

Member: EDMUND MINSHALL

Member ID: 3402

Coverage Type: Family

Doctor Network: VSP Signature

Copay: Exam: \$10.00 Materials: \$10.00

To find a VSP network doctor near you, or to view your benefit information before your visit, go to [vsp.com](http://vsp.com) or call 800.877.7195.

Your unique ID # is the number provided to you at enrollment by your employer, VSP, or company you've purchased your vision insurance through.



Primary Enrollee  
Edmund Minshall

Delta Dental PPO™  
Provided by Delta Dental of California

Enrollee ID: 111371099201  
Group number: 05659-03119



Prescription card

RxBIN: 004336  
RxPCN: ADV  
RxGRP: RX0434  
Issuer: 9151014609  
ID: 5WC109850

Name: EDMUND MINSHALL

Customer Care Representative:  
888-335-1197 (TTY: 711)

Submit paper claims to:  
Caremark  
PO Box 52136  
Phoenix, AZ 85072-2136

[caremark.com](http://caremark.com)

<p><b>COUNTRY FINANCIAL</b></p> <p>COUNTRY Preferred Insurance Company NAIC 21008 P.O. Box 2100, Bloomington, Illinois 61702-2100</p> <p><b>OREGON INSURANCE CARD</b> MINSHALL EDMUND B &amp; SILVIA</p> <p>POLICY NUMBER: P36A4017807 1966 SUNBE TIGER EFFECTIVE DATE: Nov 28, 2024 EXPIRATION DATE: May 28, 2025 VIN: 832500933 COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, PERSONAL INJURY PROTECTION</p> <p>FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE: JARED L GOFF AT (853)885-0740</p> <p>THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THIS POLICY MEETS THE MINIMUM LIABILITY INSURANCE LIMITS PRESCRIBED BY LAW.</p>	<p><b>COUNTRY FINANCIAL</b></p> <p>EXAMINE YOUR POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.</p> <p>WHAT TO DO AFTER AN ACCIDENT</p> <ol style="list-style-type: none"> <li>Write down the make, model and license number of all vehicles involved.</li> <li>Write down the name, address and telephone number of: (a) All parties involved, their insurance companies, and policy numbers; (b) Any injured; (c) Any witnesses, police, ambulance companies, or wrecker companies.</li> <li>Don't discuss fault.</li> <li>Report the accident to COUNTRY® at 1-866-COUNTRY (1-866-268-6879) or visit us at our website <a href="http://www.countryfinancial.com">www.countryfinancial.com</a>.</li> </ol> <p>PERSONS WHO ISSUE OR PRODUCE THIS CARD TO FRAUDULENTLY SHOW A POLICY OF INSURANCE IS IN FORCE, WHICH IN FACT IS NOT IN EFFECT, ARE LIABLE TO HEAVY FINES AND THEIR LICENSES OR REGISTRATIONS MAY BE SUSPENDED OR REVOKED.</p>	<p><b>COUNTRY FINANCIAL</b></p> <p>COUNTRY Preferred Insurance Company NAIC 21008 P.O. Box 2100, Bloomington, Illinois 61702-2100</p> <p><b>OREGON INSURANCE CARD</b> MINSHALL EDMUND B &amp; SILVIA</p> <p>POLICY NUMBER: P36A4521700 2004 DODGE RAM PI EFFECTIVE DATE: Nov 12, 2024 EXPIRATION DATE: May 12, 2025 VIN: 1D7WU2B204A00035 COVERAGE: BODILY INJURY LIABILITY, PROPERTY DAMAGE LIABILITY, PERSONAL INJURY PROTECTION</p> <p>FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE: JARED L GOFF AT (853)885-0740</p> <p>THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THIS POLICY MEETS THE MINIMUM LIABILITY INSURANCE LIMITS PRESCRIBED BY LAW.</p>
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**Anthem**

**EDMUND B MINSHALL**

Member ID: LMR122A55004

Group No: 1873ZD  
Plan Code: 040  
Coverages: Medical

Base Plan

For detailed benefit information including Deductible and Out of Pocket maximums, please visit [anthem.com/ca](http://anthem.com/ca)

PPO

**Anthem**

**SILVIA MINSHALL**

Member ID: LMR122A55004

Group No: 1873ZD  
Plan Code: 040  
Coverages: Medical

Base Plan

For detailed benefit information including Deductible and Out of Pocket maximums, please visit [anthem.com/ca](http://anthem.com/ca)

PPO

**Anthem**

**KRISTOPHER MINSHALL**

Member ID: LMR122A55004

Group No: 1873ZD  
Plan Code: 040  
Coverages: Medical

Base Plan

For detailed benefit information including Deductible and Out of Pocket maximums, please visit [anthem.com/ca](http://anthem.com/ca)

PPO

**Anthem**

[anthem.com/ca](http://anthem.com/ca)

Member Services  
Coverage While Traveling  
Pre-Authorization

1-800-879-4526  
1-800-810-2583  
1-866-470-6244

Members: When submitting inquiries, always include your ID number from the face of this card. Possession or use of this card does not guarantee payment. Submit claims at [www.anthem.com/ca/submitmyclaim](http://www.anthem.com/ca/submitmyclaim)

Providers: Please submit claims to your local BCBS Plan. To ensure prompt claims processing, please include the 3-digit prefix that precedes the patient ID number listed on the front of this card.

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Issue Date: 05/07/2024

