

BLUECARD ID CARD



Subscriber

Group # **PSQASG01**

Effective **02/01/2016**

Coverage **INDIVIDUAL**

Plan **PPO**

ID# XEC

Network Name **Full PPO**

RxBIN **600428**

RxPCN **02960000**

Top Message (30 character limit)



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

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

blueshieldca.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 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

Blue Shield of California is an independent member of the Blue Shield Association.