







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)	
	<u>Habilitation services</u> †			
	Physical/Occupational therapy	\$25 copay	Not covered	25 visits per Benefit Year
	Speech therapy	40% coinsurance after deductible	Not covered	25 visits per Benefit Year
	Hearing Aids	40% coinsurance after deductible	Not covered	1 hearing aid per hearing-impaired ear every 36 months
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**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: 1-800-595-6053. Other coverage options may be available to you, too, including buying individual insurance coverage through the Kentucky Health Benefit Exchange. For more information about the Kentucky Health Benefit Exchange, visit [kynect.ky.gov](http://kynect.ky.gov) or call 1-855-306-8959.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Kentucky Department of Insurance: 1-800-595-6053.

**Does this plan provide Minimum Essential Coverage?** Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the Kentucky Health Benefit Exchange or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

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