

The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?		
Are there services covered before you meet your <a href="#">deductible</a> ?		
Are there other <a href="#">deductibles</a> for specific services?		
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?		
What is not included in the <a href="#">out-of-pocket limit</a> ?		
Will you pay less if you use a <a href="#">network provider</a> ?		





Common Medical Event

Services You May Need

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
				—

**Excluded Services & Other Covered Services:**

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)				
X		X		X
	—	X		
X		X		X
X		X		X
X				

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)				
X		X		X
X				

**Your Rights to Continue Coverage:**

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**Your Grievance and Appeals Rights:**

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To see examples of how [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator.