



**BlueCross®
BlueShield®**

**Blue
Product**

ALPHA
Employer Group

Member Name

Member Name

Member ID

XY2 123456789

Dependents

Dependent One

Dependent Two

Dependent Three

Group No. **023457**

BIN **987654**

Benefit Plan **HIOPT**

Effective Date **00/00/00**

Plan **POS**

Office Visit **\$15**

Specialist Copay **\$15**

Emergency **\$75**

Deductible **\$50**

