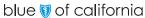
blue 😈 of california

Subscriber	Group #	W0050630
RUTH HELFINSTEIN	Effective	12/01/2015
	Coverage	FAMILY
ID# XEA902910719	Plan	PPO
Network Name Full PPO	RxBIN	600428
	RxPCN	01910000

BRONZE FULL PPO 4500





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 claims with Medicare.

CA Providers: Call Provider Customer Service to obtain medical and hospital admission prior authorization to avoid reduced or non-payment. 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 272590, Chico, CA 95927

hlueshieldca com

(888) 319-5999	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
	(including hospitals)
(888) 635-8224	Pharmacists Only
(877) 601-9083	Pediatric Vision Benefits and Claims

(888) 702-4171 Pediatric Dental Benefits and Claims

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