

blue  of california

Subscriber

SHIRO HIKIHARA

ID# **UBO909648205**

Copayment

Primary Care \$20 Specialist \$20
Urgent Care Center \$20 Teladoc \$5
Emergency Room \$150 + 10%

Group #

W0063526

Effective

01/01/2020

Coverage

FAMILY

Plan

PPO

RxBIN

600428

RxPCN

01910000

\$200/\$600 DEDUCTIBLE

