

**BlueCross  
BlueShield**

Plan Name Here

Subscriber Name:

**JOHN DOE** 00  
Subscriber ID:  
**YPP123456789**



Group No: 123456789  
RxBin: 015905  
Effective Date: 01/01/22

Members:

**JANE** 01  
**SAM** 02

Member Responsibility:  
DED-INN/OON \$2,800/\$14,000  
OOP Max-INN/OON \$8,700/No Max  
Primary-INN \$15  
Specialist-INN \$150  
URG Care/ER-INN \$150/50% after ded  
Drug Tier 1 \$5 after Rx ded  
Drug Tier 2-6 50% after Rx ded  
Rx Deductible \$2,800



 **aetna**  
 NAP 

CORPUS CHRISTI 150  
 WINDSB. NETWORK 01/01/2023

Aetna Select Open Access

GRP: 0175056-011-00001  
 ID W1234 56789

01 MARIJANE Q SAMPLE-TESTCARD  
 POP: NO ELECTION REQUIRED

02 JESSIE Q SAMPLE-TESTCARD  
 POP: NO ELECTION REQUIRED

03 CAITLYN Q SAMPLE-TESTCARD  
 POP: NO ELECTION REQUIRED

04 EMILY Q SAMPLE-TESTCARD  
 POP: NO ELECTION REQUIRED

05 KARA Q SAMPLE-TESTCARD  
 POP: NO ELECTION REQUIRED

RX BIN# 610502

www.aetna.com PAYER NUMBER 60554 0435



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Member Name  
**SUBSCRIBER NAME**

Member ID  
**ZCT012345678901**

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RxBIN           **004336**  
RxGRP           **RX4236**  
RxPCN           **MEDDADV**  
Issuer           **80340**

Part D/Plan Benefit  
**CMS-H4209-XXX**

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PLAN           **PPO**

