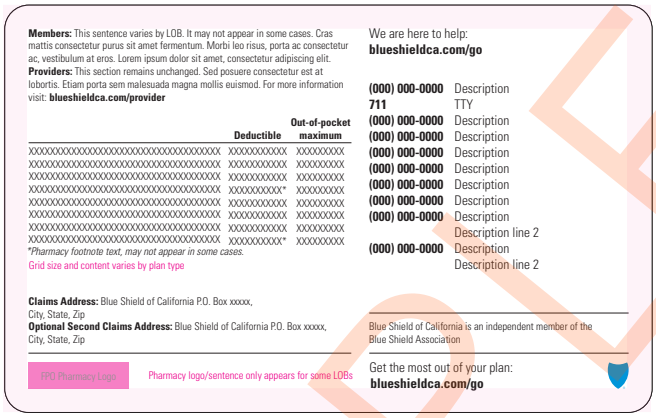
ID Card Generic Individual (Back Only)



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Providers: This section remains unchanged. Sed posuere consectetur est at lobortis. Etiam porta sem malesuada magna mollis euismod. For more information visit: **blueshieldca.com/provider**

	Deductible	Out-of-pocket maximum
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX*	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX*	XXXXXXXXX

**Pharmacy footnote text, may not appear in some cases.*
Grid size and content varies by plan type

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(000) 000-0000	Description
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(000) 000-0000	Description
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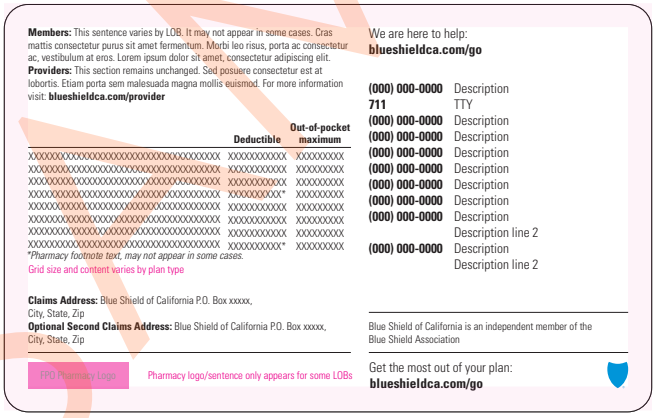

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	Deductible	Out-of-pocket maximum
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX*	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX*	XXXXXXXXX

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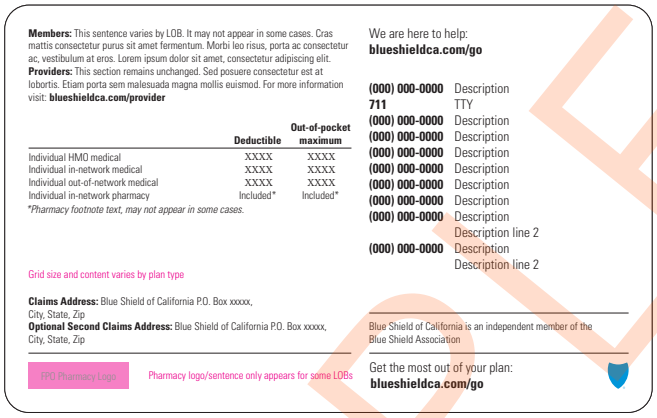

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	Deductible	Out-of-pocket maximum
Individual HMO medical	XXXX	XXXX
Individual in-network medical	XXXX	XXXX
Individual out-of-network medical	XXXX	XXXX
Individual in-network pharmacy	Included*	Included*

**Pharmacy footnote text, may not appear in some cases.*

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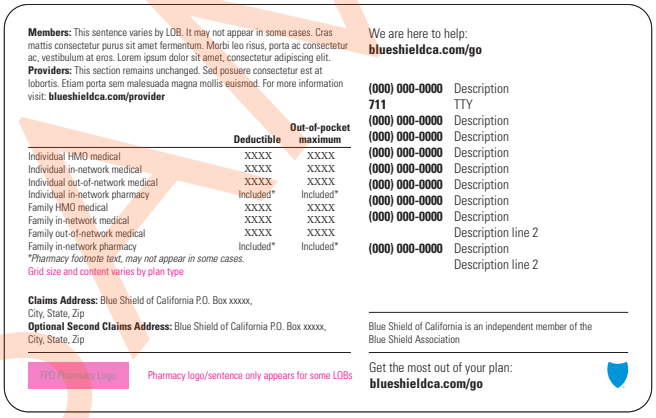

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	Deductible	Out-of-pocket maximum
Individual HMO medical	XXXX	XXXX
Individual in-network medical	XXXX	XXXX
Individual out-of-network medical	XXXX	XXXX
Individual in-network pharmacy	Included*	Included*
Family HMO medical	XXXX	XXXX
Family in-network medical	XXXX	XXXX
Family out-of-network medical	XXXX	XXXX
Family in-network pharmacy	Included*	Included*

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