

All co-payment and co-insurance costs shown in this chart are after deductible has been met, if deductible applies.



Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of plan that cover medical care. Your actual costs will be different depending on the actual care you receive, the provider charge, and many other factors. Focus on the amounts, deductibles, copayments, and coinsurance and excluded services under this plan. Use this information to compare the portion of costs you might pay for health plans. Please note these coverage examples are based on coverage.

Peg is Having a Baby (9 months of in-network prenatal care and a hospital delivery)

- „ The plan's overall deductible \$1,000
- „ Specialist co-payment \$50
- „ Hospital (facility) coinsurance

Managing Joe's type 2 Diabetes (a year of routine in-network care of a well controlled condition)

- „ The plan's overall deductible \$1,000
- „ Specialist co-payment \$50

Ma's Simple Fracture (in-network emergency room visit and follow-up care)

- „ The plan's overall deductible \$1,000
- „ Specialist co-payment \$50

The plan would be responsible for the other costs of these EXAMPLE covered services.