
| Program Manager | Marijka Fanok | 973-466-8669 | 973.274-4275 | marijka_fanok@horizonblue.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|----------------|
| Inpatient Care | CIF | Not Applicable |
| Outpatient Care | \$10 copay/PCP \$15 copay Specialist \$35 copay/outpatient | Not Applicable |
| Emergency Care | \$50 copay/visit, waived if admitted | Not Applicable |
| Mental Health Inpatient | CIF limited to 30 days/benefit period | Not Applicable |
| Mental Health Outpatient | \$35 copay/visit, limited to 20 visits/benefit period | Not Applicable |

NEW MEXICO

HMO New Mexico

- [NM1A-HMO Blue](#)

NM1A-HMO Blue

AFHC Office Hours: 9:00am-4:00pm MST

Contact Information for Member Use:

Refer this Product's Home Members To: 800.423.1630x7802

Refer this Product's Host Members To: 800.423.1630

After Hours Contact: 800.423.1630

Guardian Information:

When setting up a Guest Membership for a minor at **NM1A**, please provide the following information

The first and last name of the Guardian

PCP Assigned:

No

Notes:

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Statewide

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|------------------|-------------------------|--------------|--|
| Primary | Darlene Vickers | 1-800-423-1630 EXT 7802 | 505-962-7202 | Darlene_Vickers@bcbsnm.com |
| Secondary | Cindy Jacobo | 1-800-423-1630 EXT 7802 | 505-962-7202 | Cindy_Jacobo@bcbsnm.com |
| Program Manager | Heather Quintana | 1-800-423-1630 x7145 | 505-962-7202 | Heather_Quintana@bcbsnm.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|---|
| Inpatient Care | \$100 copay/admission | \$250 copay/admission |
| Outpatient Care | \$5 copay/visit | \$10 copay/visit |
| Emergency Care | \$50 copay/ER visit/\$25 copay/UC visit | \$50 copay/ER visit/\$25 copay/UC visit |
| Mental Health Inpatient | \$100 copay/admission up to 30 days/cy, plus \$30/day | \$250 copay/admission up to 30 days/cy, plus \$30/day |
| Mental Health Outpatient | \$5 copay/visit | \$10 copay/visit |

NEW YORK

BlueCross BlueShield of Western New York

- [NY3A-Community Blue HMO](#)

- [NY3P-Community Blue](#)

BlueShield of Northeastern New York

- [NY3B-Community Blue HMO](#)

- [NY8P-Community Blue HMO 200 Series](#)

Empire BlueCross BlueShield HMO

- [NY1B-Empire HMO](#)

Excellus BlueCross BlueShield of Central NY

- [NY5A-HMOBlue](#)

Excellus BlueCross BlueShield of Rochester

- [NY2B-Blue Choice](#)

NY1B-Empire HMO

AFHC Office Hours: 8:00am-5:00pm, EST

Contact Information for Member Use:

Refer this Product's Home Members To: 800-453-0113
Refer this Product's Host Members To: 800.453.0113
After Hours Contact: 1-877-825-5276

Guardian Information:

When setting up a Guest Membership for a minor at **NY1B**, please provide the following information
 Please supply guardian information in memo field

Notes:

PCP Assigned:

Yes

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered

Albany, Bronx, Columbia, Delaware, Dutchess, Fulton, Green, Kings, Montgomery, Nassau, New York, Orange, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington, Westchester

Partially Covered

Clinton, Essex

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|--------------------|----------------|--------------|--|
| Primary | Antionette Hoffman | 518.367.6180 | 518.367.6116 | Antionette.hoffman@empireblue.com |
| Secondary | Debbie Caswell | 518.367.6180 | 518.367.6116 | DEBBIE.CASWELL@empireblue.com |
| Secondary | Gerald Blair | 518.367.2706 | 518.367.6116 | Gerald.blair@empireblue.com |
| Secondary | Sophia Nardolillo | 518.367.6180 | 518.367.6116 | Sophia.nardolillo@empireblue.com |
| Billing Contact | Antionette Hoffman | 518-367-3162 | 518-367-6116 | antionette.hoffman@empireblue.com |
| Program Manager | Antionette Hoffman | 518-367-3162 | 518-367-6116 | antionette.hoffman@empireblue.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|----------------------------------|
| Inpatient Care | \$250 copay/admittance | \$250 Deductible |
| Outpatient Care | CIF | \$15 copay |
| Emergency Care | \$35 copay/ER visit, waived if admitted | \$35 copay, waived if admitted |
| Mental Health Inpatient | CIF 30 days/cy | \$250 Deductible 30 days/cy |
| Mental Health Outpatient | \$25 copay/visit 20 visits/cy | \$25 copay/visit 20 visits/cy |

NY2B-Blue Choice

AFHC Office Hours: AFHC Department 8:00am-4:30pm, Customer Service Department 8:00am - 5:00pmM-F (except holidays)

Contact Information for Member Use:

Refer this Product's Home Members To: 800.462.0108

Refer this Product's Host Members To: 800.462.0108

After Hours Contact: Voice Mail Provided After Hours from C/S phone #

Guardian Information:

When setting up a Guest Membership for a minor at **NY2B**, please provide the following information

PCP Assigned:

Other (please list in comments)

Yes

Yes. If Guest Member does not select, AFHC/Host Plan will select

Notes:

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Livingston, Monroe, Ontario, Seneca, Wayne, Yates

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|----------------|----------------|--------------|--|
| Primary | Jason Whaley | 315-671-7395 | 315-671-7089 | jason.whaley@excellus.com |
| Secondary | Robert Kane | 315-671-7395 | 315-671-7089 | robert.kane@excellus.com |
| Program Manager | Trish Sweeting | 315-671-7196 | | Trish.Sweeting@Excellus.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|-------------|--|
| Inpatient Care | | Covered in full after a \$250 copay |
| Outpatient Care | | \$25 copay |
| Emergency Care | | \$100 copay unless admitted within 24 hours |
| Mental Health Inpatient | | Covered in full after a \$250 copay, up to 30 days per calendar year |
| Mental Health Outpatient | | \$40 copay, up to 20 visits per calendar year |

NY3A-Community Blue HMO

AFHC Office Hours: 8:30am-4:30 pm, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 1-800-544-2583

Refer this Product's Host Members To: 1-800-544-2583

After Hours Contact:

Notes:

Guardian Information:

When setting up a Guest Membership for a minor at **NY3A**, please provide the following information
Parent/Guardian first and last name.

