



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. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-458-6024 or at

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> required.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details. Virtual visio9r3122 24 417.m0 g0 G()JTÆ2 Tf1

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SBC IL Non-HMO LG 2025



*For more information about limitations and exceptions, see the plan or policy document at

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Health care coverage is important for everyone.

in your language at no cost. To If you, or someone you are helping, have questions, you have the right to get help and information

1-855-654-7270 (voice) 
1-855-654-8466 

Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor

Phone: 1-800-368-1011
TDD: 1-800-368-1011