


**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs

**Coverage for:** All Coverage Tiers | **Plan Type:** HMO

 **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, go to [Member.MassGeneralBrighamHealthPlan.org](http://Member.MassGeneralBrighamHealthPlan.org) or call Customer Services at 866-414-5533 (toll free) or 711 (TTY). 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 [MassGeneralBrighamHealthPlan.org](http://MassGeneralBrighamHealthPlan.org) or call 866-414-5533 (toll free) or 711 (TTY) to request a copy.

| Important Questions                                                | Answers                                                                                                                                                   | Why This Matters                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What is the overall deductible?</b>                             | \$2,500/Individual, \$5,000/Family per benefit period.                                                                                                    | Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the plan begins to pay.                                                                                                                                                            |
| <b>Are there services covered before you meet your deductible?</b> | Yes. Preventive care, does not apply towards the deductible.                                                                                              | This plan covers some items and services even if you haven't yet met the annual <u>deductible</u> amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your <u>deductible</u> . See a list of covered preventive services at <a href="http://MassGeneralBrighamHealthPlan.org">MassGeneralBrighamHealthPlan.org</a> . |
| <b>Are there other deductibles for specific services?</b>          | No.                                                                                                                                                       | You don't have to meet <u>deductibles</u> for specific services.                                                                                                                                                                                                                                                                                                                                                      |
| <b>What is the out-of-pocket limit for this plan?</b>              | \$7,250/Individual, \$14,500/Family per benefit period.                                                                                                   | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.                                                                                                                                                     |
| <b>What is not included in the out-of-pocket limit?</b>            | Premiums and health care this plan doesn't cover.                                                                                                         | Even though you pay these expenses, they do not count toward the <u>out-of-pocket limit</u> .                                                                                                                                                                                                                                                                                                                         |
| <b>Will you pay less if you use a network provider?</b>            | Yes. For a list of in-network providers, see <a href="http://MassGeneralBrighamHealthPlan.org">MassGeneralBrighamHealthPlan.org</a> or call 866-414-5533. | If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.                                                                                                                           |
| <b>Do you need a referral to see a specialist?</b>                 | Yes.                                                                                                                                                      | This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist.                                                                                                                                                                                                                                                        |

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All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

| Common Medical Event                                          | Services You May Need                            | What You Will Pay                                                                                                                                                             |                | Limitations, Exceptions, & Other Important Information                                 |
|---------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------|
|                                                               |                                                  | In Network                                                                                                                                                                    | Out of Network |                                                                                        |
| If you visit a health care <u>provider's</u> office or clinic | Primary care visit to treat an injury or illness | Subject to deductible, then \$30 copayment/Visit                                                                                                                              | Not covered    | None.                                                                                  |
|                                                               | Specialist visit                                 | Subject to deductible, then \$45 copayment/Visit                                                                                                                              | Not covered    | None.                                                                                  |
|                                                               | Preventive care/screening/immunization           | No Member Cost-Sharing                                                                                                                                                        | Not covered    | Services for specific conditions during an annual exam may be subject to cost sharing. |
| If you have a test                                            | Diagnostic test (x-ray, blood work)              | <b>X-ray:</b> Subject to deductible, then \$50 copayment/Visit<br><b>Blood work:</b> Subject to deductible, then \$50 copayment/Visit                                         | Not covered    | None.                                                                                  |
|                                                               | Imaging (CT/PET scans, MRIs)                     | <b>Non-Hospital and other designated sites:</b> Subject to deductible, then \$150 copayment/Visit<br><b>Hospital-based:</b> Subject to deductible, then \$300 copayment/Visit | Not covered    | May require prior authorization.                                                       |



