
 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. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.** This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-844-380-4554. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.webtpa.com](http://www.webtpa.com) or call 1-844-380-4554 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall <a href="#">deductible</a>?</p>	<p>\$1,875/person \$2,800/family - *Preferred Network (EHN) and WFM Medical + Wellness Centers. \$3,750/person \$5,250/family - *Expanded Network (Aetna) \$7,500/person \$10,500/family <a href="#">Out-of-Network Providers</a> *In-network <a href="#">deductibles cross-apply</a></p>	<p>Generally, you must pay all of the costs from providers up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay. See the chart starting on page 2 for a description of when the deductible does not apply.</p>
<p>Are there services covered before you meet your <a href="#">deductible</a>?</p>	<p>Yes. <a href="#">Preventive care</a> is covered 100% before you meet your deductible when using an in-network provider. Primary care is covered 100% before you meet your deductible when using the WFM Medical + Wellness Centers. <a href="#">Urgent care</a> is covered 100% before you meet your deductible if you use the WFM Medical + Wellness Centers and 75% before you meet your <a href="#">deductible</a> if you use a Preferred provider.</p>	<p>This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a>. See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>. *Refers to services during regular business hours for established patients of the WFM Medical + Wellness Centers.</p>
<p>Are there other <a href="#">deductibles</a> for specific services?</p>	<p>No. There are no other <a href="#">deductibles</a>.</p>	<p>You don't have to meet <a href="#">deductibles</a> for specific services, but see the chart starting on page 2 for other costs for services this <a href="#">plan</a> covers.</p>
<p>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</p>	<p>\$3,325/person \$6,650/family – *Preferred Network (EHN) and WFM Medical + Wellness Centers. \$6,650/person \$13,300/family- *Expanded Network (Aetna) \$13,300/person \$26,200/family -<a href="#">Out-of-Network Providers</a> *In-network <a href="#">out-of-pocket limits</a> cross-apply</p>	<p>The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a>, they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met. Once an individual meets his or her out-of-pocket limit, the plan will pay 100% of the covered expenses for that individual.</p>
<p>What is not included in the <a href="#">out-of-pocket limit</a>?</p>	<p><a href="#">Premiums</a>, <a href="#">balance billing</a> charges, health care this <a href="#">plan</a> doesn't cover, and penalties for failure to obtain <a href="#">preauthorization</a> for services.</p>	<p>Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a>.</p>
<p>Will you pay less if you use a <a href="#">network provider</a>?</p>	<p>Yes. Preferred Network: <a href="https://members.ehnconnects.com/">https://members.ehnconnects.com/</a> Expanded Network <a href="http://www.aetna.com/asa">www.aetna.com/asa</a> or call 1-844-380-4554 for assistance with network providers.</p>	<p>You pay the least if you use a <a href="#">provider</a> at the WFM Medical + Wellness Centers. You will pay most if you use an <a href="#">out-of-network provider</a>. You may receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your plan pays (<a href="#">balance billing</a>). Be aware, your <a href="#">network</a></p>

		<a href="#">provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 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
		WFM Medical + Wellness Centers (You will pay the least)	Preferred Network (EHN)	Expanded Network (Aetna)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	No Charge Certain services are not subject to <a href="#">deductible</a> *	25% <a href="#">coinsurance</a> Certain services are not subject to <a href="#">deductible</a> *	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	-Virtual visits are contracted through the WFM Medical + Wellness Centers and are available during regular business hours for Team Members who are established patients of the WFM Medical + Wellness Centers. -Primary care visits provided by the WFM Medical + Wellness Centers or a Preferred provider that will not be subject to the <a href="#">deductible</a> include: Family Medicine, Internal Medicine, Pediatrics and OB-GYN.
	<a href="#">Specialist</a> visit	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	None
	<a href="#">Preventive care/screening</a> /immunization	No Charge Not subject to <a href="#">deductible</a>	No Charge Not subject to <a href="#">deductible</a>	No Charge Not subject to <a href="#">deductible</a>	60% <a href="#">coinsurance</a>	You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services you need are preventive. Then check what your <a href="#">plan</a> will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	25% <a href="#">coinsurance</a> Certain services are not subject to <a href="#">deductible</a>	25% <a href="#">coinsurance</a> Certain services are not subject to <a href="#">deductible</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	-Any Diagnostic service (including lab services) performed as part of a primary care visit with the WFM Medical + Wellness Centers or a Preferred provider such as Family Medicine, Pediatrics, OB-GYN and Internal Medicine are not subject to the <a href="#">deductible</a> . Other services performed by the WFM Medical + Wellness Centers or a Preferred provider that are not part of a primary care visit are subject to 25% coinsurance after <a href="#">deductible</a> is satisfied.
	Imaging (CT/PET scans, MRIs)	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	

\* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://members.ehnconnects.com>

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		WFM Medical + Wellness Centers (You will pay the least)	Preferred Network (EHN)	Expanded Network (Aetna)	Out-of-Network Provider (You will pay the most)	
<p><b>If you need drugs to treat your illness or condition</b> More information about <a href="https://southernscripts.net/members-direct.php?groupnumber=WFM">prescription drug coverage</a> is available at <a href="https://southernscripts.net/members-direct.php?groupnumber=WFM">https://southernscripts.net/members-direct.php?groupnumber=WFM</a></p> <p>1.833.682.6480</p> <p>Lists of drugs and preauthorization can be found at: <a href="https://wfm.employershealthnetwork.com/">https://wfm.employershealthnetwork.com/</a></p>	Generic drugs and Insulin	Not Applicable	<p>No charge for Standard Preventive drugs and not subject to deductible.</p> <p>10% <a href="#">coinsurance</a> for non-preventive drugs; not subject to deductible for Eligible Participants.</p>	<p>No charge for Standard Preventive drugs and not subject to deductible.</p> <p>10% <a href="#">coinsurance</a> for non-preventive drugs; not subject to deductible for Eligible Participants.</p>	Not Covered	<p>-Covers up to a 30-day supply (from in-<a href="#">network</a> retail pharmacy) or up to 90-day supply (from in-<a href="#">network</a> retail or mail order pharmacy). Specialty drugs are limited to a 30-day, specialty formulary and specialty network only. Certain medications may require <a href="#">preauthorization</a> from Southern Scripts at 1-833-682-6480.</p> <p>-“Eligible Participants” are established patients of the WFM Medical + Wellness Centers who receive a prescription from the WFM Medical + Wellness Centers and fill it at an in-network pharmacy.</p> <p>-“Standard Preventive” refers to generic preventive drugs included on the ACA Drug List (Basic ACA Preventive).</p> <p>-“Expanded ACA Preventive” refers to non-generic preventive drugs included on the ACA Drug List (Expanded ACA Preventive). Additional non-generic preventive drugs (Expanded Preventive) are covered at 100%, after the deductible, for Eligible Participants.</p>
	Preferred brand drugs	Not Applicable	<p>For Eligible Participants, no charge for Expanded ACA Preventive and not subject to deductible.</p> <p>25% <a href="#">coinsurance</a> Not subject to deductible for Eligible</p>	<p>For Eligible Participants, no charge for Expanded ACA Preventive and not subject to deductible.</p> <p>25% <a href="#">coinsurance</a> Not subject to deductible</p>	Not Covered	<p>-For Eligible Participants, Generic drugs are subject to a \$2 min/\$25 max (30 day supply) or \$6 min/\$75 max (90 day supply), while Preferred Brand drugs are subject to a \$50 max (30 day supply) or \$150 max (90 day supply).</p> <p>-If you are eligible to receive a subsidy through a manufacturer copay program, your copayment under the Variable Copay™ Program will be equal to the maximum subsidy available through that manufacturer copay program. Any manufacturer copay subsidy obtained under the Variable Copay™ Program will not accumulate toward your</p>

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Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		WFM Medical + Wellness Centers (You will pay the least)	Preferred Network (EHN)	Expanded Network (Aetna)	Out-of-Network Provider (You will pay the most)	
			Participants.	for Eligible Participants.		deductible or out of pocket costs. -If you are receiving a prescription drug through a manufacturer free drug program and you enroll in the Manufacturer Free Drug Initiative, that drug will not be covered under the <a href="#">plan</a> .
	Non-preferred brand drugs	Not Applicable	For Eligible Participants, no charge for expanded preventive and not subject to deductible.  50% <a href="#">coinsurance</a>	For Eligible Participants, no charge for expanded preventive and not subject to deductible.  50% <a href="#">coinsurance</a>	Not Covered	
	<a href="#">Specialty drugs</a>	Not Applicable	50% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	Not Covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	Certain procedures require <a href="#">preauthorization</a> . If you don't get <a href="#">preauthorization</a> , a \$250 penalty will apply. For a list please go to: <a href="https://members.ehnconnects.com">https://members.ehnconnects.com</a>
	Physician/surgeon fees	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	Certain procedures require <a href="#">preauthorization</a> . If you don't get <a href="#">preauthorization</a> , a \$250 penalty will apply. For a list please go to: <a href="https://members.ehnconnects.com">https://members.ehnconnects.com</a>

