



ANTHEM BRONZE PPO 70/6300/35%

PLATINUM PPO 100/90/60 ACTIVE 50/2000
90TH E&P BASIC

NANAMI YAMAKAWA

Member ID:
JQU056A72292

Group No	G06855
Contract Code	4HY6
RxBIN	020099
RxPCN	IS
RxGRP	WLHA
Plan	040

Rx: Select Drug List

Blue View Vision

Dental Program: Complete
Pediatric Dental Prime

Prudent Buyer
PPO



anthem.com/ca

MEMBERS: When submitting inquiries always include your Identification Number from the front of this card. Possession or use of this card does not guarantee payment.

PROVIDERS: File all claims directly with your local Blue Cross and/or Blue Shield plan. Please submit all claims with the 3 digit prefix that precedes the member ID on the front of the card.

File medical claims to:
P.O. Box 60007 Los Angeles, CA 90060-0007
File dental claims to:
P.O. Box 1115 Minneapolis, MN 55440-1115
File vision claims to:
PO Box 8504 Mason, OH 45040-7111

Member Service	(855) 383-7248
Pharmacy Member Services	(833) 253-4446
Help for Pharmacists	(833) 296-5041
Provider Service	(855) 854-1438
Pre Authorization	(800) 274-7767
24/7 Nurseline	(800) 249-3617
Coverage while traveling	(800) 810-BLUE
Dental/GRID+ Services	(844) 729-1565
Vision Member Service	(866) 723-0515
Vision Provider Service	(888) 581-3648

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