

Welcome to This Year's Open Enrollment Period!

Your 2026 – 2027 Health Plan: What You Need to Know

New ID Cards:

- New ID cards will be mailed in June to the address we have on file.
- Once you receive your new card, please discard your old one.
- Be sure to share your new ID card with your medical providers at your next appointment.
- Please present your new ID card at the pharmacy, as it will include an updated Rx Group #.

New Member Portal:

You can access your benefits, digital ID Card, claims information and provider search tool at my.homesteadplans.com.

The portal will be available to you beginning at the start of the Open Enrollment period.

Your Health and Well-Being are Our Top Priorities

This packet includes everything you need to know to get the most from your Claim Watcher health benefits plan. We encourage you to review the enclosed materials carefully and take full advantage of the benefits available to you.

If you have any questions or need help, please don't hesitate to call your Concierge Member Services team at **(855) 897-4816**, Monday – Friday from 8 a.m. – 6 p.m. ET. or email us at customerservice@homesteadplans.com.

Scan to view and download your plan materials
and find more — preferred providers, Rx benefits,
and other resources to support your health



2026-2027

Health Benefits Guide

Woods System of Care

Care.
Not Just Coverage.



Care.
Not Just Coverage.

A Different Kind of Health Plan


Your Claim Watcher+ Plan from Homestead is designed to give you comprehensive coverage and more choice, combined with greater transparency and lower costs.

Below is an overview of how your plan works. Check your plan documents, as well as the **Important Terms to Know** in this guide, for more information.

Here's how it works

1. Open Access

Your plan has no network restrictions. We help you see the provider of your choice. Before you schedule an appointment with a new provider visit my.homesteadplans.com to see if your provider already accepts the plan. If your provider is listed in the directory, you're all set! You can call to make an appointment.

 **IMPORTANT!** Provider information may change! The provider directory is updated regularly, but details can sometimes be outdated as providers make changes. If a listed provider says they do not accept the plan, please reach out for assistance.

2. We'll Clear the Path

If you don't see your provider in the directory, it's important for us to introduce the plan to them before you make an appointment or seek care. But don't worry, we make it easy for you and most providers accept the plan after it's introduced.

Just call us at **855-897-4816** or submit the provider's information to us online at homesteadplans.com/providerassistance. We'll do the rest!

3. Visit your doctor or facility for care

- At your appointment, present your member ID card. If the provider has questions about your plan ask them to call us at the number on your ID card. We'll verify your coverage with them.
- You are only responsible for paying any applicable copays at the time of service. You may also have to pay a coinsurance amount for certain prescriptions. You will be billed by the provider if you have a deductible that applies to any of the services provided. Check your plan documents for more information.
- If the provider asks you to pay more than your copay up front, do not pay. Instead, have them call member services so we can coordinate with them.

4. Review your medical bills and Explanation of Benefits (EOBs)

Balance bills are rare, but we want you to know what to do if you get one. Review your medical bills and compare against your EOBs. If you think there's a mistake or you're being charged more than your patient responsibility, contact us immediately at **855-897-4816!**



Support When You Need It



Concierge Member Services

Health care can be complicated. When you have questions, having the right support makes all the difference. That's why you have a Member Concierge team. Call us at **855-897-4816**, Monday – Friday, 8 AM – 6 PM or email us at **customerservice@homesteadplans.com**.

You can also visit our member portal 24/7 at **my.homesteadplans.com**.



Finding a provider

Visit **my.homesteadplans.com** to view our provider directory. If you can't find a provider or have concerns about an upcoming appointment, call us at **855-897-4816**. We'll explain your plan to the provider so you have no issues when you go. See **page 3** for more information about finding a provider.



Virtual care from anywhere

You have access to **free** telemedicine services through Teladoc®. Connect with a provider by video, phone or app for **non-emergency medical care 24/7** for things like colds, flu, allergies and urinary tract infections.



