



BlueCross BlueShield
of Alabama



State Employees'
Health Insurance Plan

Subscriber Name
KIRK H FULFORD
Contract Number
EIB901280346

In-Ntwk Ded (Ind/Fam): \$300 / *
Out-of-Ntwk Ded (Ind/Fam): \$300 / *
In-Ntwk OOP (Ind/Fam): \$9,200 / \$18,400
Out-of-Ntwk OOP (Ind/Fam): NA / NA

Group Number **13000**
Effective Date **01-01-2025**
RxBIN **610455**
RxPCN **SEIBRX**

HEALTH **PAC**

