Plan: Anthem. BlueCross	Plan: Anthem BlueCross
Monthly Premium:	Monthly Premium:
Access code:	Access code:
Cov. Cal. Case#:	Cov. Cal. Case#:
Plan: Anthem. BlueCross	Plan: Anthem. BlueCross
Monthly Premium:	Monthly Premium:
Access code:	Access code:
Cov. Cal. Case#:	Cov. Cal. Case#:
Plan: Anthem.	Plan: Anthem. BlueCross
Monthly Premium:	Monthly Premium:
Access code:	Access code:
Cov. Cal. Case#:	Cov. Cal. Case#:
Plan: Anthem. BlueCross	Plan: Anthem. BlueCross
Monthly Premium:	Monthly Premium:
Access code:	Access code:
Cov. Cal. Case#:	Cov. Cal. Case#:
Plan: Anthem. BlueCross	Plan: Anthem. BlueCross
Monthly Premium:	
Access code:	Access code:
Cov. Cal. Case#:	Cov. Cal. Case#:

Anthem.
BlueCross
- Pay by the 15th for coverage to start the following month:

by phone: 855-634-3381

online: www.anthem.com/ca/paymentlanding

No invoice? 855-634-3381 General: 877-702-3074

www.anthem.com/ca

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No invoice? 855-634-3381 General: 877-702-3074

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