



Subscriber MOTOI TAKAHASHI	Group # X0001000
ID# XEK906041916	Effective 01/01/2020
Silver 1950 PPO	Coverage FAMILY
Network Name Exclusive	Plan Type PPO
Copays	RX YES
Primary Care \$45	RxBIN 600428
Specialist \$75	RxPCN 01910000
Urgent Care Center \$45	
Emergency Room 35%	



blueshieldca.com

Members: To learn more about your benefits, please log in at blueshieldca.com. Go to blueshieldca.com/findaprovider Individual and Family plan to look up a doctor in your area.

Providers: Please file all claims with your local BCBS licensee in whose service area the member received services or, when Medicare is primary, file all claims with Medicare. This member has limited benefits outside of California.

CA Providers: Call Provider Customer Service to obtain medical and hospital admission prior authorization to avoid reduced or non-payment. Pharmacists call for prescription processing information. Visit Provider Connection at: blueshieldca.com/provider

CA Medical claims to: Blue Shield of California, P.O. Box 272540, Chicago, CA 95927-2540

Pediatric Dental Claims to: Blue Shield of California, P.O. Box 30857, Salt Lake City, UT 84130-0567

(888) 256-3650 Customer Service
711 TTY
(877) 263-9952 Mental Health Customer Svc.
(877) 304-0504 NurseHelp 24/7
(800) 810-2583 To locate providers outside of CA
(800) 541-6652 CA Provider Customer Service (including hospitals)
(888) 635-8224 Pharmacists Only
(877) 601-8063 Vision Benefits and Claims Inquiries
(888) 702-4171 Pediatric Dental Benefits and Claims Inquiries
(800) 835-2352 Teledoc

Blue Shield of California is an independent member of the Blue Shield Association.