



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	_____	_____	_____	_____
	_____	_____	_____	
	_____	_____	_____	
If you have a hospital stay		_____	_____	_____
		_____		_____

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If you need help recovering or have other special health needs	_____	_____	_____	_____
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	_____
	_____	_____	_____	
	_____	_____	_____	_____
If your child needs dental or eye care	&KLOGUHQ¶V H\H H[D			
	&KLOGUHQ¶V JODVVH			
	&KLOGUHQ¶V GHQWD			

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)

Your Rights to Continue Coverage:

Peg is Having a Baby

Ma's Simple Fracture



Health care coverage is important for everyone.



