



**BlueCross®
BlueShield®**

Blue
Product

ALPHA
Employer Group

Member Name

Dependents

Member Name

Dependent One

Member ID

Dependent Two

XY2123456789

Dependent Three

Group No.

023457

Plan

POS

BIN

987654

Office Visit

\$15

Benefit Plan

HIOPT

Specialist Copay

\$15

Effective Date

00/00/00

Emergency

\$75

Deductible

\$50

