



An Anthem Company

HANA C 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

