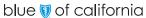
## blue 😈 of california

Subscriber				Group #	X0001000
LEAH C KAKUUCHI				Effective	01/01/2020
				Coverage	INDIVIDUAL
ID# XEK906052556				Plan Type	PPO
Silver 1950 PPO				RX	YES
Network Name Exclusive				RxBIN	600428
Copays				RxPCN	01910000
Primary Care	\$45	Specialist	\$75		
Urgent Care Center	\$45	Teladoc	\$5		
Emergency Room	35%				





**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. Chico. CA 95927-2540

Pediatric Dental Claims to: Blue Shield of California, P.O. Box 30567. Salt Lake City. UT 84130-0567

## hlueshieldca com

(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) 601-9083	Vision Benefits and Claims Inquiries
(888) 702-4171	Pediatric Dental Benefits and Claims
	Inquiries
(800) 835-2362	Teladoc

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