







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 are pregnant				
If you need help recovering or have other special health needs				

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:

About these Coverage Examples:

This is not a cost estimator.

