



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

SAMPLE CARD
IAZ123456789

Copays
Coinsurance
Copay Rx Tier 1/2/3
Rx BIN# 603017

Check Benefits
40%
\$20/40/80

PCP-HMO

**ACA StandardHealth
with Health Choice**

ACA Health Choice Network

Group Number	INDU65
Plan Year	2026
In-Network Cost Share	
Deductible Individual	\$6000
Deductible Family	\$12000
OOP MAX Individual	\$8900
OOP MAX Family	\$17800
Pediatric Member Dental	YES

See assigned PCP for services
and specialist referrals

AZDOI