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.)RU PRUH LQIRUPDWLRQ DERXW \RXU FRYHUDJH RU WR JHW D FRS\ RI WKH FRPSOHWH WHUPV RI FRYHUDJH

)RU JHQHUDO GHILQLWLRQV RI FRPPRQ WHUPV VXFK DV DOORZHG DPRXQW EDODQFH ELOOLQJ FRLQVXUDQFH FRSD\PHQW GHGXFWLEOH SURYLGHU RU RWKHU XQGHUOLQHG WHUPV VHH WKH *ORVVDU\ <RX FDQ YLHZ WKH *ORVVDU\ DW ZZZ KHDOWKFDUH JRY VEF JORVVDU\ RU FDOO WR UHTXHVW D FRS\

Important Questions	Answers	Why This Matters:
What is the overall deductible?		6HH WKH &RPPRQ 0HGLFDO (YHQWV F... WKLV SODQ FRYHUV
Are there services covered before you meet your deductible?	1R	<RX ZLOO KDYH WR PHHW WKH GHGXFWLEOH DPRXQW EHIRUH WKH SODQ SD\V IRU D...
Are there other deductibles for specific services?	1R	<RX GRQ¶W KDYH WR PHHW GHGXFWLEOHV IRU VSHFLILF VHUY...
What is the out-of-pocket limit for this plan?	,QGLYLGXDO)D... 3UHVFULSWLRQ GUXJ RXW RI SRFNHW OLPLW ,QGLYLGXDO)DPLO\	7KH RXW RI SRFNHW OLPLW LV WKH PRVW \RX FRXOG... VHUYLFHV ,I \RX KDYH RWKHU IDPLO\ PHPEHUV LQ WKLV SODQ... WKH RYHUDOO IDPLO\ RXW RI SRFNHW OLPLW KDV EHHQ PHW
What is not included in the out-of-pocket limit?	3UHPLXPV EDODQFH ELOOLQJ FKDUJHV DQG... SODQ GRHVQ¶W FRYHU	(YHQ WKRXJK \RX SD\ WKHVH H[SHQVHV WKH\ GRQ¶W FRXQW WRZDUG WKH RXW RI SRFNHW OLPLW
Will you pay less if you use a network provider?	use pro f you	

)RU PRUH LQIRUPDWLRQ DERXW OLPLWDWLRQV DQG H[FHSWLRQV VHH WKH SODQ

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the leas	Out-of-Network Provider (You will pay the most	
If you need immediate medical attention	(PHUJHQF\ URRP FRSD\PHQW LV DGPLWW (PHUJHQF\ PHG WUDQVSRUWDW	1R &KDUJH	1R &KDUJH	&RYHUDJH LI DGPLWWHG *URXQG WUDQVSRUWD
	8UJHQW &DUH	FRSD\PHQW LV	1RW &RYHUHG	0XVW EH DIILOLDWHG PHGLFDO UHYLHZ SRVW

)RU PRUH LQIRUPDWLRQ DERXW OLPLWDWLRQV DQG H[FHSWLRQV VHH WKH SODQ

Excluded Services & Other Covered Services: X W L Q

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
&XVWRGLDO FDUH 'HQWDO FDUH $GXOW	/RQJWHUP FDUH 1RQHPHUJHQF\ FDUH ZKHQ 8 6	3UL YGDXWH QXUVLQJ 5RXWLQH IRRW FDUH

About these Coverage Examples:

This is not a cost estimator. 7UHDWPHQWV VKRZQ DUH MXVW H[DPSOHV RI KRZ WKLV SODQ PLJKW FRYHU PHGLFDO FDUH. <\RXU DFWXDO FRVWV ZLOO EH GLIIHUHQW GHSHQGLQJ RQ WKH DFWXDO FDUH \RX UHFHLYH, WKH SULFHV \RXU SURYLGHUV FKDUJH, DQG PDQ\ RWKHU IDFWRUV.)RFXV RQ WKH FRVW VKDULQJ DPRXQWV (GHGXFWLEOHV, FRSD\PHQWV DQG FRLQVXUDQFH) DQG H[FOXGHG VHUYLFHV XQGHU WKH SODQ.

7KH SODQ ZRXOG EH UHVSRQVLEOH IR