



2018 Individual and Family Plans purchased through Covered California (on-exchange)

To help you serve Blue Shield IFP PPO members, review the illustration below to learn about key information that appears on a member's Blue Shield member ID card. Versions of the content vary by benefit plan. This example does not reflect an actual member's ID card or plan.

Subscriber JOSEPH SUBSCRIBER ID# XXX123456789		Group # X0001004 Effective Coverage Plan 01/01/2018 FAMILY PPO	
Platinum 90 PPO Network Name Exclusive Office Visit Copays Primary Care \$15 Specialist \$30		Rx RxBIN RxPCN YES 600428 06650000	
(855) 836-9705 Customer Service 711 TTY (877) 263-9952 Mental Health Customer Svc. (877) 304-0504 NurseHelp 24/7 (800) 810-2583 To locate providers outside of California (800) 541-6652 CA Provider Customer Service (including hospitals) (888) 635-8224 Pharmacists Only (855) 342-9105 Vision Benefits and Claims Inquiries (800) 605-8202 Pediatric Benefits and Claims Inquiries		Members: Use Blue Shield of California preferred providers to receive maximum benefits. Providers: Please file all claims with your local BCBS licensee in whose service area the member received services or, when Medicare is primary, file all Medicare claims with Medicare. CA Providers: Call Provider Customer Service to obtain medical and hospital admission prior authorization to avoid reduced or non-payment; Pharmacists call for prescription processing information. Visit Provider Connection at: blueshieldca.com/provider . CA Medical claims to: Blue Shield of California P.O. Box 272540, Chico, CA 95927-2540 Pediatric Dental Claims to: Blue Shield of California P.O. Box 400, Chico, CA 95927	

A preferred language – if not English – will be listed on the member ID card if indicated by the subscriber on their application.






1	Covered California logo – For members who have purchased their plan through Covered California.	5
2	Member Name and ID#	6
3	Plan Name and Network Name	7
4	Office Visit Copays	
	Prescription Drug Information	
	Vision Benefits & Claim Inquiries – For adult and pediatric vision care.	
	Pediatric Dental Benefits & Claim Inquiries	

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Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

2018 Individual and Family Plans purchased directly from Blue Shield (mirrored or off-exchange)

Versions of the content displayed vary by benefit plan. This example does not reflect an actual member's ID card or plan.

				blueshieldca.com	
Subscriber JOSEPH SUBSCRIBER ID# XXX123456789		Group # X0001000		(855) 836-9705 Customer Service 711 TTY (877) 263-9952 Mental Health Customer Svc. (877) 304-6604 NurseHelp 24/7 (800) 810-2583 To locate providers outside of California	
Platinum 90 PPO Network Name Exclusive Office Visit Copays Primary Care \$25 Specialist \$55		Effective Coverage Plan 01/01/2018 INDIVIDUAL PPO		(800) 541-6652 CA Provider Customer Service (including hospitals) (888) 635-8224 Pharmacists Only (855) 342-9105 Vision Benefits and Claims Inquiries (800) 695-8202 Pediatric Benefits and Claims Inquiries	
Rx RxBIN RxPCN		YES 600428 01910000		CA Providers: Call Provider Customer Service to obtain medical and hospital admission prior authorization to avoid reduced or non-payment; Pharmacists call for prescription processing information. Visit Provider Connection at: blueshieldca.com/provider . CA Medical claims to: Blue Shield of California P.O. Box 272540, Chico, CA 95927-2540 Pediatric Dental Claims to: Blue Shield of California P.O. Box 400, Chico, CA 95927	
					

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1	Member Name and ID#	4
2	Plan Name and Network Name – Mirrored plans have the same names as their Covered California counterparts. Off-exchange plans (those not available for purchase through Covered California) have the following names: Silver 70 Off Exchange PPO and Silver 1850	5
3	Office Visit Copays	6
		4
		5
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