nd CoverageWhat this Plan Covers & What You Pay For Covered Services Coverage Period:

Coverage for: $ O O 7 L H U V | Plan Type:

Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would r covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. mmary. For more information about your coverage, or to get a copy of the complete terms of coverage, call . For general erms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. ary at www.cms.gov/cciio/resources/contacts or call to request a copy.

	Answers	Why This Matters:
Are there other deductibles for specific services?		

XQWLO WKH RYHUDOO IDPLO\ RXW RI SRFNHW OLPL

3UHPLXPV EDODQFH ELOOHG FKDUJHV DQG KHDOWK FDUH WKLV SODQ GRHVQ W FRYHU (YHQ WKRXJK \RX SD\ WKHVH H[SHQVHV WKH\ GRQ

use a network provider?	<HV 6HH ZZZ FGSKS FRP RU FDOO IRU D OLVW RI QHWZRUN SURYLGHUV	7KLV SODQ XVHV D SURYLGHU QHWZRUN <RX ZLOO <RX FRXOG SD\ WKH PRVW LI \RX XVH DQ RXW RI QHW SURYLGHU IRU WKH GLIIHUHQFH EHWZHHQ WKH SUR %H DZDUH \RXU QHWZRUN SURYLGHU P VHUYLFHV VXFK DV ODE ZRUN &KHFN ZLWK \RXU
Do you need a referral to see a specialist?	<HV	7KLV SODQ ZLOO SD\ VRPH RU DOO RI WKH FRVWV W KDYH D UHIHUUDO EHIRUH \RX VHH WKH VSHFLDOLV

,I DSSOLFDEOH \RX PD\ EH DEOH WR XVH \RXU)OH[LEOH 6SHQGLQJ $FFRXQW DQG WKH 6XPPDU\ 3ODQ 'HVFULSWLRQ DQG 3ODQ 'RFXPHQW IRU PRUH LQIRUPDWLRQ

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Skilled nursing care	1R &KDUJH	1RW &RYHUHG	GD\V SHU SODQ \HDU
	Durable medical equipmen	FR LQVXUDQFH	1RW &RYHUHG	6KRH LQVHUWV DUH QRW F
	Hospice services	FR SD\ YLVLW	1RW &RYHUHG	/LPLWHG WR GD\V FRPE 2XWSDWLHQW
If your child needs dental or eye care	Children’s eye exam	FR SD\ YLVLW	1RW &RYHUHG	2QH URXWLQH H\H H[DP LV PRQWKV
	Children’s glasses	1RW &RYHUHG	1RW &RYHUHG	1RQH
	Children’s dental check-up	1RW &RYHUHG	1RW &RYHUHG	3UHYHQWLYH 'HQWDO LV Q PHGLFDO EHQHILWV

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services)
‡ &RVPHWLF VXUJHU\ ‡ 'HQWDO FDUH $GXOW ‡ 'HQWDO FKHFNXS ‡ *ODVVHV ‡ +HDULQJ DLGV ‡ /RQJ WHUP FDUH ‡ 1RQ HPHUJHQF\ FDUH ZKHQ WUDYHOLQJ RXWVLGH WKH 8 6 ‡ 3ULYDWH GXW\ QXUVLQJ ‡ 5RXWLQH IRRW FDUH ‡ :HLJKW ORVV SURJUDPV

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)
‡ $FXSXQFWXUH /LPLWV $SSO\ ‡ %DULDWULF VXUJHU\ /LPLWV $SSO\ ‡ &KLURSUDFWLF FDUH ‡ QIHUWLOLW\ WUHDWPHQW ‡ 5RXWLQH H\H FDUH $GXOW

<RXU 5LJKWV WR &RQWLQXH &RYHUDJH 7KHUH DUH DJHQFLHV WKDW FDQ KHOS LI
DJHQFLHV LV DV IROORZV &RQWDFW &'3+3 DW RU 77< 7KH 1HZ <RUI
RU KWWS ZZZ GIV Q\ JRY WKH +HDOWK ,QVXUDQFH $VVLVWDQFH 7HDP RI WKH 8
[RU ZZZ FFLLR FPV JRY WKH 'HSDUWPHQW RI /DERU¶V (PSOR\HH %HQHILWV 6H
KWWSV ZZZ GRO JRY HEVD FRQWDFW(%6$ FRQVXPHUDVVLVWDQFH KWPO

<RXU *ULHYDQFH DQG $SSHDOV 5LJKWV 7KHUH DUH DJHQFLHV WKDW FDQ KHOS LI
FDOOHG D JULHYDQFH RU DSSHDO)RU PRUH LQIRUPDWLRQ DERXW \RXU ULJKWV C
GRFXPHQWV DOVR SURYLGH FRPSOHWH LQIRUPDWLRQ WR VXEPLW D FODLP DSSHD
WKLV QRWLFH RU DVVLVWDQFH FRQWDFW &'3+3 DW RU 77< 7KH 1
RU KWWS ZZZ GIV Q\ JRY RU 'HSDUWPHQW RI /DERU¶V (PSOR\HH %HQHILW
ZZZ GRO JRY HEVD KHDOWKUHIRUP

Does this plan provide Minimum Essential Coverage?

<HV

Minimum Essential Coverage generally includes plans, health insurance available through marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE and certain other coverage. If you are eligible for Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards?

<HV

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

Peg is Having a Baby (9 months of in-network pre-natal care a hospital delivery)		Mia's Simple Fracture (in-network emergency room visit and f up care)

The plan would be responsible for the other costs of these EXAMPLE covered services.

<•0· pÉ*7D0P 'DÐF,ZFY¨ µ5×R™Ø0P#— • õ\cC /?ZFY¨3œ"Q6µ"• äZsQœf£0‰D # ²F,f£Z p·P%"CfDHÁf£ [pÉ 711p¸ ä