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| Common Medical Event                                                                                                                                                                                                                               | Services You May Need                                      | What You Will Pay                                                                                                                                |                | Limitations, Exceptions, & Other Important Information                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                    |                                                            | In Network                                                                                                                                       | Out of Network |                                                                                                       |
| <p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://MassGeneralBrighamHealthPlan.org">MassGeneralBrighamHealthPlan.org</a></p> | Tier 1 – Low-Cost Generic                                  | 30-day Retail: Subject to deductible, then \$10 copayment/Prescription<br>90-day Mail: Subject to deductible, then \$20 copayment/Prescription   | Not covered    | No charge for birth control and smoking cessation drugs.                                              |
|                                                                                                                                                                                                                                                    | Tier 2 – Other generic and some brand name                 | 30-day Retail: Subject to deductible, then \$30 copayment/Prescription<br>90-day Mail: Subject to deductible, then \$60 copayment/Prescription   | Not covered    |                                                                                                       |
|                                                                                                                                                                                                                                                    | Tier 3 – High costing generic and preferred brand name     | 30-day Retail: Subject to deductible, then \$60 copayment/Prescription<br>90-day Mail: Subject to deductible, then \$120 copayment/Prescription  | Not covered    | May require prior authorization.                                                                      |
|                                                                                                                                                                                                                                                    | Tier 4 – Higher cost generics and non-preferred brand name | 30-day Retail: Subject to deductible, then \$200 copayment/Prescription<br>90-day Mail: Subject to deductible, then \$600 copayment/Prescription | Not covered    | May require prior authorization.                                                                      |
|                                                                                                                                                                                                                                                    | Tier 5 – Generic specialty and preferred specialty         | Subject to deductible, then \$250 copayment/Prescription                                                                                         | Not covered    | Prescription must be filled through our specialty pharmacy and a prior authorization may be required. |
|                                                                                                                                                                                                                                                    | Tier 6 – Non-preferred specialty                           | Subject to deductible, then \$500 copayment/Prescription                                                                                         | Not covered    |                                                                                                       |



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| Common Medical Event                    | Services You May Need                          | What You Will Pay                                                                                                                                                                   |                                                   | Limitations, Exceptions, & Other Important Information                  |
|-----------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------|
|                                         |                                                | In Network                                                                                                                                                                          | Out of Network                                    |                                                                         |
| If you have outpatient surgery          | Facility fee (e.g., ambulatory surgery center) | <b>Non-Hospital and other designated sites:</b><br>Subject to deductible, then \$250 copayment/Visit<br><b>Hospital-based:</b><br>Subject to deductible, then \$500 copayment/Visit | Not covered                                       | May require prior authorization.                                        |
|                                         | Physician/surgeon fees                         | No charge after deductible                                                                                                                                                          | Not covered                                       | None.                                                                   |
| If you need immediate medical attention | Emergency room services                        | Subject to deductible, then \$450 copayment/Visit                                                                                                                                   | Subject to deductible, then \$450 copayment/Visit | Emergency room copay waived if admitted to hospital for inpatient care. |
|                                         | Emergency medical transportation               | No charge after deductible                                                                                                                                                          | No charge after deductible                        | None.                                                                   |
|                                         | Urgent care                                    | Subject to deductible, then \$45 copayment/Visit                                                                                                                                    | Subject to deductible, then \$45 copayment/Visit  | None.                                                                   |
| If you have a hospital stay             | Facility fee (e.g., hospital room)             | Subject to deductible, then \$500 copayment/Stay                                                                                                                                    | Not covered                                       | May require prior authorization.                                        |
|                                         | Physician/surgeon fee                          | No charge after deductible                                                                                                                                                          | Not covered                                       | None.                                                                   |



