



FROM  superior  
healthplan.

IN NETWORK  
COVERAGE ONLY

TDI

Subscriber: Jane Doe

Member: John Doe

ID #: UX00000000X

Plan: Ambetter Balanced Care 1 + Vision  
+ Adult Dental

Effective Date of

Coverage: XX/XX/XX

Rx BIN#: 008019

Copays

PCP:

Specialist:

ER:

Coinsurance (Med/RX):

Deductible (Med/Rx):

Rx (Generic/Brand):