



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 your broker.

Summary of Benefits and Coverage		
Benefit Category	Plan Details	Additional Information
Medical	Inpatient Hospitalization	Covers up to 90 days per year. Subject to a \$1,000 deductible and 20% coinsurance.
Medical	Outpatient Hospitalization	Covers up to 90 days per year. Subject to a \$1,000 deductible and 20% coinsurance.
Medical	Surgical Services	Covers up to 90 days per year. Subject to a \$1,000 deductible and 20% coinsurance.
Medical	Physician Services	Covers up to 90 days per year. Subject to a \$1,000 deductible and 20% coinsurance.
Medical	Emergency Services	Covers up to 90 days per year. Subject to a \$1,000 deductible and 20% coinsurance.
Medical	Maternity Services	Covers up to 90 days per year. Subject to a \$1,000 deductible and 20% coinsurance.
Medical	Prescription Drugs	Covers up to 90 days per year. Subject to a \$1,000 deductible and 20% coinsurance.
Medical	Dental Services	Covers up to 90 days per year. Subject to a \$1,000 deductible and 20% coinsurance.
Medical	Vision Services	Covers up to 90 days per year. Subject to a \$1,000 deductible and 20% coinsurance.

Common Medical Event	Services You May Need	What You Will Pay		
		Network Provider (You will pay the least)		

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