





Questions:

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you need immediate medical attention				
If you have a hospital stay				

Questions:



<b>Common Medical Event</b>	<b>Services You May Need</b>	<b>Your Cost If You Use a Participating Provider</b>	<b>Your Cost If You Use a Non-Participating Provider</b>	<b>Limitations &amp; Exceptions</b>
If you need help recovering or have other special health needs				

Questions:

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions

**Excluded Services & Other Covered Services:**

**Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other excluded services.)

**Other Covered Services** (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

Questions:





## Questions and answers about the Coverage Examples:

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**What are some of the assumptions behind the Coverage Examples?**

premiums

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**What does a Coverage Example show?**

copayments      deductibles  
coinsurance

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**Does the Coverage Example predict my own care needs?**

| No.

providers

providers