



by Select Health of South Carolina

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Member name:

<Member Name>

Member ID:

YXM<123456789>

Health plan number:

**(80840) 7053314697**

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**MEMBER CANNOT BE CHARGED.**

Cost sharing/copays: \$0 for doctor visits and hospital stays

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Primary care provider (PCP):

<Last Name, First Name>

PCP phone

<PCP phone>

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RX BIN: **019587**

RX PCN: **06110000**

**First Choice VIP Care®**

**(HMO-SNP) 4739-001**

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**Medicare**<sub>Rx</sub>  
Prescription Drug Coverage