

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

 $<sup>^{\</sup>star}$  For more information about limitations and exceptions, see the plan or politowykloscouthentalaama.edu/hr

<sup>\*</sup> For more information about limitations and exceptions, see the plan or politowydoxcuthedatama.edu/hr

		What You Will Pay		
Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Outof-Network Provider (You will pay the mos	Limitations, Exceptions, & Other Important Information
		\$15 <u>copa</u> y		Benefis listed ar <u>elablitatio</u> rand <u>Rehabilitation</u>
				each servidienited to 60 visits per therapy per
				person per calendar yeaoccupational, physica
				and speech therapynefits listed are for USA
				Health Network; otilneretworl?POproviders
				subject to 20% insurance overalleductible
				autism d>BD;2PDf 5d44 424.84 Td 9 n BT 0

 $<sup>^{\</sup>star}$  For more information about limitations and exceptions, see the plan or politowykloscouthentalaama.edu/hr

Discrimination is Against the Law