



-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.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?		
Are there services covered before you meet your deductible ?		
Are there other deductibles for specific services?		
What is the out-of-pocket limit for this plan ?		

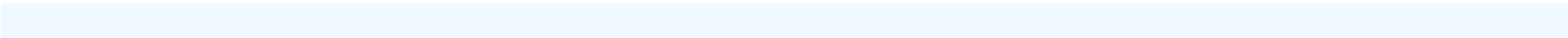
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Network Provider Information*
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic				

	_____ _____ _____			_____
If you have a test†	_____			
If you need drugs to treat your illness or condition† prescription drug coverage _____ _____				

If you have outpatient surgery†				
If you need immediate medical attention	_____			

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†				
If you need mental health, behavioral health, or substance abuse services†				

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)	



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About these Coverage Examples:



This is not a cost estimator.