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| Common Medical Event                                                           | Services You May Need                                      | What You Will Pay                                                                                                                         |                | Limitations, Exceptions, & Other Important Information                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                |                                                            | In Network                                                                                                                                | Out of Network |                                                                                                                                                                                                                                                                       |
| <b>If you need mental health, behavioral health, or substance use services</b> | Mental/behavioral health/substance use outpatient services | Subject to deductible, then \$30 copayment/Visit                                                                                          | Not covered    | None.                                                                                                                                                                                                                                                                 |
|                                                                                | Mental/behavioral health/substance use inpatient services  | Subject to deductible, then \$500 copayment/Stay                                                                                          | Not covered    | May require prior authorization.                                                                                                                                                                                                                                      |
| <b>If you are pregnant</b>                                                     | Office visits for prenatal and postnatal care              | No charge after deductible                                                                                                                | Not covered    | None.                                                                                                                                                                                                                                                                 |
|                                                                                | Childbirth/delivery facility services                      | Subject to deductible, then \$500 copayment/Stay                                                                                          | Not covered    | May require prior authorization.                                                                                                                                                                                                                                      |
|                                                                                | Childbirth/delivery professional services                  | No charge after deductible                                                                                                                | Not covered    | May require prior authorization.                                                                                                                                                                                                                                      |
| <b>If you need help recovering or have other special health needs</b>          | Home health care                                           | No charge after deductible                                                                                                                | Not covered    | May require prior authorization.                                                                                                                                                                                                                                      |
|                                                                                | Rehabilitation services                                    | <b>Outpatient:</b> Subject to deductible, then \$45 copayment/Visit<br><b>Inpatient:</b> Subject to deductible, then \$500 copayment/Stay | Not covered    | <b>Outpatient:</b> Covered up to 60 combined PT/OT visits per benefit period.<br><b>Inpatient:</b> Covered up to 60 days per benefit period. Prior authorization required.                                                                                            |
|                                                                                | Habilitation services                                      | <b>Outpatient:</b> Subject to deductible, then \$45 copayment/Visit<br><b>Inpatient:</b> Subject to deductible, then \$500 copayment/Stay | Not covered    | <b>Outpatient:</b> Covered up to 60 combined PT/OT visits per benefit period.<br><b>Inpatient:</b> Covered up to 60 days per benefit period. Prior authorization required. Cost and coverage limits are waived for early intervention services for eligible children. |



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|-----------------------------------------------|----------------------------|--------------------------------------------------|----------------|--------------------------------------------------------------------------------------|
|                                               |                            | In Network                                       | Out of Network |                                                                                      |
|                                               | Skilled nursing care       | Subject to deductible, then \$500 copayment/Stay | Not covered    | Covered up to 100 days per benefit period. May require prior authorization.          |
|                                               | Durable medical equipment  | Subject to deductible, then 20% coinsurance      | Not covered    | May require prior authorization. No charge for electric breast pump (one per birth). |
|                                               | Hospice service            | No charge after deductible                       | Not covered    | May require prior authorization.                                                     |
| <b>If your child needs dental or eye care</b> | Children’s eye exam        | No charge after deductible                       | Not covered    | 1 eye exam every 12 months per child up to the age of 19                             |
|                                               | Children’s glasses         | No charge after deductible                       | Not covered    | Provider designated frames.                                                          |
|                                               | Children’s dental check-up | No charge after deductible                       | Not covered    | 2 preventive exam(s) per benefit period per child up to the age of 19                |



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Excluded Services & Other Covered Services:

|                                                                                                                                                              |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u>.)</b>                |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>• Cosmetic Surgery</li> <li>• Dental care-adult (you may have coverage under a separate dental plan)</li> </ul>       | <ul style="list-style-type: none"> <li>• Extraction of infected or impacted wisdom teeth (except when in a hospital setting)</li> <li>• Long-term care</li> </ul>                                                | <ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Private-duty nursing</li> </ul>                                                                                                                                                                                                       |
| <b>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.)</b> |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>• Abortion</li> <li>• Acupuncture- Covered up to 20 visits per benefit period</li> <li>• Bariatric surgery</li> </ul> | <ul style="list-style-type: none"> <li>• Chiropractic care</li> <li>• Hearing aids (age 21 and younger)- Covered up to \$2,000 for each affected ear every 36 months</li> <li>• Infertility treatment</li> </ul> | <ul style="list-style-type: none"> <li>• Routine eye exam (adult)</li> <li>• Routine foot care (covered for diabetes and some circulatory diseases)</li> <li>• Weight loss program (coverage for up to six months of membership fees in a qualified weight-loss program for either a covered Subscriber or one covered Dependent)</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 are: 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: Customer Service at **866-414-5533 (toll free) or 711 (TTY)**.

