



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

Customer Service: **(855) 599-2650**
 Monday - Friday : 5 a.m. - 7 p.m. PST
blueshieldca.com/go

FIRST M LAST
 STREET
 CITY, STATE ZIP

F80278170A+2--1_1



Subscriber FIRST M LAST	Group # W0069793
ID# 0000000000000	Effective 01/01/2021
Copayment	Coverage FAMILY
Primary Care \$15	Plan EPO
Urgent Care Center \$15	RxBIN 004336
Emergency Room \$100	RxPCN 77993333
	\$0/\$0 Deductible



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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, **000000000000**.

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 your assigned Blue Shield of California network to receive benefits.

Providers: Members have no/limited benefits outside of Blue Shield of California's Service Area, except when receiving services from BlueCard PPO providers. File claims with your local BCBS Plan or Medicare when primary. For more info: blueshieldca.com/provider

	Deductible	Out-of-pocket maximum
Individual in-network medical	\$0	\$2,000
Individual in-network pharmacy	\$0	Included*
Family in-network medical	\$0	\$4,000
Family in-network pharmacy	\$0	Included*
*Pharmacy (included in medical deductibles/out-of-pocket maximums)		

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

We are here to help:
blueshieldca.com/go

- (855) 599-2650 Customer Service
- (866) 505-3409 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

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