

Summary of Benefits and Coverage:

copayment

coinsurance

deductible

deductible



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)	

If you are pregnant





Language Access Services:

, B

Empty rectangular box

About these Coverage Examples:

This is not a cost estimator.

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

This EXAMPLE event includes services like:

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