The Summary of Benefits and Coverage (SBC) document will teleposeua health plathe SBC shows you have and the plan

Allcopaymentandcoinsurancecosts shown in this chart are after your deductable met, if a deductable lies

CommorMedical Even Services You May Net Provider(IHCP) Network (You will pay the least)

What You Will Pay

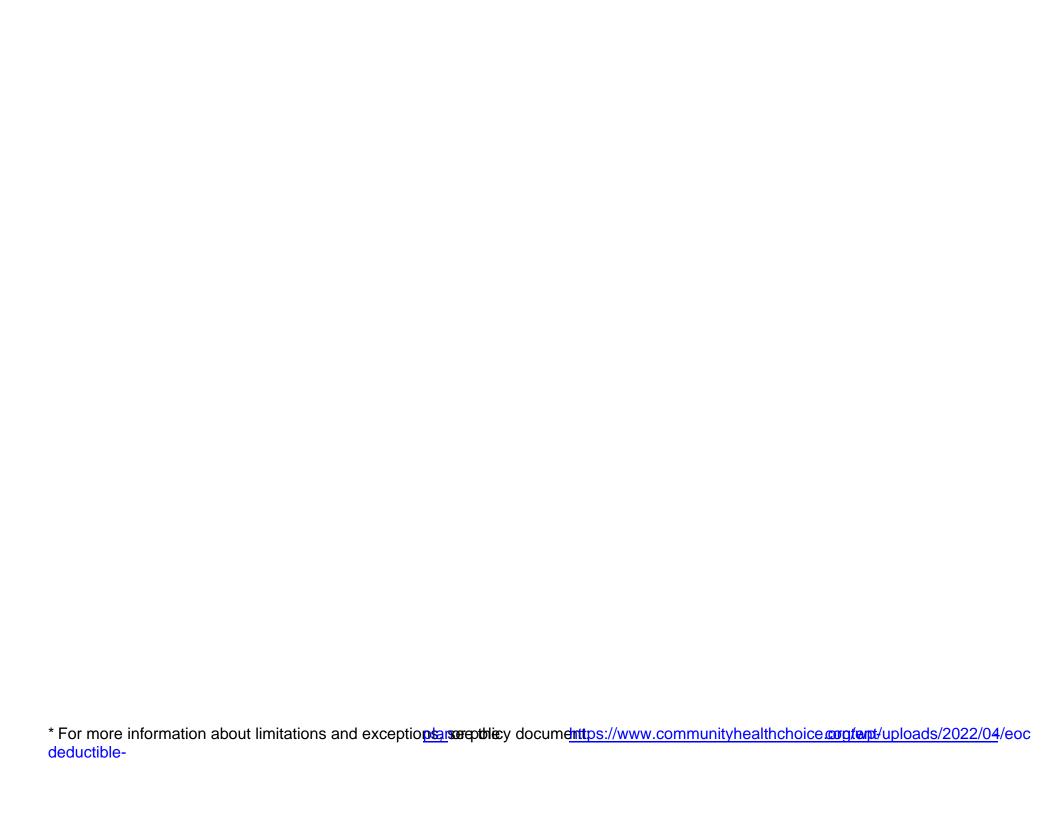
Undian Health Car NonIHCP In Network (You will pay the least)

Limitations Exceptions & Other Important Information

^{*} For more information about limitations and exceptions are exceptions and exceptions document by docu

CommorMedical Even Services You May Nee Limitations Exceptions Other Important Information

^{*} For more information about limitations and exceptions are exceptions and exceptions are deductible 123.pdf



About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of howightisquen medical care. Your actual costs will be different depending on the actual care you receive, the prices youtharge dams many other factors. Focus on the ricogram mounts (deductible sopayment and coinsurance) and excluded securides the plan. Use this information to compare the portion of costs you may under diffent healthans Please note these coverage examples are based lyrics that the plan is the plan i

" The<u>plan's</u>overall<u>deductible</u> \$7,500 " <u>Specialistopayment</u> \$100 " Hospital (facility) <u>coinsurance</u> 50% " Other<u>costsharing</u> 50%

This EXAMPLevent includes services 0.72 0d0 Tde f* E21MPL