Balance Bill Advocacy & Defense

With Homestead, balance bills are rare. We help prevent balance bills by proactively coordinating directly with providers.

If a balance bill does occur, we'll take the lead and manage the end-to-end process – advocating on your behalf of and providing legal defense, if needed, at no additional cost.

Learn more about **Balance Bill Defense** on **page 6**.



Finding a Provider

With Homestead, we help you visit the providers you choose for your care.

We'll introduce the plan to providers before you make an appointment or visit, to confirm they will accept the plan and ensure you have convenient access and a smooth transition.

We also give you access to a growing community of providers who already accept your plan.

Before you make an appointment

Visit my.homesteadplans.com to see if your provider is already listed in our directory or find a provider near you.

If your provider is listed in the directory:

You're all set! They are already actively working with our members and you can make an appointment.

Providers in the directory participate in the **MultiPlan® PHCS Practitioner Only** program or our **Claim Watcher+** program. The directory indicates the program affiliation of the provider. Please mention the appropriate logo on your ID card when scheduling an appointment after your plan's effective date.

If your existing provider is not listed:

Contact us so we can introduce the plan to your provider and confirm they accept the plan.

- Scan the QR code on this page or visit homesteadplans.com/providerassistance. This will bring you directly to our Provider Assistance page. There you will be able to list providers you plan on seeing in the next 90 days so we can contact them to introduce the plan and confirm your benefits before your visit. We'll also follow up with you to confirm you're all set!

- You can also call us at **855-897-4816**, or email customerservice@homesteadplans.com.
- **Do not pay full charges at time of service.** There are no additional costs to see a provider outside the MultiPlan PHCS Practitioner Only or Claim Watcher+ programs, as long as you fill out the Provider Assistance form or call your Member Concierge prior to your appointment. We will work with your provider to ensure that you are not charged the full amount.

Support every step of the way

As long as you fill out the Provider Assistance form or call your Member Concierge prior to your appointment, we'll help you to see the provider of your choice.

On the rare occasion a provider is not willing to accept the plan, our team will find you comparable, quality providers to choose from.





Care.
Not Just Coverage.

Preferred Partners

Choose a preferred partner for added convenience when making appointments.

While we offer these preferred providers as a convenience, we will help you go to the provider or medical facility of your choice.



The MultiPlan® PHCS Practitioner Only program offers access in all states to over 700,000 healthcare professionals, including both primary care and specialist practitioners. To look up participating providers in the MultiPlan PHCS Practitioner Only program, visit my.homesteadplans.com.



Experience significant savings and easy, straightforward access through two of the region's leading health systems.



When you visit one of Penn Medicine or Atlantic Health System's doctors or nationally recognized facilities you pay **no deductible** and **no coinsurance**. To find providers and facilities near you visit penmedicine.org or findadoctor.atlantichealth.org



Visit any location inside select CVS Pharmacy® and Target stores to receive care for minor illnesses and injuries, physicals, screenings, chronic condition monitoring, vaccinations, and more. Visit www.minuteclinic.com to learn more.



While you can use any lab, we recommend Quest Diagnostics' QuestSelect program. For convenient locations, check out their website at www.questselect.com



Care.
Not Just Coverage.

Understanding the EOB

After you use your plan, you'll receive an **Explanation of Benefits (EOB)**. Look at your EOB carefully to make sure it's correct. If you owe anything, you'll receive a bill from your doctor or health care provider(s). If the amount of the bill from your doctor is more than the patient responsibility listed on the EOB, contact us immediately.

