



**BlueCross
BlueShield**

Subscriber Name:
LEROY BAYNE
Identification Number:
ZGP822892652

Group Number: **208059**
Coverage Date: **01/01/19**
Member Effective: **01/01/19**

BCA FAMILY TDI

Office Visit \$30
Emergency Room \$500
Urgent Care \$75
RX Level 1 \$10/20/70
RX Level 2 \$120/150/250
RxBIN: 011552
RxPCN: BCTX

