



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, please call 1-877-405-2926. 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 <https://www.healthcare.gov/sbc-glossary> or by calling 1-877-405-2926 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	In-Network/Participating <a href="#">Providers</a> : \$5,000/person; \$15,000/family Out-of-Network/Non-Participating <a href="#">Providers</a> : \$5,000/person; \$15,000 family	Generally, you must pay all of the costs from providers up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive Care Services</a> , are covered before you meet your <a href="#">deductible</a> .	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> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	In-Network/Participating <a href="#">Providers</a> : \$5,000/person; \$15,000/family Out-of-Network/Non-Participating <a href="#">Providers</a> : \$10,000/person; \$20,000/family	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Penalties for non-compliance with plan provisions; <a href="#">premiums</a> ; <a href="#">balance-billing</a> charges and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they do not count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. <a href="https://hstconnect.com/">https://hstconnect.com/</a> or call 800-440-7427 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 a Non-Participating/ <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.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	Yes.	This is a managed care plan. You must contact Clearwater at 1-877-405-2926. to coordinate care and obtain prior authorization for services other than primary care office visits and emergent services. Preauthorization and coordination of care is required for access to benefits.



All [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies. If the deductible does not apply, neither does coinsurance.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	
	<a href="#">Specialist</a> visit	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	This is a managed care plan. Preauthorization and coordination of care is required for access to benefits.
	Chiropractic Services	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	This is a managed care plan. Preauthorization and coordination of care is required for access to benefits. Chiropractic services limited to 12 visits per calendar year.
	<a href="#">Preventive care/screening/immunization</a>	Covered in Full	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	Preventive Services are as outlined by the Patient Protection & Affordable Care Act. You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.*
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	This is a managed care plan. Preauthorization and coordination of care is required for access to benefits.
	Imaging (CT/PET scans, MRIs)	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	This is a managed care plan. Preauthorization and coordination of care is required for access to benefits.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.ehimrx.com">www.ehimrx.com</a> or call 800-311-3446.	Generic drugs	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	Covers up to a 30-day supply (retail); 90-day supply (retail/mail order).
	Preferred brand drugs	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	Step therapy applies – includes the use of therapeutic alternatives.
	Non-preferred brand drugs	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	
	<a href="#">Specialty drugs</a>	Contact Care Coordination for Coverage Options	Not Covered	*Members must call EHIM at 800-311-3446 to determine eligibility criteria and benefit options.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>		This is a managed care plan. Preauthorization and coordination of care is required for access to benefits.
	Physician/surgeon fees	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	For hospitals and facilities, the Maximum Allowable Charge paid by your plan is based on a reference-based price. Reference-based pricing works by reimbursing hospitals and facilities based on objective criteria. Most commonly, the criteria will be Medicare-published costs and pricing data, plus an additional percentage. This allows for a reasonable reimbursement that is fair to the hospital and facility, and a savings to the plan. For Non-Participating Providers, you are responsible for the amounts listed as well as the difference between the Maximum Allowable Charge reimbursement level and 100% of the billed amount. Amounts in excess of the Maximum Allowable Charge payable to Non-Participating Providers do not apply to the Annual Deductible nor the Annual Out-of-Pocket Maximum.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>		<p>\$1,000 penalty for non-emergency visits. Notification is required within 48 hours or as soon as reasonably possible, and coinsurance is waived if admitted as inpatient. Inpatient benefits will apply.</p> <p>For hospitals and facilities, the Maximum Allowable Charge paid by your plan is based on a reference-based price. Reference-based pricing works by reimbursing hospitals and facilities based on objective criteria. Most commonly, the criteria will be Medicare-published costs and pricing data, plus an additional percentage. This allows for a reasonable reimbursement that is fair to the hospital and facility, and a savings to the plan. For Non-Participating Providers, you are responsible for the amounts listed as well as the difference between the Maximum Allowable Charge reimbursement level and 100% of the billed amount. Amounts in excess of the Maximum Allowable Charge payable to Non-Participating Providers do not apply to the Annual Deductible nor the Annual Out-of-Pocket Maximum.</p>
	Emergency medical transportation	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>		<p>For hospitals and facilities, the Maximum Allowable Charge paid by your plan is based on a reference-based price. Reference-based pricing works by reimbursing hospitals and facilities based on objective criteria. Most commonly, the criteria will be Medicare-published costs and pricing data, plus an additional percentage. This allows</p>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
				for a reasonable reimbursement that is fair to the hospital and facility, and a savings to the plan. For Non-Participating Providers, you are responsible for the amounts listed as well as the difference between the Maximum Allowable Charge reimbursement level and 100% of the billed amount. Amounts in excess of the Maximum Allowable Charge payable to Non-Participating Providers do not apply to the Annual Deductible nor the Annual Out-of-Pocket Maximum.
	Urgent care	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	None
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>		This is a managed care plan. Preauthorization and coordination of care is required for access to benefits.
	Physician/surgeon fees	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	For hospitals and facilities, the Maximum Allowable Charge paid by your plan is based on a reference-based price. Reference-based pricing works by reimbursing hospitals and facilities based on objective criteria. Most commonly, the criteria will be Medicare-published costs and pricing data, plus an additional percentage. This allows for a reasonable reimbursement that is fair to the hospital and facility, and a savings to the plan. For Non-Participating Providers, you are responsible for the amounts listed as well as the difference between the Maximum

