





Common  
Medical Event

Services You May Need

\* For more information about standard exceptions, see the plan document at [www.insert.com].

Common Medical Event	Services You May Not Receive	What You Will Pay			Limitations, Exclusions & Other Important Information
		Select In-Network Provider (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	10% <u>coinsurance</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	

\* For more information about ~~insert~~ exceptions, see the plan document at [www.insert.com].

Common Medical Event	Services You May Not Receive	What You Will Pay			Limitations, Exclusions, and Other Important Information
		Select In-Network Provider (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	
	Children's glasses	Lenses: Not covered Frames: Not covered Contacts: Not covered	Lenses:		

\* For more information about limitations and exclusions, see the plan or policy document at [www.insert.com].

**Your Rights to Continue Coverage** There are agencies that can help if you want to continue your coverage after it ends. For more contact information for those agencies, visit [www.dhs.gov/continuation-coverage](#). For group health coverage subject to ERISA, the Department of Labor's Employee Benefits Security Administration at 1-866-484-9122 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For non-federal governmental group health coverage, the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x6156 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Your employer's human resources department may be able to provide information about other coverage options that may be available to you too, including buying individual insurance coverage through the health insurance marketplace. For more information about the health insurance marketplace, visit [www.healthcare.gov](#).

\* For more information about reinstatement exceptions, see the plan document at [www.insert.com].

About these Coverage Examples:

The plan's overall deductible	\$200
Specialist coinsurance	10%
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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This EXAMPLE event includes services like:  
Specialist office visits (natal care)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (sounds and blood work)  
Specialist visits (anesthesia)

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)

This EXAMPLE event includes services like:  
Emergency room care (including medical supplies)  
Diagnostic tests (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)



Total Example Cos	\$12,700
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Total Example Cos	\$5,600
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In this example, Peg would pay: \_\_\_\_\_

In this example, Joe would pay: \_\_\_\_\_