



BlueCross BlueShield
of Alabama



Subscriber Name
ROBERT D TODD
Contract Number
PPA888536243

In-Ntwk Ded: \$6,000
Out-of-Ntwk Ded: \$12,000
In-Ntwk OOP: \$8,000
Out-of-Ntwk OOP: NA

Group Number **48774**
Effective Date **08-01-2022**
Rx Bin Number **004915**

HEALTH **PAC**



Group#: **7G00004A**
Effective Date: **08.01.2022**
Insured Name: **ROBERT TODD**
Insured ID: **679543367**
Dependent Names:

Supplemental Medical Expense underwritten by
Globe Life And Accident Insurance Company.

Inpatient/Outpatient Benefit Year Maximum:
\$5750 Individual | \$11500 Family

Marketed by



www.alliancemedsupplement.com

Supplemental Medical Benefit Year Deductible:
\$250 Ind | \$500 Fam

THIS PLAN IS NOT MAJOR MEDICAL INSURANCE. It pays
secondary to the group health plan.