



BlueCross BlueShield
of Alabama



State Employees
Health Insurance Plan

Subscriber Name
ELAINE J FINCANNON
Contract Number
EIB901474533

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

Group Number 13000
Effective Date 01-01-2022

HEALTH

PAC

