



Preferred  
Platinum

KEN  
WATANABE  
ID NO ZLF160151593

Group No. 60021619  
RX BIN 610624 PCN 02080000  
Deductible \$250/\$500  
OV copay \$20 \$30

00 KEN WATANABE  
01 AKARI WATANABE  
02 JOE WATANABE

M D RX V  
Y N Y Y  
Y N Y Y  
Y Y Y Y



www.regence.com  
Members Call 1 (888) 367-2112  
Outside of Area 1 (800) 810-BLUE (2583)

Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.

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Providers Call 1 (800) 253-0838  
Pharmacies Call 1 (844) 765-2897

Hospitals or Physicians:  
File claims with local Blue Cross and/or Blue Shield Plan.

VSP Vision Care 1 (844) 299-3041

Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association.



Expressions

KEN  
WATANABE  
ID NO 160151595

Group No. 60021619

00 KEN WATANABE  
01 AKARI WATANABE  
02 JOE WATANABE

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Y  
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Dental Card



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