



BlueCross BlueShield		Plan Name Here	
Subscriber Name:			
JOHN DOE		00	Group No: 123456789
Subscriber ID:			RxBin: 015905
YPP123456789			Effective Date: 01/01/22
Members:		Member Responsibility:	
JANE	01	DED-INN/OON	\$2,800/\$14,000
SAM	02	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

<sub>4D</sub>