

ABC Legal

FAX ESCALATION / CSHD (CA)

Benefits

Ask Gemini

membersecure.anthem.com/member/benefits

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Anthem

UNIVERSITY OF CALIFORNIA

Spanish

My Plans

Claims & Payments

Care

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Profile

Log Out

Select Plan Period

Jan. 1, 2025 to Dec. 31, 2025

Who's covered during this period 2 Members

Pharmacy Benefits

Additional Plan Resources

Additional Insurance Policies

If your plan includes an annual deductible, you pay for healthcare expenses before your plan shares the costs. Once you meet the deductible, most plans will require you to pay coinsurance and/or copayments for certain covered procedures and services. There is a limit (the out-of-pocket maximum) on how much you pay in a plan year. Once you pay this amount, your plan covers 100% of your healthcare expenses for covered procedures and services you receive for the rest of the plan year.

Family

Charles

Silvia

EPO

Participating

NPAR

Table View

FAMILY IS HERE

Out-of-Pocket Maximum

Your limit is \$9,700.00

\$8,919.86

\$780.14

Spent

Remaining

Plan Pays 100%

You met your out-of-pocket maximum. Insurance pays 100% of covered services.

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Netflix

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YouTube

Netflix

Amazon Prime

YouTube

10:16 AM 4/2/2026

Aspen_Letter_Design

1 / 2

- 100% +

Anthem

Here's proof you were covered by us, if you need it.

Sometimes, another company needs to know when you were covered by a health plan. They might ask for a Certificate of Creditable Coverage or just a certificate of coverage.

You can use this letter for that purpose. Here are the details on your Anthem health plan.

Certificate Details

Date of This Notice April 2, 2026	Subscriber Name CHARLES HAROLD
Issued by Anthem Blue Cross PO Box 60007 Los Angeles, CA 90060	Group Health Plan Name UC CARE PPO
	Member ID U5X808M87210

Name	Date Benefits Began	Date Benefits End
CHARLES HAROLD	January 1, 2024	December 31, 2024
SILVIA HAROLD	January 1, 2024	December 31, 2024

Thanks for the opportunity to serve you. We hope to get that chance again.

— Your Anthem service team

1

2

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Benefits

Select Plan Period

Jan. 1, 2026 to Apr. 1, 2026

Jan. 1, 2026 to Apr. 1, 2026

Jan. 1, 2025 to Dec. 31, 2025

Jan. 1, 2024 to Dec. 31, 2024

Who's covered during this period 2 Members >

UNIVERSITY OF CALIFORNIA MEDICAL

Medical Benefits

Your Health Care Plans

Your Plan at a Glance

Find Benefits

Plan Details

Plan Progress

Service Limits

UC HIGH OPTION SUPPLEMENT | Inactive

Medical • Member ID: U5X808M87210 | Group ID: 280509

Who's covered during this period 2 Members

You can find further details of your medical benefits below.

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Spanish

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Select Plan Period

Jan. 1, 2024 to Dec. 31, 2024

Who's covered during this period 2 Members

EPO

Participating

NPAR

Table View

FAMILY IS HERE

Out-of-Pocket Maximum

Your limit is \$9,700.00

\$5,174.50

\$4,525.50

Spent

Remaining

Plan Pays 100%

You met your out-of-pocket maximum. Insurance pays 100% of covered services.

Find Benefits

Looking for a specific benefit?

Chat With Us

Back to Top

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Member Secure Application

Ask Gemini

membersecure.anthem.com/member/dashboard

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My Benefits

UNIVERSITY OF CALIFORNIA

UC HIGH OPTION SUPPLEMENT

Medical

INACTIVE

Charles (In-Network)

Deductible

\$0.00 paid out of \$50.00

\$0.00

\$50.00

Out-of-Pocket Maximum

\$0.00 paid out of \$1,050.00

\$0.00

\$1,050.00

Plans

Deductibles, copays and more

Hi, Charles, I see you're on the Dashboard page. Is there anything I can help you with?

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10:12 AM

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FAX ESCALATION / CSHD (CA)

Benefits

Find Healthcare Providers: Com

Ask Gemini

membersecure.anthem.com/member/profile#additional-insurancepolicies

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My Account

Contact Details

Personal Information

Additional Insurance Policies

Communications & Settings

Login & Security

Username & Password

Account Recovery

Access & Permissions

My Account

Additional Insurance Policies

CHARLES A HAROLD

⚠️ Your previously reported policy needs attention. Please confirm the status of the submitted policy by selecting the Submitted Policies tab.

Report Additional Insurance

Saved Drafts

(1) Submitted Policies

NEEDS ATTENTION

Is this previously reported policy still active?

Yes, active

No, not active

Medicare Coverage

Policy Number: 9AU6NQ2DD46

NEEDS ATTENTION

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Word

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Teams

Excel

Settings

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Benefits

Find Healthcare Providers: Com

Ask Gemini

membersecure.anthem.com/member/profile#communications-settings

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My Account

Contact Details

Personal Information

Additional Insurance Policies

Communications & Settings

Login & Security

Username & Password

Account Recovery

Access & Permissions

My Account

Communications & Settings

CHARLES A HAROLD

Plan Communications Settings

View or change your plan communications settings.

