

## 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-Network Provider (You will pay the mos	

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 <a href="#">copay</a>		Benefits listed are <a href="#">Rehabilitation</a> and <a href="#">Rehabilitation</a> 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; out-of-network PPO <a href="#">providers</a> , subject to 20% <a href="#">coinsurance</a> and overall <a href="#">deductible</a> autism d>BD;2PDf 5d44 424.84 Td 9 n BT 0



The

Discrimination is Against the Law



