



BlueCross BlueShield
of Alabama

BLUE CROSS
**PREFERRED
CARE**

Subscriber Name
CHRISTOPHER M HOLLEY
Contract Number
PHT881002332

In-Ntwk Ded (Ind/Fam): \$500 / \$1,850
Out-of-Ntwk Ded (Ind/Fam): \$1,000 / \$3,000
In-Ntwk OOP (Ind/Fam): \$3,000 / \$6,000
Out-of-Ntwk OOP (Ind/Fam): NA / NA

Group Number **42999**
Effective Date **10-01-2022**

The allowed amount for claims for Tribal
Members may be paid with Medicare Like Rates.

