



Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services  
ICSVEBA: Basic Medical Plan

Coverage Period: 10/01/2024 – 09/30/2025  
Coverage for: Individual,



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

Common Medical Event	
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Common  
Medical Event



\* For more information about limitations and exceptions, see the plan or policy document at [www.deltahealthsystems.com](http://www.deltahealthsystems.com)

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

„ The <u>plan's</u> overall <u>deductible</u>	\$1500
„ <u>Specialist</u> copayment	\$70
„ Hospital (facility) <u>coinsurance</u>	20%
„ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)

Childbirth/Delivery Professional Services

Childbirth/Delivery Facility Services

Diagnostic tests (*ultrasounds and blood work*)

Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,731</b>
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