



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 only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1- 866-403-2785 or visit [www.alliantplans.com](http://www.alliantplans.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov](http://www.healthcare.gov) or call 1- 866-403-2785 to request a copy.

| Important Questions                                                                   | Answers                                                                                                                                          | Why This Matters:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What is the overall <a href="#">deductible</a>?</b>                                | In Network: \$0/Individual, \$0/Family<br>Out of Network: Not Applicable                                                                         | See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Are there services covered before you meet your <a href="#">deductible</a>?</b>    | Yes. <a href="#">Preventive care/screening</a> /immunization<br>Additional details included per service category elsewhere in this SBC.          | This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .                                                                             |
| <b>Are there other <a href="#">deductibles</a> for specific services?</b>             | No.                                                                                                                                              | You don't have to meet a <a href="#">deductible</a> for specific services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b> | In Network: \$0/Individual, \$0/Family<br>Out of Network: Not Applicable                                                                         | This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>               | Not Applicable.                                                                                                                                  | This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Will you pay less if you use a <a href="#">network provider</a>?</b>               | Yes. See <a href="http://www.alliantplans.com">www.alliantplans.com</a> or call 1-866-403-2785 for a list of <a href="#">network providers</a> . | This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> , in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> , for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> , before you get services. |
| <b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>    | No.                                                                                                                                              | You can see the <a href="#">specialist</a> you choose without a referral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| Common Medical Event                                                                                                                                                                                            | Services You May Need                                   | What You Will Pay                                                                                                    |                                                                                                                      | Limitations, Exceptions, & Other Important Information |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                                                                                                                                                                                                 |                                                         | In Network<br>(You will pay the least)                                                                               | Out of Network<br>(You will pay the most)                                                                            |                                                        |
| <b>If you visit a health care <a href="#">provider's</a> office or clinic</b>                                                                                                                                   | Primary care visit to treat an injury or illness.       | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
|                                                                                                                                                                                                                 | <a href="#">Specialist</a> visit                        | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
|                                                                                                                                                                                                                 | <a href="#">Preventive care/screening</a> /immunization | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
| <b>If you have a test</b>                                                                                                                                                                                       | <a href="#">Diagnostic test</a> (x-ray, blood work)     | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
|                                                                                                                                                                                                                 | Imaging (CT/PET scans, MRIs)                            | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
| <b>If you need drugs to treat your illness or condition</b><br>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.alliantplans.com">www.alliantplans.com</a> | Generic drugs                                           | \$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply        | \$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply        | None                                                   |
|                                                                                                                                                                                                                 | Preferred brand drugs                                   | \$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply        | \$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply        |                                                        |
|                                                                                                                                                                                                                 | Non-preferred brand drugs                               | \$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply        | \$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply        |                                                        |
|                                                                                                                                                                                                                 | <a href="#">Specialty drugs</a>                         | \$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply        | \$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply        |                                                        |

| Common Medical Event                                                      | Services You May Need                            | What You Will Pay                                                                                                                                |                                                                                                                      | Limitations, Exceptions, & Other Important Information |
|---------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                                                           |                                                  | In Network<br>(You will pay the least)                                                                                                           | Out of Network<br>(You will pay the most)                                                                            |                                                        |
| If you have outpatient surgery                                            | Facility fee (e.g., ambulatory surgery center)   | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply                             | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
|                                                                           | Physician/surgeon fees                           | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply                             | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
| If you need immediate medical attention                                   | <a href="#">Emergency room care</a>              | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply                             | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
|                                                                           | <a href="#">Emergency medical transportation</a> | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply                             | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
|                                                                           | <a href="#">Urgent care</a>                      | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply                             | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
| If you have a hospital stay                                               | Facility fee (e.g., hospital room)               | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply                             | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
|                                                                           | Physician/surgeon fees                           | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply                             | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services                              | \$0 <a href="#">copayment</a> /visit <a href="#">Deductible</a> does not apply then 0% <a href="#">coinsurance</a> for other outpatient services | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
|                                                                           | Inpatient services                               | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply                             | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |

| Common Medical Event                                           | Services You May Need                     | What You Will Pay                                                                                                    |                                                                                                                      | Limitations, Exceptions, & Other Important Information |
|----------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                                                |                                           | In Network<br>(You will pay the least)                                                                               | Out of Network<br>(You will pay the most)                                                                            |                                                        |
| If you are pregnant                                            | Office visits                             | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
|                                                                | Childbirth/delivery professional services | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
|                                                                | Childbirth/delivery facility services     | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
| If you need help recovering or have other special health needs | <a href="#">Home health care</a>          | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | Limited to 120 visits per year                         |
|                                                                | <a href="#">Rehabilitation services</a>   | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | Limited to 40 visits per year                          |
|                                                                | <a href="#">Habilitation services</a>     | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | Limited to 40 visits per year                          |
|                                                                | <a href="#">Skilled nursing care</a>      | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | Limited to 60 days per year                            |
|                                                                | <a href="#">Durable medical equipment</a> | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |
|                                                                | <a href="#">Hospice services</a>          | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | None                                                   |

| Common Medical Event                   | Services You May Need      | What You Will Pay                                                                                                    |                                                                                                                      | Limitations, Exceptions, & Other Important Information |
|----------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                        |                            | In Network<br>(You will pay the least)                                                                               | Out of Network<br>(You will pay the most)                                                                            |                                                        |
| If your child needs dental or eye care | Children's eye exam        | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | Limited to 1 exam per year                             |
|                                        | Children's glasses         | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply | Limited to 1 item per year                             |
|                                        | Children's dental check-up | Not Covered                                                                                                          | Not Covered                                                                                                          | None                                                   |

