Summary of Benefitend Coverage: What This Plan Cow/ha&You Pay For Covered Services SIMNSA: -250 Medical Plan

Coverage Period: 01/01/2022/31/202 Coveragefor: Individual/Famillylan TypeHMO

The Summary of Benefits and Coverage (SBC) document will help you choosed and the benefits and Coverage (SBC) document will help you choosed and the benefits and Coverage (SBC) document will help you choosed and the benefits and Coverage (SBC) document will help you choosed and the benefits and Coverage (SBC) document will help you choosed and the benefits and Coverage (SBC) document will help you choosed and the benefits and Coverage (SBC) document will help you choosed and the benefits and Coverage (SBC) document will help you choosed and the benefits and Coverage (SBC) document will help you choosed and the benefits and Coverage (SBC) document will help you choosed and the benefits are the benefits and the benefits and the benefits and the benefits are the benefits and the benefits and the benefits and the benefits are the benefits and the benefits and the benefits are the benefits and the benefits and the benefits are the b

	Services You May Need	What You Will Pay		
Common Medical Event		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
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	injury or illness			services.
If you visit a health care office or clinic				

Doesthis plan 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.

Doesthis plan meet the Inimum Value tandards? Yes

If your plan GRHVQ ¶MMimRuthVatluMStatWolkinds, yonnaybeeligiblefor a premiutax credito helpyoupay for polanthroughthe Marketplace

LanguageAccessServices:

[Spanish (Español): Para obtener asisterspia repol, llame@19407-408@Estados Unidosal 683-29-02 (Mexico).

Peg is Having a Baby

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

The ____ overall deductible \$0
Specialist [copayment] \$0
Hospital (facility) [copayment] \$0
Other [copayment] \$0

This EXAMPLE event includes services like: Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)

Total Example Cost \$12,700

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

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