Your EOB will show:

- The service(s) provided, including the date of service.**
- The amount charged by the provider.**
- What you may owe or have already paid.**
You must either pay the full amount or enter into a payment plan for this amount within 30 days of the date of the provider's bill.
- The amount paid by your plan.**

Explanation of Benefits

THIS IS NOT A BILL
RETAIN FOR TAX PURPOSES

INDECS, A Homestead Company
PO BOX 21307
Eagan, MN 55121

John Doe
123 Main Street
Apt 4B
San Francisco, CA 94102

Customer Care Information

Questions? Contact us at customerservice@homesteadplans.com or call (415) 612-8388

Amount Paid: \$950.00
Check #: CHK-12345
Date Paid: 01/15/2024

Claim #: CLM-2024-001

Patient: John Doe Patient Acct #: PA-789012 Dr. [Name] with ID: 123456789

Date of Service	Procedure Code	Billed Amount	Network Discount	Allowed Amount	Reason Codes	Deductible	Copay	Coins	Patient Resp	Plan Paid
01/15/2024	99213	\$250.00	\$50.00	\$200.00	1	\$100.00	\$25.00	\$15.00	\$140.00	\$60.00
Column Totals		\$250.00	\$50.00	\$200.00		\$100.00	\$25.00	\$15.00	\$140.00	\$60.00

Patient's Responsibility: \$450.00

Network Savings: \$300.00

Total Payment Amount: \$750.00

Service Description

Code	Description
99213	Office visit, established patient, 15 min
99214	Office visit, established patient, 25 min

Reason Code Description

Code	Description
1	Deductible

Your Benefit Accumulators

Deductible				Out-of-Pocket Maximum			
Type	Met	Total	Remaining	Type	Met	Total	Remaining
Individual In-Network	\$500.00	\$1,000.00	\$500.00	Individual In-Network	\$2,500.00	\$5,000.00	\$2,500.00
Family In-Network	\$1,200.00	\$2,000.00	\$800.00	Family In-Network	\$6,000.00	\$10,000.00	\$4,000.00

*Accumulator information as of claim processing date. Visit portal for current status.

Access anytime

Log in to my.homesteadplans.com to view information about your EOBs anytime.



Balance Bill Advocacy and Defense

We prevent most balance bills. If one happens, we handle it.

We've got your back!
Receiving a balance bill
is rare for our members.

In fact, less than **1%**
of all Homestead claims
result in a balance bill.

However, they do happen sometimes. Whether it's a billing mistake or the provider seeking to charge more than the amount allowed by your plan, you don't have to worry.

We will vigorously defend against any attempt to charge you more than your patient responsibility – at no cost to you.

What is a balance bill?

A balance bill is when you are asked to pay more than your patient responsibility.

When you receive medical care there is usually an amount you need to pay after your coverage is applied. This is called your patient responsibility and includes any copayment, coinsurance, or deductible amount as determined by your benefits plan.

Each time you receive care, you'll receive an Explanation of Benefits (EOB) from us that clearly outlines your patient responsibility ([see page 5 for more detail](#)). This is not a bill. It's a document

explaining the services billed by the provider, the amount paid by your plan, and your remaining patient responsibility (if there is any) for each claim submitted.

Review your EOBs carefully. If you've paid the patient responsibility shown on your EOB and the provider sends you a bill for an additional amount not covered by your plan, this is a balance bill.

What to do if you receive a balance bill

Contact us immediately at 855-897-4816 if you think you have received a balance bill!

We will verify the details of your claim and whether you are being charged more than your patient responsibility. If so, we will share more information with you and begin the balance bill defense process.

There is a 30-day deadline from the date of an initial bill for us to begin this process with you – so it's important for you to open your mail regularly to review any medical bills and contact us immediately if you think you have received a balance bill.

We know medical bills can be confusing. Let us help. If you receive a bill and have questions, or you're not sure about something, call us!



Have a question about a bill?

Call or email us at:

855-897-4816

Monday – Friday, 8 AM – 6 PM ET.

customerservice@homesteadplans.com



Important Terms to Know

Here are common terms related to health plan benefits you may see in this guide and as you use your plan throughout the year.

Open Enrollment

The period of time each year when a health benefits plan allows members to enroll in or change their plan.