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Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		WFM Medical + Wellness Centers (You will pay the least)	Preferred Network (EHN)	Expanded Network (Aetna)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<a href="#">Emergency room care</a>	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	<p>Certain non-emergent procedures require <a href="#">preauthorization</a>. If you don't get <a href="#">preauthorization</a>, a \$250 penalty will apply. For a list please go to: <a href="https://members.ehnconnects.com">https://members.ehnconnects.com</a></p> <p>Non emergent air and ground ambulance require <a href="#">preauthorization</a>. If you don't get <a href="#">preauthorization</a>, a \$250 penalty will apply.</p> <p>*Refers to services (including virtual visits) during regular business hours for established patients of the WFM Medical + Wellness Centers). If such services are made available after hours or on weekends, deductible and coinsurance may apply.</p>
	<a href="#">Emergency medical transportation</a>	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	
	<a href="#">Urgent care</a>	No charge Not subject to <a href="#">deductible</a> *	25% <a href="#">coinsurance</a> Not subject to <a href="#">deductible</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	
If you have a hospital stay	Facility fee (e.g., hospital room)	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required. If you don't get <a href="#">preauthorization</a> , a \$250 penalty will apply.
	Physician/surgeon fees	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Preauthorization is</a> required. If you don't get <a href="#">preauthorization</a> , a \$250 penalty will apply.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required. If you don't get <a href="#">preauthorization</a> , a \$250 penalty will apply.
	Inpatient services	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	
If you are pregnant	Office visits	Not Applicable	No Charge Not subject to deductible	No Charge Not subject to deductible	60% <a href="#">coinsurance</a>	Non-routine pre-natal (non-preventive) services are subject to 25% coinsurance after deductible if services provided in-network.
	Childbirth/delivery professional services	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	None

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Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		WFM Medical + Wellness Centers (You will pay the least)	Preferred Network (EHN)	Expanded Network (Aetna)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	None
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required. If you don't get <a href="#">preauthorization</a> , a \$250 penalty will apply. Home health visits limited to 1 visit per day/100 visits per calendar year maximum. In and out of network combined.
	<a href="#">Rehabilitation services</a>	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	Limited to 20 visits, in and out of network combined.
	<a href="#">Habilitation services</a>	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	
	<a href="#">Skilled nursing care</a>	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	
	<a href="#">Durable medical equipment</a>	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	Hearing aids limited to single purchase every 3 years.
	<a href="#">Hospice services</a>	Not Applicable	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required. If you don't get <a href="#">preauthorization</a> , a \$250 penalty will apply.
If your child needs dental or eye care	Children's eye exam	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	25% <a href="#">coinsurance</a>	60% <a href="#">coinsurance</a>	<a href="#">Preventive care</a> is covered 100% before you meet your <a href="#">deductible</a> .
	Children's glasses	Not covered	Not covered	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	Not covered	Not covered	None

\* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://members.ehnconnects.com>



## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Bariatric Surgery
- Cosmetic Surgery
- Dental Care (Adult)
- Infertility Treatment (diagnostic testing only)
- Long Term Care
- Non-Emergency Care when Traveling outside the U.S.
- Private Duty Nursing
- Routine Foot Care
- Weight Loss Programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture (20 visit limit)
- Chiropractic Care (20 visit limit)
- Hearing Aids
- Routine Eye Care (Adults)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-833-682-6480 or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 X61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Whole Foods Market (512) 542-0433 or WebTPA at 1-844-380-4554 and you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

**Does this 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.

**Does this plan meet Minimum Value Standards? Yes.**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

## Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-844-380-4554

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-380-4554

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-844-380-4554

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-844-380-4554

\* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://members.ehnconnects.com>

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) **\$1875**
- [Specialist](#) [[cost sharing](#)] **25%**
- [Hospital \(facility\)](#) [[cost sharing](#)] **25%**
- [Other](#) [[cost sharing](#)] **25%**

**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*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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**In this example, Peg would pay:**

<i>Cost Sharing</i>	
Deductibles	\$1,875
Copayments	\$0
Coinsurance	\$1,900
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,810</b>

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) **\$1875**
- [Specialist](#) [[cost sharing](#)] **25%**
- [Hospital \(facility\)](#) [[cost sharing](#)] **25%**
- [Other](#) [[cost sharing](#)] **25%**

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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**In this example, Joe would pay:**

<i>Cost Sharing</i>	
Deductibles	\$1,875
Copayments	\$0
Coinsurance	\$1,100
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$2,995</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) **\$1875**
- [Specialist](#) [[cost sharing](#)] **25%**
- [Hospital \(facility\)](#) [[cost sharing](#)] **25%**
- [Other](#) [[cost sharing](#)] **25%**

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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**In this example, Mia would pay:**

<i>Cost Sharing</i>	
Deductibles	\$1,875
Copayments	\$0
Coinsurance	\$700
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,575</b>