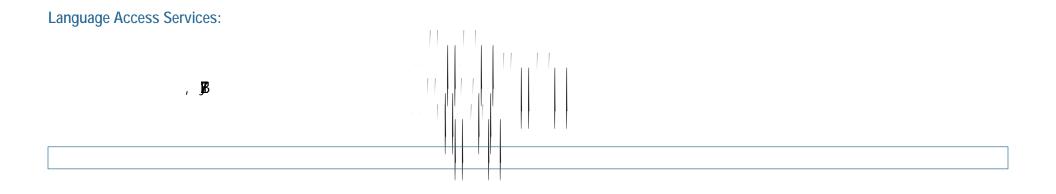
Summary of Benefits and Coverage:

copayment coinsurance deductible deductible

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



About these Coverage Examples:

This is not a cost estimator.	

The <u>plan's</u> overall <u>deductible</u>	\$0
Specialist copayment	\$0
Hospital (facility) <u>coinsurance</u>	0%
Other cost	0%

This EXAMPLE event includes services like: