



An Anthem Company

MIYU KITANI

EMPIRE PRISM PPO

Member ID:

KIO755M91845

Group No: 721407004M
Rx Bin/PCN: 003858/A4
Rx Group: WLDA
BS/BC Plan Code: 254
Coverage(s):
Pharmacy - Medical

Primary Care Copay \$25
Specialist Office Copay \$40
ER Copay \$100
Urgent Care Copay \$75
In-Network Deductible \$750
In-Network Coinsurance 20%
Rx Copays \$15/\$35/\$60
Rx Deductible \$50