#### Excluded Services & Other Covered Services:

| Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)            |                                                                                                                                                                                 |                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Abortion (except in case of rape, incest, or when life of mother is endangered)</li> <li>Acupuncture</li> <li>Bariatric surgery</li> <li>Chiropractic care</li> </ul> | <ul style="list-style-type: none"> <li>Dental care (Adult)</li> <li>Hearing aids</li> <li>Long-term care</li> <li>Non-emergency care when traveling outside the U.S.</li> </ul> | <ul style="list-style-type: none"> <li>Private-duty nursing</li> <li>Routine eye care (Adult)</li> <li>Routine foot care</li> </ul> |
| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)                                                                 |                                                                                                                                                                                 |                                                                                                                                     |
| <ul style="list-style-type: none"> <li>Cosmetic surgery limited to reconstructive surgery to restore function</li> </ul>                                                                                     | <ul style="list-style-type: none"> <li>Infertility treatment</li> </ul>                                                                                                         | <ul style="list-style-type: none"> <li>Weight loss programs (4 visits per year for nutritional counseling)</li> </ul>               |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Alliant Health Plans at 1- 866-403-2785 , the Georgia Department of Insurance, 1-800-656-2298 or [www.oci.ga.gov](http://www.oci.ga.gov), the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: the Georgia Department of Insurance, 1-800-656-2298 or [www.oci.ga.gov](http://www.oci.ga.gov).

**Does this plan provide Minimum Essential Coverage?** Yes.

If you don't have [minimum essential coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-833-613-2262.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-833-613-2262.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-833-613-2262.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-833-613-2262.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## About these Coverage Examples:



**This is not a cost estimator.** 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.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

|                                                                 |     |
|-----------------------------------------------------------------|-----|
| ■ The <a href="#">plan's</a> overall <a href="#">deductible</a> | \$0 |
| ■ <a href="#">Specialist copayment</a>                          | \$0 |
| ■ Hospital (facility) <a href="#">copayment</a>                 | \$0 |
| ■ Other <a href="#">copayment</a>                               | \$0 |

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

|                           |                 |
|---------------------------|-----------------|
| <b>Total Example Cost</b> | <b>\$12,700</b> |
|---------------------------|-----------------|

In this example, Peg would pay:

| Cost Sharing                      |             |
|-----------------------------------|-------------|
| <a href="#">Deductibles</a>       | \$0         |
| <a href="#">Copayments</a>        | \$0         |
| <a href="#">Coinsurance</a>       | \$0         |
| What isn't covered                |             |
| Limits or exclusions              | \$60        |
| <b>The total Peg would pay is</b> | <b>\$60</b> |

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

|                                                                 |     |
|-----------------------------------------------------------------|-----|
| ■ The <a href="#">plan's</a> overall <a href="#">deductible</a> | \$0 |
| ■ <a href="#">Specialist copayment</a>                          | \$0 |
| ■ Hospital (facility) <a href="#">copayment</a>                 | \$0 |
| ■ Other <a href="#">copayment</a>                               | \$0 |

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$5,600</b> |
|---------------------------|----------------|

In this example, Joe would pay:

| Cost Sharing                      |             |
|-----------------------------------|-------------|
| <a href="#">Deductibles</a>       | \$0         |
| <a href="#">Copayments</a>        | \$0         |
| <a href="#">Coinsurance</a>       | \$0         |
| What isn't covered                |             |
| Limits or exclusions              | \$20        |
| <b>The total Joe would pay is</b> | <b>\$20</b> |

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

|                                                                 |     |
|-----------------------------------------------------------------|-----|
| ■ The <a href="#">plan's</a> overall <a href="#">deductible</a> | \$0 |
| ■ <a href="#">Specialist copayment</a>                          | \$0 |
| ■ Hospital (facility) <a href="#">copayment</a>                 | \$0 |
| ■ Other <a href="#">copayment</a>                               | \$0 |

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$2,800</b> |
|---------------------------|----------------|

In this example, Mia would pay:

| Cost Sharing                      |            |
|-----------------------------------|------------|
| <a href="#">Deductibles</a>       | \$0        |
| <a href="#">Copayments</a>        | \$0        |
| <a href="#">Coinsurance</a>       | \$0        |
| What isn't covered                |            |
| Limits or exclusions              | \$0        |
| <b>The total Mia would pay is</b> | <b>\$0</b> |

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: