


<div><div>Anthem</div><div><div>BlueCross BlueShield</div><div></div></div></div>		<div>ANTHEM GOLD BLUE ACCESS PPO</div> <div>1500/20%/4000</div> <div>CLASSIC COMPLETE KY-2AE</div>	
<div>ROBIN A NELSON</div>			
<div>Member ID:</div> <div>XTA827M54430</div>			
<div>Group No</div> <div>Contract Code</div> <div>RxBIN</div> <div>RxPCN</div> <div>RxGRP</div> <div>Plan</div> <div>Rx: Select Drug List</div>		<div>T27912</div> <div>2TAV</div> <div>020099</div> <div>IS</div> <div>WL3A</div> <div>161</div>	
<div>Blue View VisionSM</div> <div>Dental Program: Complete</div>		<div>Blue Access</div> <div><div>PPO</div><div>Rx</div></div>	

<div><div>Anthem</div><div><div>BlueCross BlueShield</div><div></div></div></div>		<div>anthem.com</div>	
<div>MEMBERS: When submitting inquiries always include your Identification Number from the front of this card. Possession or use of this card does not guarantee payment.</div> <div>PROVIDERS: File all claims directly with your local Blue Cross and/or Blue Shield plan. Please submit all claims with the 3 digit prefix that precedes the member ID on the front of the card.</div> <div>File medical claims to: P.O. Box 105187 Atlanta, GA 30348-5187 File dental claims to: P.O. Box 1115 Minneapolis, MN 55440-1115 File vision claims to: P.O. Box 8504 Mason, OH 45040-7111</div>		<div><div>Member Service</div><div>Pharmacy Member Services</div><div>Help for Pharmacists</div><div>Provider Service</div><div>Pre Authorization</div><div>24/7 Nurseline</div><div>Coverage while traveling</div><div>Dental/GRD Services</div><div>Vision Member Service</div><div>Vision Provider Service</div><div>livehealthonline.com</div></div> <div><div>(855) 330-1096</div><div>(833) 253-4447</div><div>(833) 296-5041</div><div>(855) 854-1438</div><div>(800) 568-0075</div><div>(800) 249-3617</div><div>(800) 810-BLUE</div><div>(855) 769-1464</div><div>(866) 723-0515</div><div>(888) 581-3648</div></div>	
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