



MARTIN SMITH

Member ID:  
JPU803A52224

Group No: L11709M001  
Plan Code: 040  
RxBIN: 020099  
RxPCN: WG  
RxGRP: WLHA  
Coverage(s):  
Pharmacy - Medical  
Dental Complete  
Blue View Vision

For detailed benefit information  
including Deductible and Out of Pocket  
maximums, please visit [anthem.com/ca](http://anthem.com/ca)

Blue Cross PPO  
A Prudent Buyer Plan Product



XF18188800088



[anthem.com/ca](http://anthem.com/ca)

1-800-888-8288

Member Services  
Coverage While Traveling 1-800-810-2583  
Help for Pharmacists 1-833-296-5039  
Pharmacy Member Services 1-833-261-2460  
24/7 NurseLine 1-800-977-0027  
Employee Assistance Program 1-800-899-7222  
Provider Services 1-800-676-2533  
Pre-Authorization Review 1-800-274-7767  
Dental/Grid+ Services 1-844-729-1565  
Vision Customer Service 1-855-333-9021

**MEMBERS:** When submitting inquiries always  
include your member number from the face of  
this card. Possession or use of this card does  
not guarantee eligibility of benefits.

**PROVIDERS:** Please submit claims to your local  
Blue Cross and/or Blue Shield Plan. To ensure  
prompt claims processing, include the 3-digit  
prefix that precedes the member's identification  
number listed on the front of this card.

Submit claims at:  
Members: [www.anthem.com/ca/submitmyclaim](http://www.anthem.com/ca/submitmyclaim)  
Anthem Providers: [www.availity.com](http://www.availity.com)

DENTAL CLAIMS & INQUIRIES:  
PO BOX 1115 MINNEAPOLIS MN 55440  
VISION CLAIMS & INQUIRIES:  
P.O. BOX 8504 MASON OH 45040-7111

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09/26/24