

Summary of Benefits and Coverage | What this Plan Covers & What You Can Pay for Covered Services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Outof-	

Common
Medical Event

Services You May Need

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		\$15 copay		Benefits listed are Rehabilitation and Rehabilitation each service limited to 60 visits per therapy per person per calendar year for occupational, physical and speech therapy. Benefits listed are for USA Health Network; other network PPO providers , subject to 20% coinsurance and overall deductible autism d>BD;2PDf 5d44 424.84 Td 9 n BT 0

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Discrimination is Against the Law