**Does this Coverage Provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this Coverage Meet the Minimum Value Standard? 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:**

Para obtener asistencia en Español, llame al **866-414-5533**.

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

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**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<br>(9 months of in-network pre-natal care and a hospital delivery)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Managing Joe's type 2 Diabetes<br>(a year of routine in-network care of a well-controlled condition)                                                                                                                                                                                                                                                                                     | Mia's Simple Fracture<br>(in-network emergency room visit and follow up care)                                                                                                                                                                                                                                                                                                            |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
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| <ul style="list-style-type: none"> <li>■ The <a href="#">plan's</a> overall <a href="#">deductible</a> <span style="float: right;">\$2,500</span></li> <li>■ <a href="#">Specialist copayment</a> <span style="float: right;">\$45 after deductible</span></li> <li>■ <a href="#">Hospital (facility) copayment</a> <span style="float: right;">\$500 after deductible</span></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>■ The <a href="#">plan's</a> overall <a href="#">deductible</a> <span style="float: right;">\$2,500</span></li> <li>■ <a href="#">Specialist copayment</a> <span style="float: right;">\$45 after deductible</span></li> <li>■ <a href="#">Hospital (facility) copayment</a> <span style="float: right;">\$500 after deductible</span></li> </ul> | <ul style="list-style-type: none"> <li>■ The <a href="#">plan's</a> overall <a href="#">deductible</a> <span style="float: right;">\$2,500</span></li> <li>■ <a href="#">Specialist copayment</a> <span style="float: right;">\$45 after deductible</span></li> <li>■ <a href="#">Hospital (facility) copayment</a> <span style="float: right;">\$500 after deductible</span></li> </ul> |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <p><b>This EXAMPLE event includes services like:</b><br/>                     Specialist office visits (<i>prenatal care</i>)<br/>                     Childbirth/Delivery Professional Services<br/>                     Childbirth/Delivery Facility Services<br/>                     Diagnostic tests (<i>ultrasounds and blood work</i>)<br/>                     Specialist visit (<i>anesthesia</i>)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>This EXAMPLE event includes services like:</b><br/>                     Primary care physician office visits (<i>including disease education</i>)<br/>                     Diagnostic tests (<i>blood work</i>)<br/>                     Prescription drugs<br/>                     Durable medical equipment (<i>glucose meter</i>)</p>                                          | <p><b>This EXAMPLE event includes services like:</b><br/>                     Emergency room care (<i>including medical supplies</i>)<br/>                     Diagnostic test (<i>x-ray</i>)<br/>                     Durable medical equipment (<i>crutches</i>)<br/>                     Rehabilitation services (<i>physical therapy</i>)</p>                                        |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e6f2ff;"><b>Total Example Cost</b></td> <td style="text-align: right;"><b>\$12,700</b></td> </tr> <tr> <td colspan="2" style="background-color: #e6f2ff;"><b>In this example, Peg would pay:</b></td> </tr> <tr> <td colspan="2" style="background-color: #e6f2ff; text-align: center;"><i>Cost Sharing</i></td> </tr> <tr> <td>Deductibles</td> <td style="text-align: right;">\$2,500</td> </tr> <tr> <td>Copayments</td> <td style="text-align: right;">\$800</td> </tr> <tr> <td>Coinsurance</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td colspan="2" style="background-color: #e6f2ff; text-align: center;"><i>What isn't covered</i></td> </tr> <tr> <td>Limits or exclusions</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td style="background-color: #e6f2ff;"><b>The total Peg would pay is</b></td> <td style="text-align: right; background-color: #e6f2ff;"><b>\$3,300</b></td> </tr> </table> | <b>Total Example Cost</b>                                                                                                                                                                                                                                                                                                                                                                | <b>\$12,700</b>                                                                                                                                                                                                                                                                                                                                                                          | <b>In this example, Peg would pay:</b> |  | <i>Cost Sharing</i> |  | Deductibles | \$2,500 | Copayments | \$800 | Coinsurance | \$0 | <i>What isn't covered</i> |  | Limits or exclusions | \$0 | <b>The total Peg would pay is</b> | <b>\$3,300</b> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e6f2ff;"><b>Total Example Cost</b></td> <td style="text-align: right;"><b>\$5,600</b></td> </tr> <tr> <td colspan="2" style="background-color: #e6f2ff;"><b>In this example, Joe would pay:</b></td> </tr> <tr> <td