PCP Assigned:

Yes. If Guest Member does not select, AFHC/Host Plan will select

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Allegany, Cattaragus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-------------------|------------------------|--------------|--|
| Primary | Bill Edwards | 800.544.2583 Ext. 8066 | 716.887.8597 | edwards.william@healthnow.org |
| Primary | Joan Burlingham | 800.544.2583 Ext. 8066 | 716.887.8597 | burlingham.joan@healthnow.org |
| Primary | Julie Christopher | 800.544.2583 Ext. 8066 | 716.887.8597 | christopher.julie@healthnow.org |
| Program Manager | Jamie Percuoco | 518.220.5660 | 518-220-5783 | Percuoco.Jamie@Healthnow.org |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--------------------|--------------------|
| Inpatient Care | \$500.00 copayment | \$500.00 copayment |
| Outpatient Care | \$15.00 copayment | \$20.00 copayment |
| Emergency Care | \$100.00 copayment | \$100.00 copayment |
| Mental Health Inpatient | \$500.00 copayment | \$500.00 copayment |
| Mental Health Outpatient | \$15 copayment | \$20 copayment |

NY3B-Community Blue HMO

AFHC Office Hours: 8:00am-4:30pm EST, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 800.459.7587

Refer this Product's Host Members To: 800.459.7587

After Hours Contact: 800-459-7587

Guardian Information:

When setting up a Guest Membership for a minor at NY3B, please provide the following information

Name and relationship

PCP Assigned:

Other (please list in comments)

Notes:**Coverage Areas:**[Covered Counties Zip Codes](#)**Fully Covered**

Albany, Clinton, Columbia, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|---------------------|----------------|--------------|--|
| Primary | Jamie Percuoco | 518.220.5660 | 518.220.5783 | Percuoco.Jamie@HealthNow.org |
| Secondary | Erin Kelly | 518.220.5660 | 518.220.5783 | Kelly.Erin@healthnow.org |
| Secondary | Jessica Samothrakis | 518.220.5660 | 518.220.5783 | Samothrakis.Jessica@healthnow.org |
| Program Manager | Jamie Percuoco | 518-220-5660 | 518-220-5783 | Percuoco.Jamie@healthnow.org |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--------------------|--------------------|
| Inpatient Care | \$500.00 copayment | \$500.00 copayment |
| Outpatient Care | \$15.00 copayment | \$20.00 copayment |
| Emergency Care | \$100.00 copayment | \$100.00 copayment |
| Mental Health Inpatient | \$500.00 copayment | \$500.00 copayment |
| Mental Health Outpatient | \$15.00 | \$20.00 |

NY3P-Community Blue

AFHC Office Hours: 08:30 AM - 04:30 PM M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 877-576-6440

Refer this Product's Host Members To: 877-576-6440

After Hours Contact:**Notes:**

Please use Host HMO Code NY3A when submitting applications.

Guardian Information:

When setting up a Guest Membership for a minor at NY3P, please provide the following information

PCP Assigned:**Coverage Areas:** [Covered Counties Zip Codes](#)**Fully Covered** Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming**Partially Covered****Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|-------------------|------------------------|--------------|--|
| Primary | Bill Edwards | 800-544-2583 Ext. 8066 | 716-887-8597 | edwards.william@healthnow.org |
| Primary | Joan Burlingham | 800-544-2583 Ext. 8066 | 716.887.8597 | burlingham.joan@healthnow.org |
| Primary | Julie Christopher | 800-544-2583 Ext. 8066 | 716-887-8597 | Christopher.julie@healthnow.org |
| Program Manager | Jamie Percuoco | 518-220-5660 | 518-220-5783 | Percuoco.Jamie@Healthnow.org |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--------------------|--------------------|
| Inpatient Care | \$500.00 copayment | \$500.00 copayment |
| Outpatient Care | \$15.00 copayment | \$20.00 copayment |
| Emergency Care | \$100.00 copayment | \$100.00 copayment |
| Mental Health Inpatient | \$500.00 copayment | \$500.00 copayment |
| Mental Health Outpatient | \$15 copayment | \$20 copayment |

NY5A-HMOBlue

AFHC Office Hours: 8:00am-4:30pm, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 800.447.6269

Refer this Product's Host Members To: 800.447.6269

After Hours Contact: 8:00 a.m. to 4:30 p.m.

Guardian Information:

When setting up a Guest Membership for a minor at NY5A, please provide the following information

NY5A Needs the the following information for minor guest membership applications. Gurardian Name, (Address and Phone Number if different from the guest members) in the Memo section

PCP Assigned:

Yes

Notes:

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered NY-Broome, Cayuga, Chemung, Chenango, Cortland, Delaware, Fulton, Hamilton, Hermiker, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, Schuyler, Steuben, Tioga, Tompkins, PA-Susquehanna

Partially Covered NY-Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence, PA-Bradford

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|----------------|----------------|--------------|--|
| Primary | Jason Whaley | 315-671-7395 | 315.671.7089 | jason.whaley@excellus.com |
| Secondary | Robert Kane | 315-671-7395 | 315.671.7089 | robert.kane@excellus.com |
| Program Manager | Trish Sweeting | 315-671-7196 | 315-671-7089 | trish.sweeting@excellus.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|-------------|--------------------------|
| Inpatient Care | | Inpatient copay\$500 |
| Outpatient Care | | \$25 PCP,\$40 Specialist |
| Emergency Care | | \$100 Copay |
| Mental Health Inpatient | | Inpatient copay \$500 |
| Mental Health Outpatient | | \$40 Copay, 20 visits |

NY8P-Community Blue HMO 200 Series

AFHC Office Hours: 8:00 A.M. to 4:30 P.M. EST M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 1-800-459-7587

Refer this Product's Host Members To: 1-800-459-7587

After Hours Contact: 1-800-459-7587

Guardian Information:When setting up a Guest Membership for a minor at **NY8P**, please provide the following information**Notes:**

All Guest Members are enrolled in plan code NY3B.

