


Insurance information

Primary Insurance: Anthem Bluecross PPO

- Front


Anthem. 
BlueCross

MARIKA SAITO


Member ID:
XDP336A75630

Group No:	1862RH
Plan Code:	040
RxBIN:	020099
RxPCN:	WG
RxGRP:	WLHA

Coverage(s):
 Pharmacy - Medical
 Prudent Buyer Dental
 Blue View Vision

Blue Cross PPO
 A Prudent Buyer Plan Product 

- Back

Anthem. 
BlueCross

MEMBERS: When submitting inquiries always include your member number from the face of this card. Possession or use of this card does not guarantee payment.

PROVIDERS: Please submit claims to your local Blue Cross and/or Blue Shield Plan. To ensure prompt claims processing, include the 3-digit prefix that precedes the patient's identification number listed on the front of this card.

For services rendered in CA, file medical claims to: P.O. BOX 60007 LOS ANGELES, CA 90060

DENTAL CLAIMS & INQUIRIES:
 PO BOX 659444 SAN ANTONIO TX 78265

VISION CLAIMS & INQUIRIES:
 P.O. BOX 8504 MASON OH 45040-7111

anthem.com/ca

Member Services	1-800-888-8288
Provider Services	1-800-677-6669
Help for Pharmacists	1-833-296-5039
Pharmacy Member Services	1-833-261-2460
24/7 NurseLine	1-800-700-9186
Coverage While Traveling	1-800-810-2583
Pre-Authorization Review	1-800-274-7767
Dental Customer Service	1-800-627-0004
Vision Customer Service	1-866-723-0515

Telehealth: livehealthonline.com

Anthem Blue Cross is the trade name of Blue Cross of California Independent licensee of the Blue Cross Association

02/13/19

As of March 10, 2019

Secondary Insurance: Nippon Life/ Aetna PPO

- Front


STANLEY ELECTRIC SALES
Group # A61000


Aetna Signature Administrators®

Provider Network
AETNA SIGNATURE ADMINISTRATORS

Eff: 01/01/2012
ID # N10004016
Name: TETSU SAITO
Deps: MARIKA

Coverage Type: Medical, Prescription/Mail Rx
Benefit Ph # 800-374-1835 (24/7 verification) Japanese Ph # 800-971-0638
Caremark Information www.caremark.com
Pharmacists Call: 800-364-6331 Members Call: 866-644-7527
RxBIN: 004336 RxPCN: ADV RxGRP: RX2222
RxCopay \$15/\$30/\$50 Rx Mail Service \$30/\$60/\$100

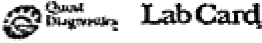
 **CVS**
caremark

 **Nippon Life Benefits**

6579 14

-Back

PPO Copay \$20

 **Lab Card**
www.LabCard.com
1.800.646.7788

AUTHORIZATION IS REQUIRED PRIOR TO HOSPITAL ADMISSIONS

- IN ADVANCE FOR NON - EMERGENCY ADMISSION
- WITHIN 2 WORKING DAYS FOR EMERGENCY ADMISSION

FAILURE TO COMPLY MAY REDUCE BENEFITS.
FOR PRECERTIFICATION CALL 1-877-518-0770

Send Medical Claims to:
Nippon Life Insurance Co. of America
PO Box 25951
Shawnee Mission, KS 66225-5951
Electronic Claims - Payer # 81264

Claims Administered by CoreSource.
Aetna Participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna.
Refer to your Group Plan booklet-certificate for further details.

Visit us at www.nipponlifebenefits.com Nippon Life Insurance Company of America