

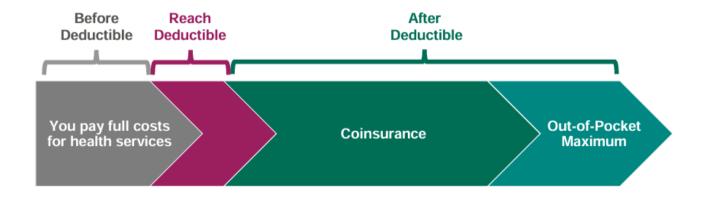
HOW TO USE YOUR HEALTH PLAN

UNDERSTANDING COST SHARING: WHAT YOU PAY

Jot down information about your health plan and cost-sharing below. Use your insurance policy or certificate, your insurance card, your Schedule of Benefits/Outline of Coverage, and/or your SBC to find the information.

Then read the next few pages to understand what the different terms mean and how your costs are calculated.

Deductible: The amount of money you must spend each year on your health care before your plan starts to pay.















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Deductible (continued): If family members are covered under your health plan, there will be two deductibles. Once you've met the family deductible, you've also met the individual deductible. Your plan may pay for some preventive services, like an annual physical, even if you haven't met your deductible. You may have a separate deductible for prescription drugs.

Your Deductible (Individual):	Your Deductible (Family):
Prescription Drug (Rx) Deductible:Included in the deductible aboveNot included in the deductible abo	ve
Your Rx Deductible (Individual):	Rx Deductible (Family):
Co-Pay: A fixed fee you pay directly to \$40 for every primary care visit).	the provider when you get health care (for example,
Your Co-Pays:	
In-network Primary Care:	Out-of-network Primary Care:
	Out-of-network Specialist:
In-network Emergency Department:	
Out-of-network Emergency Departme	
	Out-of-network Urgent Care:
Prescription:	
deductible. For example, if your coinsu	r most health care even after you meet your Irance is 20%, then the insurer pays 80% of the il you reach your out-of-pocket maximum.
Your Coinsurance:	
In-network:Out-of-	network:
-	ou pay during a plan period before your health planes. This maximum doesn't include your monthly
My Out-of-Pocket Maximum:	Family Out-of-Pocket Maximum:
_	at you pay each month or with each paycheck for your ay late, the insurer could cancel your plan.
Your Monthly Premium:	







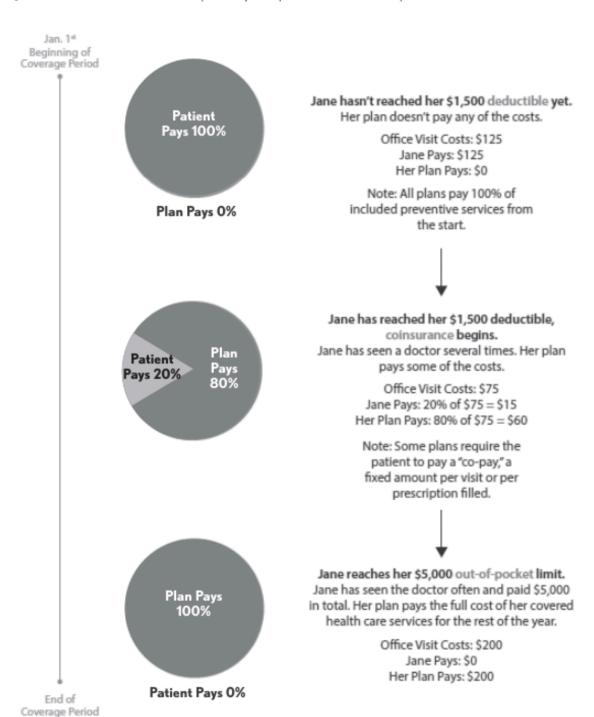




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HOW YOU AND YOUR HEALTH PLAN SHARE COSTS-EXAMPLE

Jane's Plan Deductible: \$1,500 | Co-Pay: \$0 | Coinsurance: 20% | Out-of-Pocket Maximum: \$5,000





Dec. 31st

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