PCP Assigned:**Coverage Areas:**[Covered Counties Zip Codes](#)**Fully Covered**

Albany, Clinton, Columbia, Essex, Fulton, Greene, Montgomery, Rensselaer, Saragota, Schenectady, Schoharie, Warren, Washington

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|---------------------|----------------|--------------|--|
| Primary | Jamie Percuoco | 518-220-5660 | 518-220-5783 | Percuoco.Jamie@HealthNow.org |
| Secondary | Erin Kelly | 518-220-5660 | 518-220-5783 | Kelly.Erin@healthnow.org |
| Secondary | Jessica Samothrakis | 518-220-5660 | 518-220-5783 | Samothrakis.Jessica@healthnow.org |
| Program Manager | Jamie Percuoco | 518-220-5660 | 518-220-5783 | Percuoco.Jamie@healthnow.org |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---------------------------------|---------------------------------|
| Inpatient Care | \$500.00 copayment | \$500.00 copayment |
| Outpatient Care | \$15.00 copayment | \$20.00 copayment |
| Emergency Care | \$100.00 copayment | \$100.00 copayment |
| Mental Health Inpatient | \$500.00 copayment | \$500.00 copayment |
| Mental Health Outpatient | 50% coinsurance for visits 1-20 | 50% coinsurance for visits 1-20 |

NORTH CAROLINA

BCBS North Carolina

- [NC1B-BlueCare](#)

NC1B-BlueCare

AFHC Office Hours: Mon - Thurs 8:00AM-6:00PM, Friday 8:00AM - 12:00 PM

Contact Information for Member Use:

Refer this Product's Home Members To: 877-275-9787

Refer this Product's Host Members To: 877-275-9787

After Hours Contact:

Notes:

Send GMA to NC1B only.

Guardian Information:

When setting up a Guest Membership for a minor at **NC1B**, please provide the following information
Name of the guardian.

PCP Assigned:

No

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered

Buncombe, Carteret, Cumberland, Durham, Forsyth, Gaston, Guilford, Harnett, Haywood, Iredell, Mecklenburg, Nash, New Hanover, Onslow, Orange, Pitt, Randolph, Robeson, Rockingham, Rowan, Sampson, Surry, Union, Wake, Wilkes, Yadkin

Partially Covered

Alamance, Alexander, Alleghany, Anson, Beaufort, Bertie, Bladen, Brunswick, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Columbus, Craven, Currituck, Davidson, Davie, Duplin, Edgecombe, Franklin, Granville, Halifax, Henderson, Hertford, Hoke, Jones, Johnston, Lee, Lenoir, Lincoln, Martin, McDowell, Mitchell, Montgomery, Northampton, Pasquotank, Pender, Perquimans, Person, Polk, Richmond, Rutherford, Scotland, Stanly, Stokes, Swain, Transylvania, Vance, Warren, Washington, Watauga, Wayne, Wilson, Yancey

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|--------------------|----------------|--------------|--|
| Primary | Beverly Baugh | 800.621.4494 | 919.765.4086 | beverly.baugh@bcbsnc.com |
| Program Manager | Deborah Pennington | 800.621.4494 | 919.765.4086 | deborah.pennington@bcbsnc.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|-------------|------------------------------|
| Inpatient Care | | 100% After \$250.00 |
| Outpatient Care | | 100% after 250.00 deductible |
| Emergency Care | | \$150.00 copayment |
| Mental Health Inpatient | | 100% after deductible |
| Mental Health Outpatient | | 100% after deductible |

NORTH DAKOTA

This state does not participate in AFHC program.

OHIO

Anthem BlueCross BlueShield - Ohio

- [OH1A-Blue Preferred Primary](#)

OH1A-Blue Preferred Primary

AFHC Office Hours: 8:30am-4:00pm, M-F ET

Contact Information for Member Use:

Refer this Product's Home Members To: The member service number on the back of their card.

Refer this Product's Host Members To: 800.355.6414

After Hours Contact: Host use 800-355.6414 Home use 800-810-2583 or the customer/member service number on back of their card.

Guardian Information:

When setting up a Guest Membership for a minor at **OH1A**, please provide the following information

The guardian/caregiver name and relationship to minor.

Notes:

For counties with check (partial coverage) and counties not listed, you need to call a coordinator...
OH require members to select PCP.....Renewal applications will be accepted without lapse if received on or before end date of previous application

PCP Assigned:

No

Coverage Areas: Covered Counties Zip Codes

Fully Covered

Adams, Allen, Ashtabula, Ashland, Athens, Belmont, Brown, Butler, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Henry, Highland, Huron, Jackson, Jefferson, Knox, Lake, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marlon, Medina, Mercer, Miami, Montgomery, Muskingum, Ottawa, Pickaway, Pike, Portage, Richland, Ross, Sandusky, Seneca, Scioto, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Warren, Washington, Wayne, Wood

Partially Covered

Auglaize, Carroll, Harrison, Holmes, Lawrence, Meigs, Morrow, Paulding, Perry, Preble, Putnam, Van Wert, Williams, Wyandot

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|----------------|----------------|--------------|--|
| Primary | Patty Neff | 800-355-6414 | 800-334-3845 | patricia.neff@anthem.com |
| Secondary | Dietra Hensley | 800.355.6414 | 800.334.3845 | dietra.hensley@anthem.com |
| Billing Contact | Janet Wolford | 800.355.6414 | 800.334.3845 | janet.wolford@anthem.com |
| Program Manager | Val Curry | 800.355.6414 | 800.334.3845 | val.curry@anthem.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|------------|
| Inpatient Care | \$250 copay/admission | |
| Outpatient Care | \$15 office visit- Outpt hospital or facility - \$75 copay for surgical - 20% co-insurance for non-surgical | |
| Emergency Care | \$200 copay/ER \$75 copay/UC | |
| Mental Health Inpatient | \$250 copay, limited to 20 days/cy | |
| Mental Health Outpatient | \$15 office visit - Outpt hospital or facility: 30 visits/cy 20% coinsurance | |

OKLAHOMA

BlueCross and BlueShield of Oklahoma

- [OK1A-BlueLincs, Inc.](#)

OK1A-BlueLincs, Inc.