If you add or edit your contact information here for phone, email and text, it will also be updated in Contact Details.

Primary Phone

818-652-6400
Mobile

Edit

Alternate Phone

818-441-2682
Mobile

Edit

Email

CHUCKHAROLD@GMAIL.COM

Edit

Address

DR STE 104 PMB 350
5301 S SUPERSTITION MTN
GOLD CANYON, AZ. 85118-1919

How can I change my address?

Feedback

Chat With Us

69°F
Clear

Search

11:30 AM
4/2/2026

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FAX ESCALATION / CSHD (CA)

Benefits

Find Healthcare Providers: Com

Ask Gemini

membersecure.anthem.com/member/profile#contact-details

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Español

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Contact Details

Personal Information

Additional Insurance Policies

Communications & Settings

Login & Security

Username & Password

Account Recovery

Access & Permissions

Contact Details

CHARLES A HAROLD

Edit Contact Details

View, edit or add your contact details for your plan, pharmacy and more. **Note:** The contact details you use for your plan can be different than the ones you use for your pharmacy.

Plan Contact Details

View or edit your phone and text numbers, email, and mailing address for plan communications.

Let us know how to contact you for updates about your plan. **Note:** These contact details can be different from the details you use for your pharmacy.

Primary Phone

818-652-6400
Mobile

Edit

Alternate Phone

818-441-2682
Mobile

Edit

Email

CHUCKHAROLD@GMAIL.COM

Edit

Address

DR STE 104 PMB 350
5301 S SUPERSTITION MTN
GOLD CANYON, AZ. 85118-1919

How can I change my address? ?

Chat With Us

69°F
Clear

Search

11:30 AM
4/2/2026

Documents

DOCUMENTS

Plan Documents

Notifications

General

Authorization Updates

Grievances and Appeals

Tax Documents

General Notifications

Find and view copies of notifications your plan has sent you. You can also search by date range and notification type.

Date Range

Last 24 months

Notification Type

All

Member

CHARLES (01/03/1...

Notification Date	Coverage Type	Notification Type	File
No letters found. You can Contact Us if you believe this is in error or need help			

Feedback

Chat With Us

Documents

DOCUMENTS

Plan Documents

Notifications

General

Authorization Updates

Grievances and Appeals

Tax Documents

General Notifications

Find and view copies of notifications your plan has sent you. You can also search by date range and notification type.

Date Range

Last 24 months

Notification Type

All

Member

SILVIA (01/30/1961)

Notification Date	Coverage Type	Notification Type	File
9/27/2025	Medical	Plan Network Changes	NEW View Notification

Feedback

Chat With Us

Documents

DOCUMENTS

Plan Documents

Notifications

Authorization Updates

Grievances and Appeals

Tax Documents

Authorization Updates

Some procedures, medications, durable medical equipment (DME), and medical tests need approval to determine if they're eligible for coverage. Your doctor or other health care professional will submit the authorization request on your behalf and include any related clinical information. View your current and past authorizations by selecting a date range and member.

Select how you would like to be notified about your authorizations

Member

CHARLES (01/03/1961)

Date Range

Last calendar year

No authorizations were found for your search. If you believe you should have authorizations based on your search, please [contact us](#) for assistance.

Feedback

Chat With Us

Documents

DOCUMENTS

- Plan Documents
- Notifications
- Authorization Updates
- Grievances and Appeals
- Tax Documents

Tax Documents

Find tax form 1095-B by plan year. This form is used as proof of Minimum Essential Coverage (MEC) when filing your state and/or federal taxes. If you have questions about this form or believe you are missing a year, please [contact us](#).

Select how you would like to receive your tax documents

You do not have any tax documents. If you believe this is an error, please [contact us](#).

Feedback

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[illegible]

Documents

DOCUMENTS

Plan Documents

Notifications

Authorization Updates

Grievances and Appeals

Tax Documents

Plan Documents

These documents show all the details of your current health coverage. You might have received a copy with your enrollment or renewal materials, but if there were any changes since then, the ones found here will have the latest information. If you need help understanding your benefits, or to request a completed Policyholder or Subscriber Premium Notice, you can [contact us](#).

Plan
UNIVERSITY OF CALIFORNIA

Plan Period

Jan. 1, 2024 to Dec. 31, 2024

- Medical Certificate Booklet

Medical Summary of Benefits and Coverage (SBC)

Proof of Insurance

Feedback

1

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[illegible]

Documents

DOCUMENTS

Plan Documents

Notifications

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Grievances and Appeals

Tax Documents

Plan Documents

These documents show all the details of your current health coverage. You might have received a copy with your enrollment or renewal materials, but if there were any changes since then, the ones found here will have the latest information. If you need help understanding your benefits, or to request a completed Policyholder or Subscriber Premium Notice, you can [contact us](#).

Plan
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Plan Period

Jan. 1, 2025 to Dec. 31, 2025

[Medical Certificate Booklet](#)
[Proof of Insurance](#)

Feedback

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