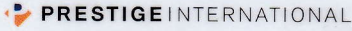




JFE Shoji Healthcare Program PPO

Employer Name : **JFE Shoji Trade Corporation**
Member ID : **46655-1**
Subscriber Name : **Teruyo Shimizu**
Customer Service : **1-833-216-7771**
Fax pre-determination to : **1-949-437-9691**
Submit claims to : **Prestige International USA Inc.**
Effective Date : **Apr/01/2018**
Date of Birth : **Sep/08/1980**
Gender : **Female**
19800 MacArthur Blvd, Suite 400, Irvine, California 92612, U.S.A.

Attn: **JF-HCP JF042018**



JFE SHOJI TRADE AMERICA, INC.

Group # **R60300**

Aetna Signature Administrators*

Provider Network
AETNA SIGNATURE ADMINISTRATORS
Aetna Dental Administrators

Eff: **10/15/2016**

ID # **N10059382**

Name: **KATSUHIKO SHIMIZU**

Deps: **TERUYO MINA AYAKA**

Coverage Type: **Medical, Dental, Prescription/Mail Rx, Vision**

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**

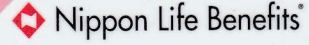
RxBIN: **004336**

RxPCN: **ADV**

RxGRP: **RX2222**

RxCopay **\$0/\$0**

Rx Mail Service **\$0/\$0**



6574 9