AFHC Office Hours: 8:00am-6:00pm, M-F CST

Contact Information for Member Use:

Refer this Product's 800.580.6202

Home Members To:

Refer this Product's Host 800.580.6202

Members To:

After Hours Contact: 800-580-6202

Guardian Information:

When setting up a Guest Membership for a minor at **OK1A**, please provide the following information

A Standard Authorization Form that is available on our website needs to be completed. We will also send if necessary.

PCP Assigned:

Yes. If Guest Member does not select, AFHC/Host Plan will select

Notes:

Coverage Areas:

Covered Counties Zip Codes

Fully Covered

Adair, Canadian, Cherokee, Cleveland, Comanche, Cotton, Creek, Grady, Greer, Harmon, Jackson, Kiowa, Lincoln, Logan, McClain, McIntosh, Okfuskee, Okmulgee, Payne, Pottawatomie, Tillman, Tulsa, Wagoner.

Partially Covered

Beckham, Blaine, Caddo, Craig, Custer, Delaware, Garvin, Haskell, Hughes, Kingfisher, Mayes, Muskogee, Noble, Nowata, Oklahoma, Osage, Pawnee, Pittsburg, Roger Mills, Rogers, Seminole, Sequoyah, Washington, Washita

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|---------------|----------------|--------------|--|
| Primary | Tamara Meyers | 800-942-5837 | 918-551-2654 | TJ_Meyers@hcsc.net |
| Program Manager | Tammy Smith | 800-942-5837 | 918-551-2654 | Tammy_Smith@hcsc.net |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|--|
| Inpatient Care | \$50/day 1-5, then no charge | \$100/copay days 1-5, then no charge |
| Outpatient Care | \$10 copay/visit | \$20 copay/visit |
| Emergency Care | \$75 copay/ER visit | \$100 copay/ER visit |
| Mental Health Inpatient | 50% allowable charge copay, max 7 inpatient day/cy | 50% allowable charge copay, max 7 inpatient day/cy |
| Mental Health Outpatient | 50% allowable charge, 20 vists/cy | 50% allowable charge, 20 vists/cy |

OREGON

This state does not participate in AFHC program.

PENNSYLVANIA

Capital Keystone Health Plan Central

- [PA2A-Keystone Health Plan Central](#)

Highmark BlueCross BlueShield

- [PA3B-KeystoneBlue](#)
- [PA3I-KeystoneBlue Individual HMO](#)

IBC Keystone Health Plan East

- [PA5A-Keystone Health Plan East](#)

NEPA First Priority Health

- [PA4A-First Priority Health](#)

PA2A-Keystone Health Plan Central

AFHC Office Hours: 8:00am-4:30pm EST

Contact Information for Member Use:

Refer this Product's Home Members To: 800 669-7061

Refer this Product's Host Members To: 800 669-7061

After Hours Contact: 800 669-7061

Guardian Information:

When setting up a Guest Membership for a minor at **PA2A**, please provide the following information
name and relationship to minor child.

Notes:

PCP Assigned:

Yes

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, York,

Partially Covered

Carbon

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-------------------|----------------|----------------|--|
| Primary | Carol Landis | (717) 541-7547 | (717) 346-3764 | carol.landis@capbluecross.com |
| Secondary | Bonnie Stuckey | 717-541-7545 | 717-651-8578 | bonnie.stuckey@capbluecross.com |
| Secondary | Diana Hockenberry | (717) 703-8215 | 717-346-3797 | diana.hockenberry@capbluecross.com |
| Program Manager | Donna Meehan | (717) 541-7451 | 717-526-3250 | donna.meehan@capbluecross.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|---|
| Inpatient Care | \$0 copay | \$240/Admission |
| Outpatient Care | \$10 copay/ PCP | \$10 copay/PCP \$15 copay/Specialist outpatient surgery \$100 copay |
| Emergency Care | \$35 copay/ER visit | \$35 copay/ER visit |
| Mental Health Inpatient | 100%, 30 days/year | \$240/Admission, limited to 30 days/year |
| Mental Health Outpatient | \$25 copay individual session \$5 copay group therapy, limited to 20 visits/year | \$25 copay individual session \$5 copay group therapy, limited to 20 visits/year |

PA3B-KeystoneBlue

AFHC Office Hours: 8:30am-4:30pm, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 800.547.9378

Refer this Product's Host Members To: 800.547.9378

After Hours Contact: 800.547.9378

Guardian Information:When setting up a Guest Membership for a minor at **PA3B**, please provide the following information

PA3B requires the name and address of the guardian / authorized agent.

Notes:

KeystoneBlue is Highmark Blue Cross Blue Shield's active market HMO.

PCP Assigned:

Yes

Coverage Areas:**Covered Counties Zip Codes****Fully Covered**

Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, Westmoreland

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|----------------|----------------|--------------|--|
| Primary | Danielle Speer | 800.249.9579 | 412.544.8423 | danielle.speer@highmark.com |
| Secondary | Lori Wosko | 800.249-9579 | 412.544.8423 | lori.wosko@highmark.com |
| Billing Contact | Danielle Speer | 800.249.9579 | 412.544.8423 | danielle.speer@highmark.com |
| Program Manager | Barbara Smith | 800.249.9579 | 412.544.8423 | barbara.a.smith@highmark.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--------------------------------------|--------------|
| Inpatient Care | CIF | Same as High |
| Outpatient Care | \$10 copay/PCP \$10 copay/Specialist | Same as High |
| Emergency Care | \$25 copay/visit, waived if admitted | Same as High |
| Mental Health Inpatient | | Same as High |
| Mental Health Outpatient | \$10 copay/visit | Same as High |

PA3B-KeystoneBlue

AFHC Office Hours: 8:30am-4:30pm, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 800.547.9378

Refer this Product's Host Members To: 800.547.9378

After Hours Contact: 800.547.9378

Guardian Information:When setting up a Guest Membership for a minor at **PA3B**, please provide the following information

PA3B requires the name and address of the guardian / authorized agent.

