

The Summary of

copayment	coinsurance	deductible	deductible
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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important 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	_____	_____		
	_____	_____		

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	



Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

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Your Rights to Continue Coverage:



Does this plan provide Minimum Essential Coverage? Yes.

About these Coverage Examples:

This is not a cost estimator.