



**BlueCross BlueShield  
of Alabama**

**ALL Kids**

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Subscriber Name

**ALLISON MICHELLE BOWEN**

Contract Number

**KID835597153**

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|----------------|-------------------|
| Group Number   | <b>05000</b>      |
| Effective Date | <b>07-01-2020</b> |
| Rx BIN Number  | <b>004915</b>     |
| Good Thru Date | <b>06-30-2021</b> |

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**HEALTH DENTAL**

**PAC**

**FEE**