Notes:

KeystoneBlue is Highmark Blue Cross Blue Shield's active market HMO.

PCP Assigned:

Yes

Coverage Areas:**Covered Counties Zip Codes****Fully Covered**

Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, Westmoreland

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|----------------|----------------|--------------|--|
| Primary | Danielle Speer | 800.249.9579 | 412.544.8423 | danielle.speer@highmark.com |
| Secondary | Lori Wosko | 800.249-9579 | 412.544.8423 | lori.wosko@highmark.com |
| Billing Contact | Danielle Speer | 800.249.9579 | 412.544.8423 | danielle.speer@highmark.com |
| Program Manager | Barbara Smith | 800.249.9579 | 412.544.8423 | barbara.a.smith@highmark.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--------------------------------------|--------------|
| Inpatient Care | CIF | Same as High |
| Outpatient Care | \$10 copay/PCP \$10 copay/Specialist | Same as High |
| Emergency Care | \$25 copay/visit, waived if admitted | Same as High |
| Mental Health Inpatient | | Same as High |
| Mental Health Outpatient | \$10 copay/visit | Same as High |

PA3I-KeystoneBlue Individual HMO

AFHC Office Hours: 8:30am-4:30pm, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 800.544.6679

Refer this Product's Host Members To: 800.544.6679

After Hours Contact: 800.544.6679

Guardian Information:

When setting up a Guest Membership for a minor at **PA3I**, please provide the following information

Notes:

Individual product. Guest memberships must be setup using HMO code PA3B.
MaryBeth Kosh is the care management svc rep for Highmark Behavioral Health.

PCP Assigned:

Coverage Areas:

Covered Counties Zip Codes

Fully Covered

Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Vernango, Warren, Washington, Westmoreland

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|----------------|----------------|--------------|--|
| Primary | Danielle Speer | 800.249.9579 | 412.544.8423 | danielle.speer@highmark.com |
| Secondary | Lori Wosko | 800.249.9579 | 412.544.8423 | lori.wosko@highmark.com |
| Billing Contact | Danielle Speer | 800-249-9579 | 412.544.8423 | danielle.speer@highmark.com |
| Program Manager | Barbara Smith | 800.249.9579 | 412-544-8423 | barbara.a.smith@highmark.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|-------------|------------|
| Inpatient Care | | |
| Outpatient Care | | |
| Emergency Care | | |
| Mental Health Inpatient | | |
| Mental Health Outpatient | | |

PA4A-First Priority Health**AFHC Office Hours:** 8:00am-5:00pm,EST M-F**Contact Information for Member Use:****Refer this Product's Home Members To:** 1-800-822-8753**Refer this Product's Host Members To:** 1-800-822-8753**After Hours Contact:** 1-877-862-8656**Guardian Information:**When setting up a Guest Membership for a minor at **PA4A**, please provide the following information

First and Last name of Guardian and a telephone number

Notes:

Pls refer FPH member to 1-800-810-2583. Advise that after appt. obtained, must contact Mem. Svc at 1-800-822-8753 w/provider's information, appt., date and reason for visit. This call back to customer service acts as their authorization.

PCP Assigned:

Yes

Coverage Areas: [Covered Counties Zip Codes](#)**Fully Covered**

Bradford,Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|-----------------|----------------|--------------|--|
| Primary | Dawn Bozek | 1-800-822-8753 | 570-200-6733 | Dawn.Bozek@bcnepa.com |
| Secondary | Cathy Reiser | 1-800-822-8753 | 570-200-6733 | Cathy.Reiser@bcnepa.com |
| Program Manager | Debbie Granteed | 570-200-4613 | 570-200-6733 | Debbie.Granteed@bcnepa.com |
| Program Manager | Tammy Hischar | 570-200-4868 | 570-200-6733 | Tammy.Hischar@bcnepa.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|--|
| Inpatient Care | CIF No charge | CIF \$100/day for first 5 days/admission |
| Outpatient Care | \$10 copay PCP \$20 copay Specialist visit | \$15 copay PCP \$30 Specialist visit |
| Emergency Care | \$50 copay/ER visit, waived if admitted | \$100 copay/ER visit, waived if admitted |
| Mental Health Inpatient | CIF No charge | CIF \$100/day for first 5 days/admission |
| Mental Health Outpatient | No charge | No charge |

PA5A-Keystone Health Plan East

AFHC Office Hours: 8:30am-5:00pm, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 800.227.3114
Refer this Product's Host Members To: 800.227.3114
After Hours Contact: 800.227.3116

Guardian Information:

When setting up a Guest Membership for a minor at **PA5A**, please provide the following information
 We will need the guardian's name and relationship.

Notes:

Keystone Health Plan East, Inc. is Independence Blue Cross's active market HMO.
 Refer to Magellan for Mental Health 800-688-1911

PCP Assigned:

No

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered Bucks, Chester, Delaware, Montgomery, Philadelphia

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-----------------------------|---------------------|--------------|--|
| Primary | Alex Bonfiglio | 215-241-0517 | 215.761.0309 | alexander.bonfiglio@ibx.com |
| Secondary | Zakiya Adams | 215-241-0285 | 215.761.0309 | zakiya.adams@ibx.com |
| Billing Contact | Heather Drake | 215-241-4694 x76026 | | Heather.Drake@ibx.com |
| Program Manager | CARMELLA HALL | 267-675-0831 | 215-675-1325 | carmella.Hall@ibx.com |
| Program Manager | Lonnie Williams- enrollment | 215.241.3626 | 215.761.9158 | lonnie.williams@ibx.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|---|--|
| Inpatient Care | \$0 copay/admission | \$250 copay per day, maximum of \$1,250 per admission |
| Outpatient Care | \$10 copay/visit | \$20 copay/visit |
| Emergency Care | \$100/ER visit | \$100/ER visit |
| Mental Health Inpatient | \$0 copay/admission, limited to 30 days per calendar year | \$250 copay per day, maximum of \$1,250 per admission limited to 30 days per calendar year |
| Mental Health Outpatient | \$20 copay per visit 20 visits per calendar year | \$40 copay per visit 20 visits per calendar year |

PUERTO RICO

This state does not participate in AFHC program.