Premium

The amount you pay each month in exchange for your health benefits coverage.

Provider

The broad term for physicians or physician groups, health systems, laboratory services providers, ambulatory care centers, and other parties that provide health care services and seek payment for one or more claims from a payer.

Claim

A request from a provider to be paid by a health plan for health services given. An example would be the claim your doctor sends your health plan for an office visit.

Covered Services

When a health care service is included in your plan benefits. Some services are covered before you meet your deductible, while others might be covered only after you've met your deductible. Check your plan documents for these details.

Copay

The fixed amount you pay up front when you receive medical services. For example, some plans require a \$25 copay for a visit to a Primary Care Physician and a \$50 copay for a visit to a Specialist.

Coinsurance

The percentage of the bill you pay after you meet your deductible. After you have paid your deductible in full, you pay only a percentage of your health care expenses — your health plan pays the rest. For example, if the cost for an x-ray is \$1,000 and your coinsurance is 20%, your health plan would cover \$800 (80%) and you are responsible for paying the remaining \$200 (20%). Coinsurance is paid until you reach the out-of-pocket maximum of your plan.

Deductible

The amount that you must pay for certain medical services before your health benefits plan begins to cover payment. After reaching this amount, the health plan covers their percentage of your services. The lower the deductible, the sooner the health plan starts to pay.

Out-Of-Pocket Maximum

The most you'll pay each year for covered medical expenses. After the maximum is reached, you are no longer responsible for paying coinsurance. The health plan pays 100% of expenses for covered services.

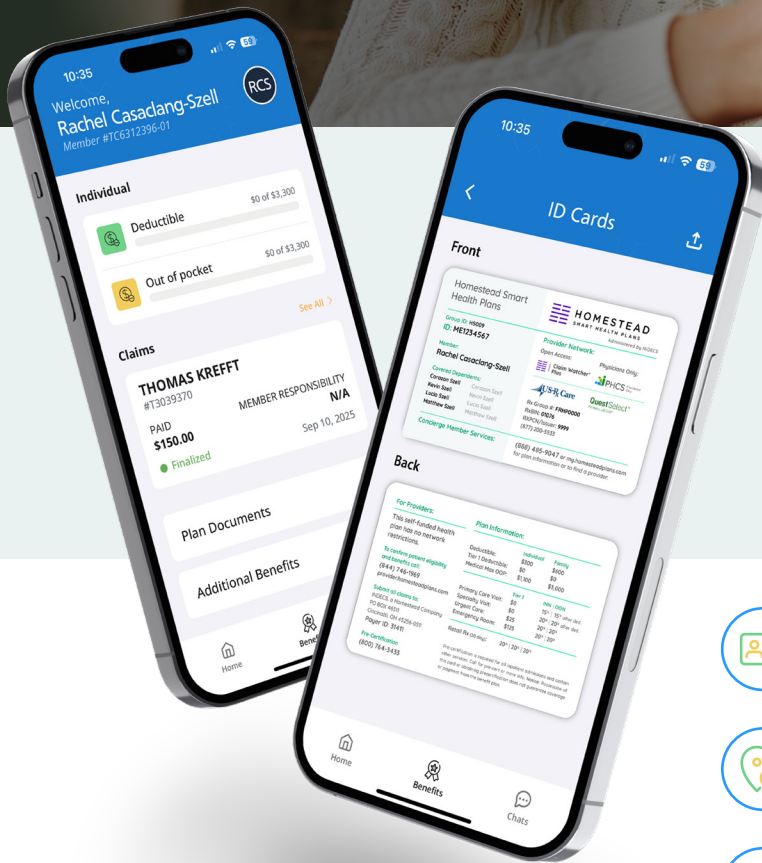
Explanation of Benefits (EOB)

After you receive health care services, and the doctor or facility sends the claim to your health plan for payment, you will receive an EOB. This is not a bill. It's similar to a financial statement from your health plan. It explains the details of the charges submitted, payments made by your plan, your patient responsibility, and any balance you may owe to the provider.



