

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:
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What is the overall [deductible](#)?

copayment

coinsurance

deductible

Common Medical Event

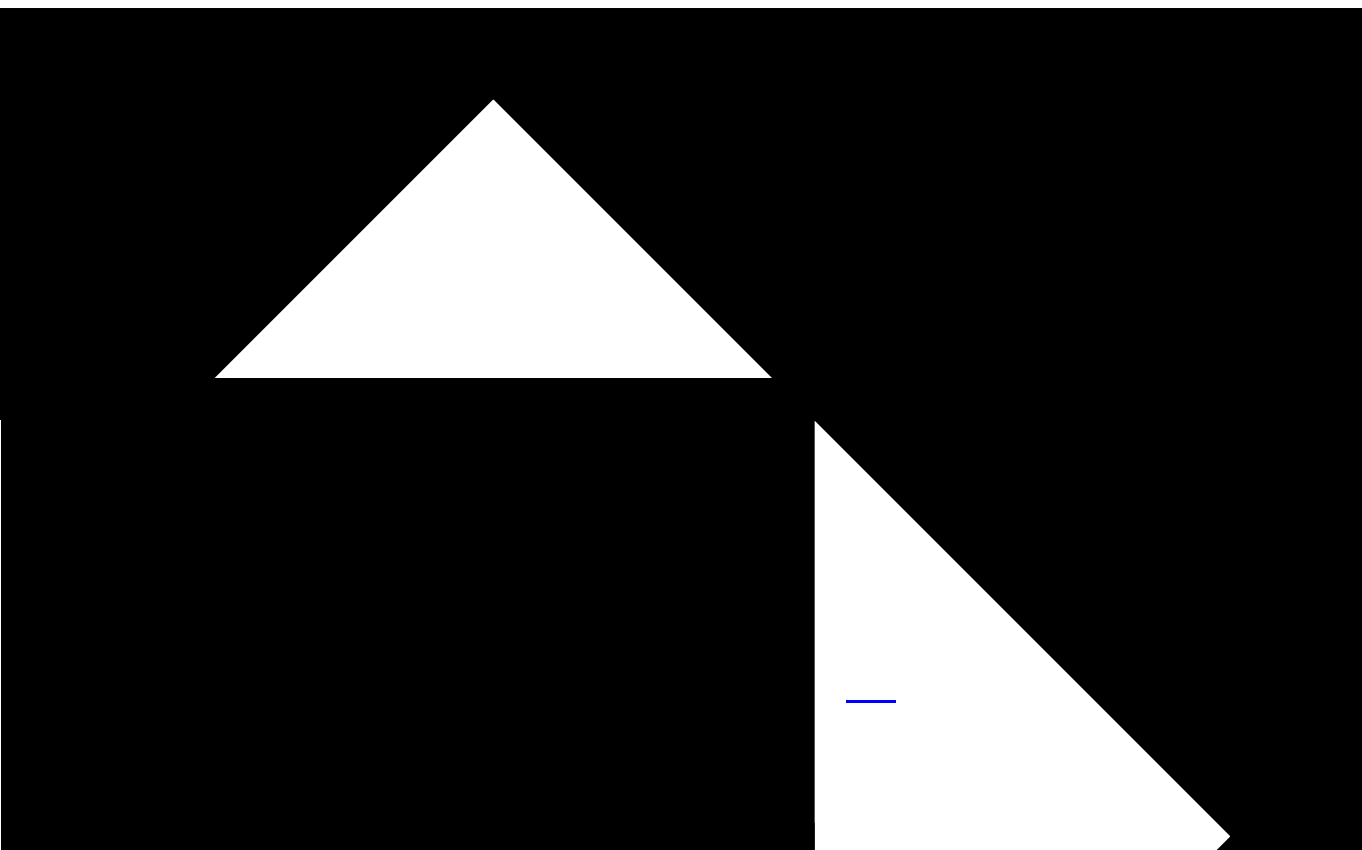
Services You May Need

What You Will Pay

Participating Provider
(You will pay the least)

Non-Participating
Provider
(You will pay the most)

Limitations, Exceptions, & Other
Important Information



About these Coverage Examples:

This is not a cost estimator.

- ” The [plan's overall deductible](#) \$4,900
- ” [Specialist copayment](#) \$80
- ” Hospital (facility) [coinsurance](#) 30%
- ” Other [cost sharing](#) 30%

This EXAMPLE event includes services like: