

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

Excluded Services & Other Covered Services:

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Please see your [plan](#) document.)

Does this plan meet the Minimum Value Standards? Not Applicable.

Language Assistance:

Language Access Services:

