


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.



All **copayment** and **coinsurance** costs shown in this chart are after your

 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	W
----------------------	-----------------------	---

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 Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Pre-authorization is required. Limited to 20 hours per week. Nutritional counseling: Maximum of \$50 per calendar year.
	<a href="#">Rehabilitation services</a>		50% <u>coinsurance</u>	-----none-----

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



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible**

Services Your Plan Generally

**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 plan’s overall deductible \$650
- „ Specialist copay \$20
- „ Hospital (facility) coinsurance 20%
- „ Other coinsurance 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)

Total Example C

l)2.T5.6 .p64C BDC /TT3 1 Tf 12 -5.91 0.984 s75 0 Td ( )Tj/TT3 1 Tnal0.014.76 al0.0Tc 0 0.ID 41 >>BDC