Empire BLUECROSS BLUESHIELD

VICKI SIMON

Identification Number
YLD80128030

Group: 243400 B
Health Plan: PPO
Relationship Code: 01
Dental: INDEMNITY
BS Plan 803 BC Plan 303

Rx Co-pay: $10/25/50
RX BIN#/PCN: 610575/EMP01

Office Visit Co-pay: $12
ER Co-pay: $35

PPO Rx

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
VICKI SIMON

MEDICARE CLAIM NUMBER
015-16-5808-D

SEX
FEMALE

IS ENTITLED TO

EFFECTIVE DATE

HOSPITAL (PART A) 08-01-1989
MEDICAL (PART B) 08-01-1989

SIGN HERE → Vicki L Simon