

<b>Member Name</b> MARY L SULLIVAN		<b>Network No.</b> PTXOA
<b>Member ID</b> ZGP903646929		<b>TDI</b>
<b>Group No.</b> 000175	<b>BIN</b> 011552	<b>Plan</b> Select Saver 75/60
<b>Rx PCN</b> BCTX	<b>Plan Code</b> BC 400 BS 900	<b>Rx Deductible</b> \$200
<b>Effective Date</b> 01/15/13		<b>Rx Copay Generic</b> \$10 <b>Brand</b> \$40/\$55



See your benefit booklet for services requiring pre-authorization and claims filing address.

File MEDICAL CLAIMS with your local Blue Cross and Blue Shield Plan.

**Member Customer Service:** 1-888-697-0683  
**Pre-Authorization:** 1-800-441-9188

In Network coverage is available through BlueChoice™ Network Provider. Out-of-Network services will be covered at a lower level.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.



**Pharmacy Benefits Manager**

## TEXAS LIABILITY INSURANCE CARD

**Allstate.**

Allstate Indemnity Company

**Mary Ladmirault Sullivan & John Sullivan**  
3110 W Nasa Rd One  
Webster TX 77598-6208

**AGENT NAME/PHONE**  
**Gary Lee Pierce**  
**(281) 488-7231**

**POLICY NUMBER**  
**638 266 995**  
**YEAR / MAKE / MODEL**  
**2006 Mitsubishi Montero**

**EFFECTIVE DATE**  
**10/08/13**  
**VEHICLE ID NUMBER**  
**JA4MW51S06J004138**

**EXPIRATION DATE**  
**04/08/14**  
**INSURED DRIVERS**  
**Mary, John**

**IF YOU HAVE QUESTIONS, CALL 1-800-255-7828**

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.