RHODE ISLAND

BCBS Rhode Island

• [R11D-BlueCHIP](#)

RI1D-BlueCHIP

AFHC Office Hours: 8:00am-4:30pm, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 800.564.0888

Refer this Product's Host Members To: 800.564.0888

After Hours Contact: 888.218.5419

Guardian Information:When setting up a Guest Membership for a minor at **RI1D**, please provide the following information

Yes

Notes:**PCP Assigned:**

Yes

Coverage Areas: [Covered Counties Zip Codes](#)**Fully Covered** Bristol, Kent, Newport, Providence, Washington**Partially Covered****Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|-----------------|----------------|--------------|--|
| Primary | KATHLEEN CHUTE | 888.218.5419 | 401.459.5089 | chute.k@bcbsri.org |
| Primary | LAUREN BUTLER | 888.218.5419 | 401.459.5089 | lauren.butler@bcbsri.org |
| Primary | William Tutt | 888.218.5419 | 401.459.5089 | william.tutt@bcbsri.org |
| Program Manager | KIMBERLY GHONEM | 401-459-5579 | 401.459.5089 | kimberly.ghonem@bcbsri.org |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|---|
| Inpatient Care | No copay | No copay |
| Outpatient Care | \$5 copay/visit | \$10 copay/visit |
| Emergency Care | \$25 copay/ER visit | \$25 copay/ER visit |
| Mental Health Inpatient | No copay | No copay |
| Mental Health Outpatient | \$5 copay/visit, limited to 20 visits/cy | \$10 copay/visit, limited to 20 visits/cy |

SOUTH CAROLINA

BlueChoice HealthPlan of South Carolina - Medicaid

- [SC1A-Primary Choice](#)
- [SC1P-Point-of-Service](#)

SC1A-Primary Choice

AFHC Office Hours: 8:30am-5:00pm M-F EST

Contact Information for Member Use:

Refer this Product's Home Members To: 800.868.2528

Refer this Product's Host Members To: 800.868.2528

After Hours Contact: 800-327-3183 ext 25552

Guardian Information:

When setting up a Guest Membership for a minor at **SC1A**, please provide the following information

SC1P needs the guardian/caretaker name for all minor children under the age of 16.

Notes:

PCP Assigned:

Yes. For students only

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered All counties in South Carolina

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-------------------|-------------------------|--------------|--|
| Primary | Shikarrol Simmons | 800-868-2528 | 803.714.6443 | Shikarrol.Simmons@Bluechoicesc.com |
| Secondary | James Stone | 800-327-3183 ext. 25245 | 803.714.6443 | james.stone@bluechoicesc.com |
| Program Manager | Tammy Stephens | 800-327-3183 ext 25119 | 803-714-6443 | Tammy.Stephens@bluechoicesc.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|--|
| Inpatient Care | Plans 70% after \$1500 Ded't for Hospital/Facility-Admission/Professional Services. (Authorization/Referral Required) | Plans 70% after \$1500 Ded't for Hospital/Facility-Admission/Professional Services. (Authorization/Referral Required) |
| Outpatient Care | Plans 70% after \$1500 Ded't Hospital/Facility/Professional Services. PCP- \$30 copay per visit (GYN routine exam). Specialist Copay-\$50 per visit. Urgent Care-\$35 copay per visit. | Plans 70% after \$1500 Ded't Hospital/Facility/Professional Services. PCP, \$30 copay per visit (GYN routine exam). Specialist Copay \$50 per visit. Urgent Care-\$35 copay per visit. |
| Emergency Care | Outpatient/ Ambulatory Care Facilities- Member pays \$250 copay per visit, then 30%. Professional Services- \$1500 ded't then 30%. | Outpatient/ Ambulatory Care Facilities, Member pays \$250 copay per visit, then 30%. Professional Services- \$1500 ded't then 30%. |
| Mental Health Inpatient | Inpatient hospital facility/physician services-Plan pays 70% after \$1500 ded't met. | Inpatient hospital facility/physician services-Plan pays 70% after \$1500 ded't met. |
| Mental Health Outpatient | Outpatient Facility/Professional Services-Plan pays 70% after \$1500 ded't met. Office Professional Services- \$30 copay per visit. | Outpatient Facility/Professional Services-Plan pays 70% after \$1500 ded't met. Office Professional Services- \$30 copay per visit. |

SC1P-Point-of-Service

AFHC Office Hours: 8:30-5:00pm M-F EST

Contact Information for Member Use:

Refer this Product's Home Members To: 800.868.2528

Refer this Product's Host Members To: 800.868.2528

After Hours Contact: 800-327-3183 ext 25552

Guardian Information:

When setting up a Guest Membership for a minor at **SC1P**, please provide the following information

SC1P needs the guardian/caretaker name for all minor children under the age of 16.

Notes:

The company name & product name are outdated. Company name is BlueChoice HealthPlan of SC. Product name is Primary Choice

PCP Assigned:

Yes. For students only

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered All counties in South Carolina

