



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

F80276562A+2--1_1



Life & Health Insurance Company

Subscriber

FIRST M LAST

ID# 00000000000000

Group #

W0002098

Effective

10/16/2021

Coverage

FAMILY

Plan

PPO

RxBIN

004336

RxPCN

77993333

Active Choice 750



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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 you, you acknowledge that your agreement is a contract solely between the named subscriber's group and Blue Shield of California Life & Health Insurance Company (Blue Shield Life), and that Blue Shield Life is an independent corporation operating under a license from the Blue Shield Association, which permits Blue Shield Life to use the Blue Shield name and service marks in California.

Members: Use the Blue Shield Life Provider Network 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	\$0
Individual out-of-network medical	\$3,000
Individual in-network pharmacy	\$0
Individual out-of-network pharmacy	\$10,000
Family in-network medical	\$250
Family out-of-network medical	Included*
Family in-network pharmacy	\$0
Family out-of-network pharmacy	\$6,000
*Pharmacy included in medical deductible/out-of-pocket maximums.	\$20,000
	Included*

CA Medical claims to: Blue Shield of California, P.O. Box 272940, Chico, CA 95927-2540

We are here to help:
blueshieldca.com/go

- (855) 599-2650 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

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Get the most out of your plan:
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