



-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. For more information about your coverage, or to get a copy of the complete terms of coverage, contact www.caresource.com/marketplace or call 833-230-2099. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at www.caresource.com/marketplace or call 833-230-2099 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?		

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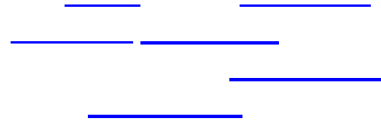
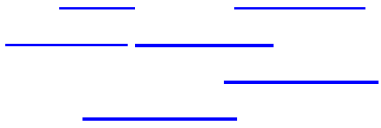
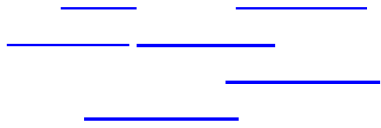
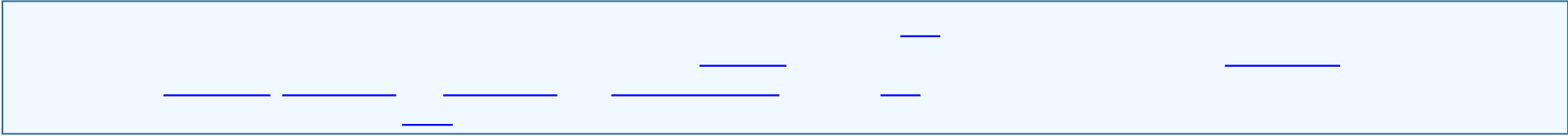
*For more information about limitations and exceptions, see the [plan](#) or policy document at www.coresource.com/marketplaceume/cado



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†Prior authorization may be required, for more details see www.caresource.com/mp-KY-pa.

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