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FIRST M LAST
STREET
CITY, STATE ZIP



blue  of california

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

Customer Service: **(855) 258-3744**
Monday - Thursday: 8 a.m. - 5 p.m.
Friday: 9 a.m. - 5 p.m.
blueshieldca.com/go

blue 
california



Subscriber
FIRST M LAST

ID# 0000000000000

Network Name **Full PPO**

Copays
Primary Care \$50
Urgent Care Center \$50
Emergency Room 30%

Specialist \$85
Teladoc 0%

Group #
Effective
Coverage
Plan

W0064009
10/01/2021
INDIVIDUAL
PPO

RxBIN
RxPCN

004336
77993333

Silver 70 PPO 2250/50



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Dear FIRST M LAST:

Welcome to Blue Shield!

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	\$2,250
Individual out-of-network medical	\$4,500
Individual in-network pharmacy*	\$300
Pharmacy included in medical deductibles/out-of-pocket maximums.	Included

CA Medical claims to: Blue Shield of California, P.O. Box 272940, Chico, CA 95927-2940
Pediatric Dental Claims to: Blue Shield of California, P.O. Box 300567, Salt Lake City, UT 94130-0567

We are here to help:
blueshieldca.com/go

- (855) 258-3744 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 CA
- (800) 541-6652 CA Provider Customer Service (includes hospitals for pre-auth)
- (888) 970-0932 Pharmacists Only
- (855) 342-9105 Pediatric Vision Benefits and Claims
- (800) 605-8202 Pediatric Dental Benefits and Claims
- (800) 835-2362 Teladoc

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