



ANTHEM GOLD HMO 25/20%/5500

SILVER PPO 100/80/50 PASSIVE 50/1500
80TH E&P BASIC

KYLIE MENDOZA

MONARCH HEALTHCARE MEDICAL GR
(949)951-5437
SCOTT A GAITAN
(949)951-5437

Member ID:
JQK086A69859

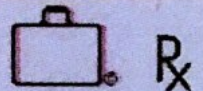
Group No	J35379
Contract Code	304R
RxBIN	020099
RxPCN	IS
RxGRP	WLHA
Plan	040
Rx: Select Drug List	

Primary Care Visit	\$25 / 0%
Specialist Visit	\$50 / 0%
Emergency Room	\$250 / 0%
Urgent Care	\$50 / 0%
HMO Plan Code	REA

Blue View Vision™

Dental Program: Complete
Pediatric Dental Prime

California Care HMO





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.

File medical claims to:
PO Box 60007 Los Angeles, CA 90060-0007
File dental claims to:
P.O. Box 1115 Minneapolis, MN 55440-1115
File Blue View Vision claims to:
P.O. Box 8504 Mason, OH 45040-7111
Outside our service area, benefits may be limited to Urgent and Emergency care.

Member Service	(855) 383-7248
Pharmacy Member Services	(833) 253-4446
Help for Pharmacists	(833) 296-5041
Provider Service	(855) 854-1438
Pre Authorization	(800) 274-7767
24/7 Nurseline	(800) 249-3617
Coverage while traveling	(800) 810-BLUE
Dental/GRID Services	(877) 567-1804
Vision Member Service	(866) 723-0515
Vision Provider Service	(888) 581-3648

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Issue Date: 02/21/2019