



BlueCross BlueShield
of Alabama



State Employees'
Health Insurance Plan

Subscriber Name
JAMIE O GRAY
Contract Number
EIB901454193

In-Ntwk Ded (Ind/Fam): \$300 / *
Out-of-Ntwk Ded (Ind/Fam): \$300 / *
In-Ntwk OOP (Ind/Fam): \$9,100 / \$18,200
Out-of-Ntwk OOP (Ind/Fam): NA / NA

Group Number **13000**
Effective Date **01-01-2023**

HEALTH

PAC

