



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, [insert contact information]. 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.\[insert\].com](#) or call 1-800-[insert] to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|-----------------|--|
| What is the overall deductible ? | \$0 | See the Common Medical Events chart below for your costs for services this plan covers. |
| Are there services covered before you meet your deductible ? | No. | You will have to meet the deductible before the plan pays for any services. |
| Are there other deductibles for specific services? | No. | You don't have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan ? | Not Applicable. | This plan does not have an out-of-pocket limit . |
| What is not included in the out-of-pocket limit ? | Not Applicable. | This plan does not have an out-of-pocket limit on your expenses. |
| Will you pay less if you use a network provider ? | Not Applicable. | This plan does not use a provider network . You can receive covered services from any provider . |
| Do you need a referral to see a specialist ? | No. | You can see the specialist you choose without a referral . |

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