

Plan:blue  of california _____

Monthly Premium: _____

Access code: _____

Cov. Cal. Case#: _____

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blue  of california - Pay by the 15th for coverage to start the following month:

online: service.healthplan.com

by phone: 855-836-9705

by mail: P.O. Box 60514

City of Industry, CA 91716-0515

No invoice? 855-836-9705

General: 800-393-6130, www.blueshieldca.com

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