



FAYE L WANG

Member ID:
TFJ723W11422

Group: **270020MUAY**
RxBIN: **610014**
RxGRP: **TEREX04**
BCBS Plan Codes: **062**

HSA PLAN

Co-payment **\$0**
For detailed benefit information
including Deductible and Out of Pocket
maximums, please visit
engage-wellbeing.com



anthem.com

Member Services

Pre Certification
Coverage While Traveling
Provider Services
Future Moms
Pharmacy Member Services*
Pharmacy Provider Services*
LiveHealth Online
livehealthonline.com

1-800-889-4169

1-866-599-3558
1-800-810-2583
1-800-676-2583
1-800-828-5891
1-800-711-0917
1-800-922-1557

To avoid a reduction in benefits, call Anthem before inpatient service or within 2 business days of emergency admission. The card holder has medical coverage. Call Anthem to confirm what dental and/or vision benefits are available.

For Dental Claims and Inquiries:
Anthem Blue Cross and Blue Shield
PO Box 1115
Minneapolis, MN 55440-1115
Providers submit Medical & Dental claims to your local Blue Cross Blue Shield Plan. If Medicare is primary, submit to Medicare. Vision Claims: Providers and Members submit to the address listed on the Terex vision claim form.

Possession of this card does not guarantee eligibility for benefits.

*Contracts directly with group

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