



Blue Shield of California
 Installation & Billing
 PO BOX 629032
 EL DORADO HILLS CA 95762-9032

Customer Service: **(855) 256-9404**
 Monday-Friday: 7 a.m. - 7 p.m. PST
blueshieldca.com/go

FIRST M LAST
 STREET
 CITY, STATE ZIP

F80277414A+2--1_1



Subscriber FIRST M LAST	Group # W0051500
ID# 0000000000000	Effective 11/01/2021
Copayment	Coverage FAMILY
Primary Care \$20	Plan PPO
Urgent Care Center \$20	RxBIN 004336
Emergency Room \$20	RxPCN 77993333
Specialist \$20	
Teladoc \$5	
NCPTTF	



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Dear FIRST M LAST:

Here is your new ID card. Please bring it with you whenever you visit a healthcare provider. Your card contains important information you and your providers will need.

Please visit **blueshieldca.com/go** when you want to:

- Select or locate a healthcare provider
- See highlights of your plan's benefits
- Chat with a nurse or ask a pharmacist questions
- Discover all the extra services and support available to you as a Blue Shield member

It's easy to register at our Web site using your ID number, **000000000**.

If you have any questions about your coverage or benefits, call the service number printed on this card. Our service representatives are ready to help you.

Thank you for choosing Blue Shield.

By accepting this card and any benefits it entitles the holder, the holder acknowledges that the agreement is a contract solely between the named subscriber's group and Blue Shield of California, and that Blue Shield is an independent corporation operating under a license from the Blue Shield Association, which permits Blue Shield to use the Blue Shield name and service marks in California.

Members: Use Blue Shield of California preferred providers to receive maximum benefits.

Providers: Please file all claims with your local BCSS licensee in whose service area the member received services or, when Medicare is primary, file all claims with Medicare. For more information visit: blueshieldca.com/provider

	Deductible	Out-of-pocket maximum
Individual in-network medical	\$100	\$750
Individual out-of-network medical	\$100	\$1,500
Family in-network medical	\$200	\$1,500
Family out-of-network medical	\$200	\$3,000

We are here to help:
blueshieldca.com/go

- (855) 256-9404 Customer Service
- 711 TTY
- (877) 263-9952 Mental Health Customer Svc.
- (877) 304-0504 NurseHelp 24/7
- (800) 985-2405 LifeReferrals 24/7
- (800) 810-2583 To locate providers outside of CA
- (800) 541-6652 CA Provider Customer Service (includes hospitals for pre-auth)
- (888) 970-0932 Pharmacists Only
- (800) 835-2362 Teladoc

CA Medical claims to: Blue Shield of California, P.O. Box 272940, Chico, CA 95927-2940

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Get the most out of your plan:
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