Your health at your fingertips.

Quick and easy access your health plan—anytime, from anywhere.



Get Connected to Your Benefits

To get started, download the TrueClaim app or visit my.homesteadplans.com and register using the same email you use for benefits enrollment or receiving other HR-related communications.

Need help signing up?

If the system doesn't recognize your email, or you want to add access for a family member, just email us at customerservice@homesteadplans.com.

Download the app to access anytime.



TrueClaim is available for download from the App Store or Google play.



Get Your ID Card: View, download, or print your digital ID card whenever you need it.



Find a Provider: Use the provider search tool to quickly find doctors, specialists, and facilities who accept the plan.



View Claims & EOBs: Track claims in real time and view your Explanation of Benefits (EOBs) in just a few taps.



Track Your Spending: See how much you've paid toward your deductible and out-of-pocket maximum.



Estimate the Cost of Care: Know before you go and avoid surprises by using the cost estimator to see prices for common services and procedures.



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 855-897-4816 or visit my.homesteadplans.com. 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 <https://www.healthcare.gov/sbc-glossary/> or call 855-897-4816 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible ?	\$500 Individual / \$1,000 Family per plan year. Applies to Inpatient Hospitalization, Outpatient Surgery and Emergency Room. Deductible is embedded.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible . When Health Plan members go to a Penn Medicine or Atlantic Health System facility or hospital, services are NOT subject to the Deductible.
Are there services covered before you meet your deductible ?	Yes. Preventive care , non-hospital and other services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	Medical Limit - \$1,500 Individual, \$3,000 Family per plan year Prescription Drug Limit - \$1,000 Individual, \$2,000 Family per plan year	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , health care this plan doesn't cover; noncompliance penalties.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Not Applicable	For help finding a provider, see www.my.homesteadplans.com , or call 855-897-4816.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay	None
	Mental health care visit	\$20 copay	None
	Specialist visit	\$30 copay	None
	Telemedicine services	\$0 copay	None
	Preventive care/screening/immunization	No charge	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
	Urgent Care	\$30 copay	None
	Medical Center at Woods	\$0 copay	None
If you have a test	Diagnostic test (x-ray, radiology)	\$20 copay	Precertification required for all advanced imaging (CT, MRI, Pet Scans).
	Diagnostic test (lab, blood work)	\$20 copay	
	Imaging (CT/PET scans, MRIs)	\$50 copay	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at usrxcare.com/member .	Tier 1 – Preferred Generic Drugs	\$5 retail copay /prescription \$10 mail order copay / prescription	Generic ACA Preventive drugs are covered at no cost, the member pays \$0. Retail: Covers up to a 30-day supply Mail Order: Covers 31-90 day supply Many oral contraceptives and contraceptive delivery devices (e.g. birth control patches) will be paid at 100% (i.e. copayment and deductible waived). Please see the Medical portion of your Plan for further details on contraception. Pre-Certification required for Specialty and/or injectable prescriptions, or penalty may apply. To receive Pre-Certification call US-Rx Care at (877) 200-5533.
	Tier 2 – Preferred Brand Drugs and Some Generic Drugs	20% retail coinsurance (\$25 min/\$50 max) Mail order: 2x retail copay	
	Tier 3 – Non-Preferred Brand Drugs and Some Generic Drugs	30% retail coinsurance (\$55 min to \$80 max) Mail order: 2x retail copay	
	Tier 4 – Specialty Medications	30% retail coinsurance (\$55 min to \$80 max) Mail order: 2x retail copay	
If you have outpatient surgery	Outpatient facility fee (e.g., ambulatory surgery center)	\$100 copay after deductible	Pre-certification required. Charges based on Allowable Claim Limits.
	Physician/Surgeon fees	No Charge	None

