

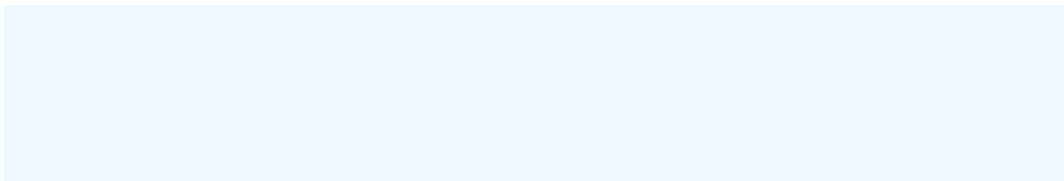
The Summary of Benefits and Coverage (SBC) document will help you choose a plan. The SBC shows you how you and the would share the cost for covered health care services. NOTE: Information about the cost of this (called the premium

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
<p>If you visit a health care _____ office or clinic</p>	Primary care visit to treat an injury or illness	\$ copay/visit	Not covered	Applicable copays may apply to telehealth services.

[* For more information about limitations and exceptions, see the plan or policy document at www.simnsa.com.]

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions & Other Important
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Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

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

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

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