the o <u>ut-o</u> f-pocket limit? ————————————————————————————————————	 
limit for this plan? —— What is not included in	
Are there other	
Are there services  covered before you meet your deductible?	

Common Medical Event  Services You May Need  Network Provider (You y1pC tq 0 0 -1 304.9)			What Yo	u Will Pay	
	Common Medical Event	Services You May Need	Network Provider		

		What Yo	ou Will Pay	Limitations Evacations 9 Other		
Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Network Provider Information*		
If you have a hospital						
stay†						

		What Yo	ou Will Pay	Limitations Everytions ( Other	
Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Network Provider Information*	
If your child needs dental or eye care					

Other Covered Services (Limitations may apply to t	hese services. Th	is isn't a complete list.	Please see your plan docu	ment.)	
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Your Rights to Continue Coverage:					
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