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|-------------------|--------------------------|--------------|--|
| Primary | Shikarrol Simmons | 800-868-2528 | 803.714.6443 | Shikarrol.Simmons@Bluechoicesc.com |
| Secondary | James Stone | 800-327-3183 ext. 25245 | 803.714.6443 | james.stone@bluechoicesc.com |
| Program Manager | Tammy Stephens | 1-800-327-3183 ext 25119 | 803-714-6443 | Tammy.Stephens@bluechoicesc.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|--|
| Inpatient Care | Plans 80% after \$300 Ded't for Hospital/Facility- Admission/Professional Services. (Authorization/Referral Required) | Plans 60% after \$350 Ded't for Hospital/Facility- Admission/Professional Services. (Authorization/Referral Required) |
| Outpatient Care | Hospital/Fac. Professional-plans 80% after \$300 Ded't. OP/Ambulatory Ctr.-Mbr pays \$100 copay/visit and 20% on 1st 3 visits/BP; 20% on visits 4 and up per BP. PCP- \$25 copay/visit (GYN rtn exam). Referred: Specialist Copay-\$35/visit. UC-\$35 copay/visit. | Hospital/Fac. Professional -plans 60% after \$350 Ded't. Outpatient/Ambulatory Ctr.-Mbr pays \$200 copay and 40% per visit. Self-Referred: PCP/ Speciality Care- Plan pays 60% after \$350 ded't (GYN routine exam-not covered). UC-60% after \$350 ded't. |
| Emergency Care | Outpatient/ Ambulatory Care Facilities- Plan pays 80% after \$300 Ded't. Professional Services-Plan pays 80% after ded't. | Outpatient/ Ambulatory Care Facilities- Plan pays 80% after \$300 Ded't. Professional Services-Plan pays 80% after ded't. |
| Mental Health Inpatient | Inpatient Hospital facility-Plan pays 80% after \$200 copay per admission. Inpatient Physician Services- Plan pays 80% after \$300 ded't. | Inpatient Hospital facility/ Physician Services-Plan pays 60% after \$350 ded't. |
| Mental Health Outpatient | Outpatient Facility-Member pays \$100 copay per visit and 20% on first 3 visits per benefit period; 20% on visits 4 and up per benefit period. Professional Services- 80% after ded't. Referred: Office Professional Services- \$25 copay per visit. | Outpatient Facility/Professional Services/Office Professional Services- Self-Referred: Plan pays 60% after \$350 ded't met. |

SOUTH DAKOTA

This state does not participate in AFHC program.

TENNESSEE

This state does not participate in AFHC program.

TEXAS

Texas

- [TX4B-HMO Blue - Statewide](#)

TX4B-HMO Blue - Statewide**AFHC Office Hours:** 8:00am-6:00pm M-F CST**Contact Information for Member Use:****Refer this Product's Home Members To:** 888-522-2396**Refer this Product's Host Members To:** 888.522.2396**After Hours Contact:****Notes:**

- * Please do not give out coordinator's last name or last initial.
- * Renewal Applications will be accepted without lapse if received on or before end date of previous application.
- * If you would like the 10 day processing period waived, PLEASE contact us either by phone or E-mail first. (so applications can be processed in a timely manner).....
- * Medicare Primary Enrollee details are required (effective date, entitlement reason, Active or retiree, parts A/B?)

Guardian Information:

When setting up a Guest Membership for a minor at **TX4B**, please provide the following information

The first and last name of the "Texas" Guardian and if they are Authorized to receive Guest information.

PCP Assigned:

Yes. If Guest Member does not select, AFHC/Host Plan will select

Coverage Areas:**Covered Counties Zip Codes****Fully Covered**

Anderson, Andrews, Angelina, Aransas, Armstrong, Atascosa, Austin, Bailey, Bastrop, Bee, Bell, Bexar, Blanco, Borden, Bosque, Bowie, Brazoria, Brazos, Brewster, Briscoe, Brooks, Brown, Burleson, Burnet, Caldwell, Calhoun, Callahan, Cameron, Camp, Carson, Cass, Castro, Chambers, Cherokee, Childress, Cochran, Coke, Coleman, Collin, Collingsworth, Colorado, Comal, Comanche, Concho, Cooke, Cottle, Crane, Crockett, Crosby, Culberson, Dallam, Dallas, Dawson, Deaf Smith, Delta, Denton, Dickens, Donley, Eastland, Ector, El Paso, Ellis, Erath, Fannin, Fayette, Fisher, Floyd, Fort Bend, Franklin, Freestone, Gaines, Galveston, Garza, Glasscock, Gonzales, Gray, Gregg, Greyson, Grimes, Guadalupe, Hale, Hall, Hansford, Hardin, Harris, Harrison, Hartley, Haskell, Hays, Hemphill, Henderson, Hidalgo, Hill, Hockley, Hood, Hopkins, Houston, Howard, Hudspeth, Hunt, Hutchinson, Irion, Jack, Jackson, Jasper, Jeff Davis, Jefferson, Jim Wells, Johnson, Jones, Karnes, Kaufman, Kendall, Kenedy, Kent, Kimble, King, Kleberg, Lamar, Lamb, Lavaca, Lee, Leon, Liberty, Limestone, Lipscomb, Loving, Lubbock, Lynn, Madison, Marion, Martin, Mason, Matagorda, McCulloch, McLennan, Medina, Menard, Midland, Milam, Mills, Mitchell, Montague, Montgomery, Moore, Morris, Motley, Nacogdoches, Navarro, Newton, Nolan, Nueces, Ochiltree, Oldham, Orange, Palo Pinto, Panola, Parker, Parmer, Pecos, Polk, Potter, Presidio, Rains, Randall, Reagan, Red River, Reeves, Refugio, Roberts, Robertson, Rockwall, Runnels, Rusk, Sabine, San Augustine, San Jacinto, San Patricio, San Saba, Schleicher, Scurry, Shackelford, Shelby, Sherman, Smith, Somervell, Starr, Stephens, Sterling, Stonewell, Sutton, Swisher, Tarrant, Taylor, Terrell, Terry, Throckmorton, Titus, Tom Green, Travis, Trinity, Tyler, Upshur, Upton, Val Verde, Van Zandt, Victoria, Walker, Waller, Ward, Washington, Wharton, Wheeler, Willacy, Williamson, Wilson, Winkler, Wise, Wood, Yoakum, Young

Partially Covered**Contact Information:**

| Type | Name | External Phone | Fax | Email |
|-----------------|--------------------|----------------|--------------|--|
| Primary | Naomi Gonzales | 888.522.2396 | 325.224.2047 | naomi_gonzales@bcbstx.com |
| Primary | Tommy Kiser | 888.522.2396 | 325.224.2047 | tommy_kiser@bcbstx.com |
| Program Manager | Shanna Blassingame | 888.522.2396 | 325.224.2047 | shanna_blassingame@bcbstx.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--------------------------------------|--------------------------------------|
| Inpatient Care | \$275 copay/admission | \$275 copay/admission |
| Outpatient Care | \$10 copay/visit | \$10 copay/visit |
| Emergency Care | \$75 copay/visit, waived if admitted | \$75 copay/visit, waived if admitted |
| Mental Health Inpatient | \$275 copay/day, 30 days/cy | \$275 copay/day, 30 days/cy |
| Mental Health Outpatient | \$25 copay/visit20 visits/cy | \$25 copay/visit20 visits/cy |

UTAH

This state does not participate in AFHC program.

