



Subscriber  
**HIDEYA NAKAMURA**

ID# **WLH903775415**

**Copayments**  
Office \$25  
Hospital \$250  
Emergency \$150  
Teladoc \$5

Group # **W0002001**  
Effective **01/01/2019**  
Coverage **FAMILY**  
Plan **PPO**  
RxBIN **600428**  
RxPCN **01910000**

**Kikkoman Sales**

