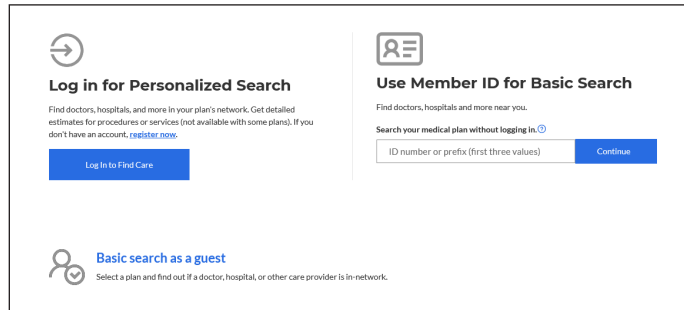




[anthem.com/find-care](https://www.anthem.com/find-care)

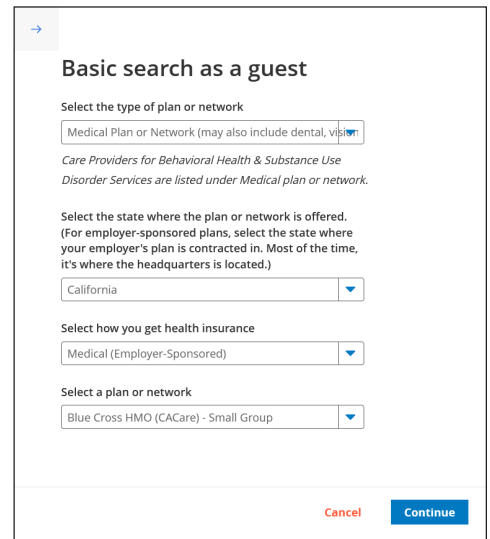
1. Click on “Select a plan for basic search”. For members, enter your Member ID number in the “Use Member ID for Basic Search”.



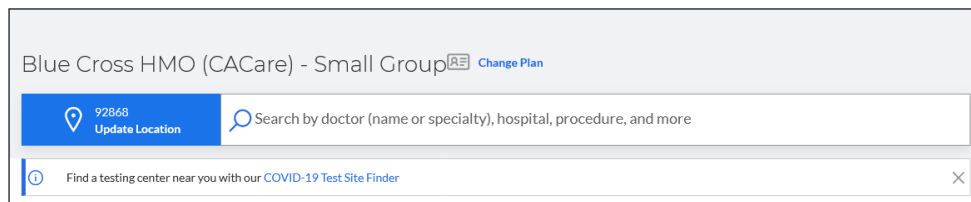
2. Select the type of plan, then the state, then how you get health insurance, then the plan or network. Choose “Medical (Employer-Sponsored)”. Then choose the plan or network. Below is a list of the networks.

Plan type (all listed under Medical Employer-Sponsored)

- **HMO:** Blue Cross HMO (CACare) – Small Group
- **Select HMO:** Select HMO
- **Priority Select HMO:** Priority Select HMO
- **Vivity HMO:** Vivity HMO
- **PPO:** Prudent Buyer PPO/EPO
- **Select PPO:** Select PPO
- **Out-of-State:** National PPO (BlueCard Traditional)

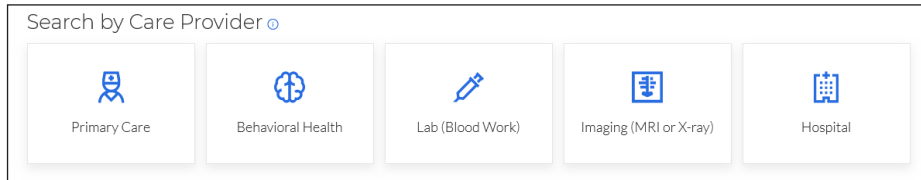


3. You can enter the City, County, or ZIP Code manually. Or search by doctor name or specialty.



(continued on next page) 1

4. You can also search by Care Provider.



5. To print a directory, click on the print icon. To email a directory, click on the email icon.



### Employee Enrollment Application

When completing the Employee Enrollment Application (seen below), if you are choosing your Primary Care Physician (PCP), you must provide their PCP ID.

If the medical group is an Independent Physician Association (IPA), you will need to provide the 6-digit code found in the provider search (i.e. in ABC123, “ABC” identifies the medical group and “123” identifies the physician).

If the medical group is a Primary Medical Group (PMG), you must provide the 3-digit code found in the provider search (i.e. A1C) which identifies the medical group.

**Section D: Family Information** — All fields required. Attach a separate sheet if necessary. Complete this section for yourself and all dependents.

Dependent information must be completed for all additional dependents (if any) to be covered under this coverage. An eligible dependent may be your Spouse/Domestic Partner, your children, or your Spouse's/Domestic Partner's children (to the end of the calendar month in which they turn age 26 unless they qualify as a disabled person). List all dependents beginning with the eldest.

Employee Last name		First name		M.I.
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Birthdate (MM/DD/YYYY)		
Primary Care Physician (PCP) name		PCP ID no.	Existing patient <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Care Dentist (PCD) name		PCD ID no.	Existing patient <input type="checkbox"/> Yes <input type="checkbox"/> No	

**RAFAEL A PENUNURI, MD**  
In this plan's medical network

At This Location  
1419 Superior Ave Ste 1 NEWPORT BEACH, CA 9...

**PCP ID:** 05P735 - Prospect Medical Group, part of PROSPECT MEDICAL GROUP

**Gender:** Male

**Indian Health Services Provider:** No

**Languages Spoken:** English, Farsi, Spanish

**Address:** 1419 Superior Ave Ste 1, NEWPORT BEACH, CA 92663 (949) 650-0587

**Office Hours:** M 9:00 AM TO 5:00 PM, Tu 9:00 AM TO 5:00 PM, W 9:00 AM TO 5:00 PM, Th 9:00 AM TO 5:00 PM, F 9:00 AM TO 5:00 PM, Sa 9:00 AM TO 2:00 PM

0.49 miles, 20 min