



BlueCross BlueShield
of Alabama



Subscriber Name
ROBERT HOGAN
Contract Number
PPA867738664

Group Number **58209**
Effective Date **08-01-2021**
Rx BIN Number **004915**

HEALTH

PAC





**SUPPLEMENTAL HEALTH
INSURANCE**

UNDERWRITTEN BY NATIONWIDE
LIFE INSURANCE COMPANY

Group #: G1054

Member: Robert Hogan

Policy #: 1500041016

Effective: 08/01/2021

Combined Inpatient/Outpatient Deductible
\$1,000

Combined Inpatient/Outpatient Benefit Max
\$5,000