*For more information about limitations and exceptions, see the [plan](#) or policy document at my.homesteadplans.com.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you need immediate medical attention	Emergency room care	\$200 copay after deductible waived if admitted	Pre-certification required if admitted for inpatient services, or no coverage will be provided. Charges based on Allowable Claim Limits. Pre-certification required for non-emergency ambulance transport and air/water ambulance.
	Emergency medical transportation	No Charge	
If you have a hospital stay	Inpatient facility fee (e.g., hospital room)	\$200 copay after deductible	Pre-certification required. Charges based on Allowable Claim Limits.
	Physician fees	No Charge	
If you need mental health, behavioral health, or substance abuse services	Outpatient facility services	\$20 copay	Charges based on Allowable Claims Limits.
	Inpatient facility services	\$200 copay after deductible	Pre-certification required, or no coverage will be provided. Charges based on Allowable Claims Limits.
If you are pregnant	Office visits	\$20 copay for 1 st visit	Pre-notification requested. Charges based on Allowable Claim Limits.
	Childbirth/delivery professional services	No charge	
	Childbirth/delivery Inpatient facility services	\$200 copay after deductible	
If you need help recovering or have other special health needs	Home health care	No charge	Pre-certification required. Charges based on Allowable Claim Limits. Coverage limited to 60 visits per plan year.
	Physical, Speech, Occupational Therapy	\$20 copay	Pre-certification required after 12 th visit. Charges based on Allowable Claim Limits. Coverage limited to 60 consecutive days per condition per acute medical episode
	Skilled nursing facility	\$200 copay	Coverage is limited to 180 days per calendar year max. Pre-certification required. Charges based on Allowable Claim Limits.
	Durable medical equipment	No charge	Pre-certification required for purchase over \$1,500. Charges based on Allowable Claim Limits.
	Hospice Services	\$200 copay	Pre-certification required
If your child needs dental or eye care	Children's eye exam	\$10 copay	Coverage limited to one exam/year.
	Children's glasses	\$100 maximum	Coverage limited to one pair of glasses/year.
	Children's dental check-up	N/A	Separate Coverage provided by employer

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 .)		
<ul style="list-style-type: none">• Cosmetic surgery• Corrective Appliances• Hearing Aids	<ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S.• Dental care	<ul style="list-style-type: none">• Custodial Care• Routine foot care• Long term care
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Acupuncture	<ul style="list-style-type: none">• Chiropractic Care	<ul style="list-style-type: none">• Bariatric Surgery

Your Rights to Continue Coverage: If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at 855-897-4816. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x 612565 or 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 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: INDECS, Appeals Department at 855-897-4816 or the Department of Labor Employee Benefits Security Administration at 1-866-444-EBSA or www.dol.gov/ebsa/healthreform.

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 the 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 1-888-446-3327

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.

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

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 pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$500
■ Specialist copayment	\$20
■ Hospital (Facility) copayment	\$200
■ Other	\$2,650

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services, Childbirth/Delivery
 Inpatient Facility Services,
[Diagnostic tests](#) (*ultrasounds and blood work*),
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$3,370
In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$220
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$720

Managing Joe's Type 2 Diabetes

(a year of routine care of a well-controlled condition)

■ The plan's overall deductible	\$500
■ Specialist copayment	\$30
■ Inpatient Facility copayment	\$200
■ Other	\$720

This EXAMPLE event includes services like:

[Specialist](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$1,450
In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$360
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$380

Mia's Simple Fracture

(emergency room visit and follow up care)

■ The plan's overall deductible	\$500
■ Specialist copayment	\$30
■ Inpatient Facility copayment	\$200
■ Other	\$175

This EXAMPLE event includes services like:

[Emergency room care](#) (*includes medical supplies and diagnostic tests*)
[Durable medical equipment](#) (*crutches*)

Total Example Cost	\$905
In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$180
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$680

*The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.