

[anthem.com/ca](http://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.

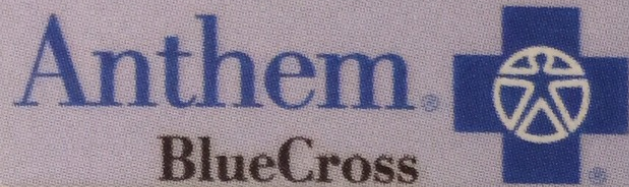
**PROVIDERS:** File all claims directly with your local Blue Cross and/or Blue Shield plan. Please submit all claims with the 3 digit prefix that precedes the member ID on the front of the card.

Member Service	<b>(855) 383-7248</b>
Provider Service	<b>(855) 854-1438</b>
Pharmacist Questions	<b>(800) 824-0898</b>
Pre Authorization	<b>(800) 274-7767</b>
24/7 Nurseline	<b>(800) 249-3617</b>
Coverage while traveling	<b>(800) 810-BLUE</b>
Dental/GRID Services	<b>(877) 567-1804</b>
Vision Member Service	<b>(866) 723-0515</b>
Vision Provider Service	<b>(888) 581-3648</b>

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:  
P.O. Box 8504 Mason, OH 45040-7111

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Issue Date: 08/06/2018



**ANTHEM GOLD PPO 1000/20%/6000**

**BRONZE PPO 100/80/50 ACTIVE 50/1000 MAC E&P BASIC**

**KENSHIN IWASAKI**

Member ID:  
**JQU511M96253**

Group No	<b>J68606</b>
Contract Code	<b>303X</b>
Rx Bin	<b>003858</b>
Rx PCN	<b>A4</b>
Rx Group	<b>WLHA</b>
Plan	<b>040</b>
Rx: Select Drug List	

Office Visit	<b>\$20 / 0%</b>
Specialist Visit	<b>\$40 / 0%</b>
Medical Deductible	<b>\$1000 / \$3000</b>
Emergency Room	<b>\$250 / 20%</b>
Eye Exam/Lens Copay	<b>\$10 / \$10</b>

Blue View Vision<sup>SM</sup>

Dental Program: Complete

Prudent Buyer  
PPO

