

Plan:  _____

Monthly Premium: _____

Access code: _____

Cov. Cal. Case#: _____

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- 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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