



BlueCross BlueShield  
of Alabama



State Employees'  
Health Insurance Plan

Subscriber Name  
**DEANNE Y CLEVELAND**  
Contract Number  
**EIB901302168**

In-Ntwk Ded: \$300  
Out-of-Ntwk Ded: \$300  
In-Ntwk OOP: \$8,700  
Out-of-Ntwk OOP: NA

Group Number      **13000**  
Effective Date      **04-18-2022**

**HEALTH**

**PAC**

