

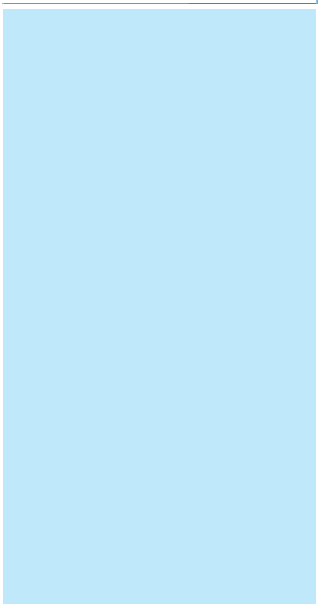
<u>allowed amount</u>	<u>insurance</u>
<u>deductible</u>	
<u>allowed amount</u>	<u>allowed amount</u>
<u>allowed amount</u>	<u>provider</u>
	<u>balance billing</u>
<u>providers</u>	<u>deductibles</u> <u>copayments</u> <u>coinsurance</u>

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
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If you visit a health care provider's office or clinic

Questions:

	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non
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Questions:

Questions:

Your Rights to Continue Coverage:

** Individual health insurance sample

** Group health coverage sample

premium

premium

Your Grievance and Appeals Rights:

appeal

grievance

Does this Coverage Provide Minimum Essential Coverage?

Questions:

