



ALLIED

Subscriber

Employer: Blue Bell Creameries
Group #: A12109

Subscriber: ANGELA REED
Subscriber ID: ZZ0109113

Dental Plan

Dental Coverage:
Subscriber + Children

Pharmacy Plan

RxBIN: 006893
RxPCN: ROIRX

elixir
www.elixirphcs.com
Member and Pharmacy:
800.351.4542

Medical Plan



Coverage: Subscriber + Children

Copay:
OV \$20; ER \$250; UG/IAH \$100

Deductible/Out-of-Pocket

INN DED: \$0 Per Person
INN COP: \$2,000 Per Person
CON DED: \$250 Per Person
CON COP: \$4,000 Per Person

Additional Information

PHCS and Blue Bell Direct Contracts
Dialysis and some other providers excluded

www.multiplan.com 888.733.9582