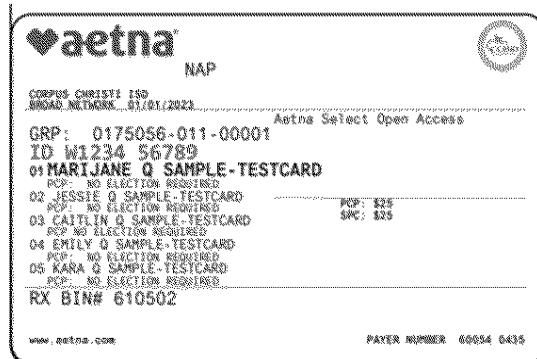


BlueCross BlueShield		Plan Name Here
<hr/>		
Subscriber Name: JOHN DOE 00		Group No: 123456789
Subscriber ID: YPP123456789		RxBir: 015905
		Effective Date: 01/01/22
<hr/>		
Members: JANE 01		Member Responsibility: DED-INN/OON \$2,800/\$14,000
SAM 02		OOP Max-INN/OON \$8,700/No Max
		Primary-INN \$15
		Specialist-INN \$150
		URG Care/ER-INN \$150/50% after ded
		Drug Tier 1 \$5 after Rx ded
		Drug Tier 2-6 50% after Rx ded
		Rx Deductible \$2,800
<hr/>		
 R _{4D}		





South Carolina

Member Name
SUBSCRIBER NAME

Member ID
ZCT012345678901

RxBIN	004336	PLAN	PPO
RxGRP	RX4236		
RxPCN	MEDDADV		
Issuer	80340		

Part D/Plan Benefit
CMS-H4209-XXX

MA|PPO
Medicare Advantage