



All \_\_\_\_\_ and \_\_\_\_\_ costs shown in this chart are after your \_\_\_\_\_ has been met, if a \_\_\_\_\_ applies.



\*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/71ot9rc3lkk3xa3n9v096y4evxjxx9np>.

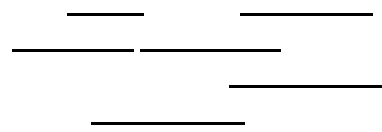








Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.



- Specialist office visits
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests
- Specialist visit

<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$30
<u>Coinsurance</u>	\$2,000
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The plan would be responsible for the other costs of these EXAMPLE covered services.

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English

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