



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

Customer Service: **(888) 499-5532**
 Monday-Friday: 5 a.m.-8 p.m. PST
blueshieldca.com/go

FIRST M LAST
 STREET
 CITY, STATE ZIP

F80277457A+2--1_1



Subscriber
FIRST M LAST

ID# 00000000000000

24 HOUR FITNESS

Group # **W0051645**
 Effective **11/01/2021**
 Coverage **FAMILY**
 Plan **PPO**
 RxBIN **004336**
 RxPCN **77993333**



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Dear FIRST M LAST:

Blue Shield of California is proud to be the claims administrator for your health plan.

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
- Locate claims forms
- Discover all the extra services and support available to you as a Blue Shield participant

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 our Customer Services number at **(888) 499-5532**.

Our service representatives are ready to help you.

Thank you.

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	\$600	\$4,000
Individual out-of-network medical	\$1,800	\$11,100
Individual in-network pharmacy	\$0	Included*
Family in-network medical	\$1,800	\$12,000
Family out-of-network medical	\$5,400	\$33,300
Family in-network pharmacy	\$0	Included*

*Pharmacy included in medical deductible/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

(888) 499-5532 Customer Service
711 TTY
(877) 304-0504 NurseHelp 24/7
(800) 810-2583 To locate a preferred provider
(800) 541-6652 CA Provider Customer Service
(888) 970-0932 (includes hospitals for pre-auth)
Pharmacists Only

Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.

Get the most out of your plan:
blueshieldca.com/go



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