

Coverage for: **Individual or Family Plan** Type: **PPO**

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, call 1-800-508-4722 (TTY: 1-800-842-5357) or visit us at www.premiera.com. For general definitions of common terms, allow a amount, balance billing, coinsurance, copayment, deductible, provider or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/glossary> or call 1-800-508-4722 (TTY: 1-800-842-5357) to request a copy.**

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$750 Individual / \$2,250 Family	Generally, you must pay out of pocket up to the deductible amount before the plan begins to pay for covered health care services. /P <</MCID 19>> B4

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	