VERMONT

This state does not participate in AFHC program.

VIRGINIA

HealthKeepers

- [VA1A-HealthKeepers of Virginia, Inc.](#)

VA1A-HealthKeepers of Virginia, Inc.

AFHC Office Hours: 8:30am-4:00pm, M-F

Contact Information for Member Use:

Refer this Product's Home Members To: 1-800-421-1880
Refer this Product's Host Members To: 1-800-421-1880
After Hours Contact: 1-800-421-1880

Guardian Information:

When setting up a Guest Membership for a minor at **VA1A**, please provide the following information

PARENT/GUARDIAN NAME AND RELATIONSHIP TO THE MINOR CHILD

Notes:

No Coverage for: Danville, Harrisonburg, Lynchburg.
 Coordinators can call us directly: Julie 804-354-3694 or Trina 804-354-5127, this number should not be given out to Guest Members. Yes

PCP Assigned:

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered

Accomack, Albemarle, Alexandria, Amelia, Bedford, Arlington Blacksburg(City), Botetourt, Brunswick, Buckingham, Caroline, Charles City, Charlotte, Charlottesville (City), Chesapeake, Chesterfield, Colonial Heights, Craig, Cumberland, Dinwiddie, Essex, Fairfax, Fauquier, Floyd, Fluvanna, Franklin, Fredericksburg, Frederick, Giles, Gloucester, Goochland, Greene, Greensville, Halifax Hampton, Hanover, Henrico, Hopewell(City), Isle of Wight, James City, King and Queen, King George, King William Lexington(City), Loudoun, Louisa, Lunenburg, Madison, Manassas(City), Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, Newport News, New Kent, Norfolk, Northampton, Nottoway, Orange, Petersburg(City), Poquoson, Portsmouth, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford(City), Richmond(City), Richmond County, Roanoke, Rockbridge, Salem(City), South Hampton, Smithfield, Spotsylvania, Stafford, Suffolk, Surry, Sussex, Tazewell, Virginia Beach, Westmoreland, Williamsburg, Wythe, York.

Partially Covered

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|---------------|----------------|----------------|--|
| Primary | Julie Wilkes | 1-866-823-5391 | 1-804-354-2348 | GuestMembership-va@wellpoint.com |
| Primary | Trina Jackson | 1-866-823-5391 | 804.354.2348 | GuestMembership-va@wellpoint.com |
| Program Manager | DORIS RUIZ | 804.354.7444 | 804.354.2348 | doris.ruiz@anthem.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|----------------|
| Inpatient Care | \$250 copay/admission | Not Applicable |
| Outpatient Care | \$10 copay/PCP visit \$20 copay/Specialist visit | Not Applicable |
| Emergency Care | \$100 copay/ER visit, waived if admitted | Not Applicable |
| Mental Health Inpatient | \$250 copay/admission | Not Applicable |
| Mental Health Outpatient | \$20 copay/visit | Not Applicable |

WASHINGTON

This state does not participate in AFHC program.

WEST VIRGINIA

This state does not participate in AFHC program.

WISCONSIN

HMO Wisconsin

- [W11B-CompcareBlue HMO](#)

WI1B-CompcareBlue HMO

AFHC Office Hours: 8:30 am to 4:00 pm, M-F, EST

Contact Information for Member Use:

Refer this Product's Home Members To: Call the customer/member service number on the back of the Home insurance card. If just traveling out of state, call 800-810-2583

Refer this Product's Host Members To: 800-355-6414

After Hours Contact: Home members call 800-810-2583 Host members call 800-355-6414

Notes:

Caregiver must be listed for all minor subscribers. Renewal applications will be accepted without lapse if received on or before end date of previous application.

Guardian Information:

When setting up a Guest Membership for a minor at **WI1B**, please provide the following information
Name of guardians and relationship if other than parent.

PCP Assigned:

No

Coverage Areas: [Covered Counties Zip Codes](#)

Fully Covered

Ashland, Barron, Brown, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Fond Du Lac, Grant, Green, Green Lake, Jackson, Jefferson, Juneau, Kenosha, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Saint Croix, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Winnebago, Wood

Partially Covered

Adams, Calumet, Iowa, Kewaunee, Lafayette, Rusk, Taylor, Washara

Contact Information:

| Type | Name | External Phone | Fax | Email |
|-----------------|----------------|----------------|--------------|--|
| Primary | Patty Neff | 800-355-6414 | 800-334-3845 | patricia.neff@anthem.com |
| Secondary | Dietra Hensley | 800-355-6414 | 800-334-3845 | dietra.hensley@anthem.com |
| Billing Contact | Janet Wolford | 800-355-6414 | 800-334-3845 | janet.wolford@anthem.com |
| Program Manager | Val Curry | 800-355-6414 | 800-334-3845 | val.curry@anthem.com |

Benefit Information:

| Benefit Information | High Option | Low Option |
|--------------------------|--|------------|
| Inpatient Care | \$250 inpt admission | |
| Outpatient Care | \$15 office visit - Outpt hospital or facility \$75 copay for surgical 20% co-insurance for non-surgical | |
| Emergency Care | \$200 copay/ER visit \$75 copay/Urgent Care | |
| Mental Health Inpatient | \$250 30 days/calendar year | |
| Mental Health Outpatient | \$15 copay/office 20 visits/calendar year 15 visits/transitional care - Outpt facility 20% co-insurance | |

WYOMING

This state does not participate in AFHC program.