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
				Allowable Charge reimbursement level and 100% of the billed amount. Amounts in excess of the Maximum Allowable Charge payable to Non-Participating Providers do not apply to the Annual Deductible nor the Annual Out-of-Pocket Maximum.
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	This is a managed care plan. Preauthorization and coordination of care is required for access to benefits.
	Inpatient services	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>		For hospitals and facilities, the Maximum Allowable Charge paid by your plan is based on a reference-based price. Reference-based pricing works by reimbursing hospitals and facilities based on objective criteria. Most commonly, the criteria will be Medicare-published costs and pricing data, plus an additional percentage. This allows for a reasonable reimbursement that is fair to the hospital and facility, and a savings to the plan. For Non-Participating Providers, you are responsible for the amounts listed as well as the difference between the Maximum Allowable Charge reimbursement level and 100% of the billed amount. Amounts in excess of the Maximum Allowable Charge payable to Non-Participating Providers do not apply to the Annual Deductible nor the Annual Out-of-Pocket Maximum.
<b>If you are pregnant</b>	Office visits	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	Cost sharing does not apply for preventive services. Depending on the type of services, coinsurance may apply.



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
	Childbirth/delivery professional services	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery facility services	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>		<p>This is a managed care plan. Preauthorization and coordination of care is required for access to benefits.</p> <p>For hospitals and facilities, the Maximum Allowable Charge paid by your plan is based on a reference-based price. Reference-based pricing works by reimbursing hospitals and facilities based on objective criteria. Most commonly, the criteria will be Medicare-published costs and pricing data, plus an additional percentage. This allows for a reasonable reimbursement that is fair to the hospital and facility, and a savings to the plan. For Non-Participating Providers, you are responsible for the amounts listed as well as the difference between the Maximum Allowable Charge reimbursement level and 100% of the billed amount. Amounts in excess of the Maximum Allowable Charge payable to Non-Participating Providers do not apply to the Annual Deductible nor the Annual Out-of-Pocket Maximum.</p>
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	<p>This is a managed care plan. Preauthorization and coordination of care is required for access to benefits.</p> <p>Limited to 180 visits per calendar year.</p>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
	<a href="#">Rehabilitation services</a>	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	This is a managed care plan. Preauthorization and coordination of care is required for access to benefits.
	<a href="#">Habilitation services</a>	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	Limited to 12 visits per calendar year. Includes physical therapy, speech therapy, and occupational therapy.
	<a href="#">Skilled nursing care</a>	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>		<p>This is a managed care plan. Preauthorization and coordination of care is required for access to benefits.</p> <p>Limited to 30 days per calendar year.</p> <p>For hospitals and facilities, the Maximum Allowable Charge paid by your plan is based on a reference-based price. Reference-based pricing works by reimbursing hospitals and facilities based on objective criteria. Most commonly, the criteria will be Medicare-published costs and pricing data, plus an additional percentage. This allows for a reasonable reimbursement that is fair to the hospital and facility, and a savings to the plan. For Non-Participating Providers, you are responsible for the amounts listed as well as the difference between the Maximum Allowable Charge reimbursement level and 100% of the billed amount. Amounts in excess of the Maximum Allowable Charge payable to Non-Participating Providers do not apply to the Annual Deductible nor the Annual Out-of-Pocket Maximum.</p>



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
	<a href="#">Durable medical equipment</a>	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	This is a managed care plan. Preauthorization for charges greater than \$750 per item or rental exceeds 4 months and coordination of care is required for access to benefits.
	<a href="#">Hospice services</a>	0% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a>	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	This is a managed care plan. Preauthorization and coordination of care is required for access to benefits.  Limited to 30 days per calendar year.
If your child needs dental or eye care	Children's eye exam	Covered in Full	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	Preventive care includes a visual screening assessment, as covered under preventive services. (Recommended by Bright Futures Project).
	Children's glasses	Not Covered	Not Covered	Excluded Service.
	Children's dental check-up	Covered in Full	50% <a href="#">Coinsurance</a> after Annual <a href="#">Deductible</a> , plus amounts that exceed the Maximum Allowable Charge	Preventive care includes an oral health risk assessment, as covered under preventive services. (Recommended by Bright Futures Project).

**Excluded Services & Other Covered Services:**

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• Cosmetic Surgery</li><li>• Dental care (except for treatment to sound natural teeth required due to injury.)</li></ul>	<ul style="list-style-type: none"><li>• Hearing Aids</li><li>• Infertility treatment</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 Exam (Adult)</li><li>• Routine foot care</li><li>• Weight loss programs</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>• Chiropractic Care</li><li>• Dialysis</li></ul>	<ul style="list-style-type: none"><li>• Routine Hearing Exam</li></ul>	<ul style="list-style-type: none"><li>• Specialty Drugs</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: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa). 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: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

**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? Yes**

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 1-877-405-2926

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-405-2926

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-405-2926

Navajo (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijigo holne'. 1-877-405-2926

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

## 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>	\$5,000
■ <a href="#">Specialist</a> Copayment	\$0
■ Hospital (facility) <a href="#">Coinsurance</a>	0%
■ Other <a href="#">Coinsurance</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>
<b>In this example, Peg would pay:</b>	
<i>Cost Sharing</i>	
Deductibles	\$5,000
Copayments*	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$5,060</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>	\$5,000
■ <a href="#">Specialist</a> Copayment	\$0
■ Hospital (facility) <a href="#">Coinsurance</a>	0%
■ Other <a href="#">Coinsurance</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>
<b>In this example, Joe would pay:</b>	
<i>Cost Sharing</i>	
Deductibles	\$5,000
Copayments*	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$5,020</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>	\$5,000
■ <a href="#">Specialist</a> Copayment	\$0
■ Hospital (facility) <a href="#">Coinsurance</a>	0%
■ Other <a href="#">Coinsurance</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>
<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>	
Deductibles	\$2,800
Copayments*	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,800</b>