



ANTHEM BRONZE PPO 70/6300/35%

PLATINUM PPO 100/90/60 ACTIVE 50/2000  
90TH E&P BASIC

**YUSAKU YAMAKAWA**

Member ID:  
**JQU056A72292**

Group No	<b>G06855</b>
Contract Code	<b>3KER</b>
RxBIN	<b>020099</b>
RxPCN	<b>IS</b>
RxGRP	<b>WLHA</b>
Plan	<b>040</b>
Rx: Select Drug List	

Blue View Vision      Dental Program: Complete  
Pediatric Dental Prime

Prudent Buyer  
PPO



[anthem.com/ca](http://anthem.com/ca)

**MEMBERS:** When submitting inquiries always include your Identification Number from the front of this card. Possession or use of this card does not guarantee payment.

**PROVIDERS:** File all claims directly with your local Blue Cross and/or Blue Shield plan. Please submit all claims with the 3 digit prefix that precedes the member ID on the front of the card.

Member Service	<b>(855) 383-7248</b>
Pharmacy Member Services	<b>(833) 253-4446</b>
Help for Pharmacists	<b>(833) 296-5041</b>
Provider Service	<b>(855) 834-1438</b>
Pre Authorization	<b>(800) 274-7767</b>
24/7 Nurseline	<b>(800) 249-3617</b>
Coverage while traveling	<b>(800) 810-BLUE</b>
Ped Dental/CRID Services	<b>(844) 729-1565</b>
Vision Member Service	<b>(866) 723-0515</b>
Vision Provider Service	<b>(888) 581-3648</b>

File medical claims to:  
P.O. Box 60007 Los Angeles, CA 90060-0007  
File dental claims to:  
P.O. Box 1115 Minneapolis, MN 55440-1115  
File vision claims to:  
PO Box 8504 Mason, OH 45040-7111

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Issue Date: 03/02/2019