

## BLUECARD ID CARD



Subscriber

ID# **XEC**

Network Name **Full PPO**

Group #	<b>PSQASG01</b>
Effective	<b>02/01/2016</b>
Coverage	<b>INDIVIDUAL</b>
Plan	<b>PPO</b>
RxBIN	<b>600428</b>
RxPCN	<b>02960000</b>

Top Message (30 character limit)



blue  of california

[blueshieldca.com](http://blueshieldca.com)

**Members:** Use preferred physicians and hospitals to receive maximum benefits. In case of emergency, visit our member website at:

[www.blueshieldca.com](http://www.blueshieldca.com)

**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. Contact your local BCBS licensee for all claims inquiries.

**Pediatric Dental Claims to:** Blue Shield of California, P.O. Box 272590, Chico, CA 95927

**(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 a preferred provider

**(800) 676-2583** Providers: to determine eligibility and obtain prior authorization

**(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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