





<p>the <u>out-of-pocket limit</u>?</p> <p>What is not included in <u>limit for this plan</u>?</p>			
<p>What is the <u>out-of-pocket services</u>?</p> <p><u>deductibles</u> for specific</p> <p>Are there other <u>your deductible</u> covered before you meet</p> <p>Are there services</p>			

Common Medical Event	Services You May Need	What You Will Pay		
		Network Provider (You y1pC 00 -1 304.2)		

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

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

_____	_____	_____