colspan="2" style="background-color: #e6f2ff; text-align: center;"><i>Cost Sharing</i></td> </tr> <tr> <td>Deductibles</td> <td style="text-align: right;">\$2,500</td> </tr> <tr> <td>Copayments</td> <td style="text-align: right;">\$400</td> </tr> <tr> <td>Coinsurance</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td colspan="2" style="background-color: #e6f2ff; text-align: center;"><i>What isn't covered</i></td> </tr> <tr> <td>Limits or exclusions</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td style="background-color: #e6f2ff;"><b>The total Joe would pay is</b></td> <td style="text-align: right; background-color: #e6f2ff;"><b>\$2,900</b></td> </tr> </table> | <b>Total Example Cost</b> | <b>\$5,600</b> | <b>In this example, Joe would pay:</b> |  | <i>Cost Sharing</i> |  | Deductibles | \$2,500 | Copayments | \$400 | Coinsurance | \$0 | <i>What isn't covered</i> |  | Limits or exclusions | \$0 | <b>The total Joe would pay is</b> | <b>\$2,900</b> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e6f2ff;"><b>Total Example Cost</b></td> <td style="text-align: right;"><b>\$2,800</b></td> </tr> <tr> <td colspan="2" style="background-color: #e6f2ff;"><b>In this example, Mia would pay:</b></td> </tr> <tr> <td colspan="2" style="background-color: #e6f2ff; text-align: center;"><i>Cost Sharing</i></td> </tr> <tr> <td>Deductibles</td> <td style="text-align: right;">\$2,500</td> </tr> <tr> <td>Copayments</td> <td style="text-align: right;">\$100</td> </tr> <tr> <td>Coinsurance</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td colspan="2" style="background-color: #e6f2ff; text-align: center;"><i>What isn't covered</i></td> </tr> <tr> <td>Limits or exclusions</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td style="background-color: #e6f2ff;"><b>The total Mia would pay is</b></td> <td style="text-align: right; background-color: #e6f2ff;"><b>\$2,600</b></td> </tr> </table> | <b>Total Example Cost</b> | <b>\$2,800</b> | <b>In this example, Mia would pay:</b> |  | <i>Cost Sharing</i> |  | Deductibles | \$2,500 | Copayments | \$100 | Coinsurance | \$0 | <i>What isn't covered</i> |  | Limits or exclusions | \$0 | <b>The total Mia would pay is</b> | <b>\$2,600</b> |
| <b>Total Example Cost</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>\$12,700</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <b>In this example, Peg would pay:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <i>Cost Sharing</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| Deductibles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$2,500                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| Copayments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$800                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| Coinsurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$0                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <i>What isn't covered</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| Limits or exclusions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$0                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <b>The total Peg would pay is</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>\$3,300</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <b>Total Example Cost</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>\$5,600</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <b>In this example, Joe would pay:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <i>Cost Sharing</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| Deductibles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$2,500                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| Copayments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$400                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| Coinsurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$0                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <i>What isn't covered</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| Limits or exclusions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$0                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <b>The total Joe would pay is</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>\$2,900</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <b>Total Example Cost</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>\$2,800</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <b>In this example, Mia would pay:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <i>Cost Sharing</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| Deductibles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$2,500                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| Copayments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$100                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| Coinsurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$0                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <i>What isn't covered</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| Limits or exclusions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$0                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |
| <b>The total Mia would pay is</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>\$2,600</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                |                                        |  |                     |  |             |         |            |       |             |     |                           |  |                      |     |                                   |                |

 The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



## MCC Compliance

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This health plan meets Minimum Creditable Coverage standards and will satisfy the individual mandate that you have health insurance.