



\$0.

See the Common Medical Events charge below for your costs for services this [plan](#) covers.

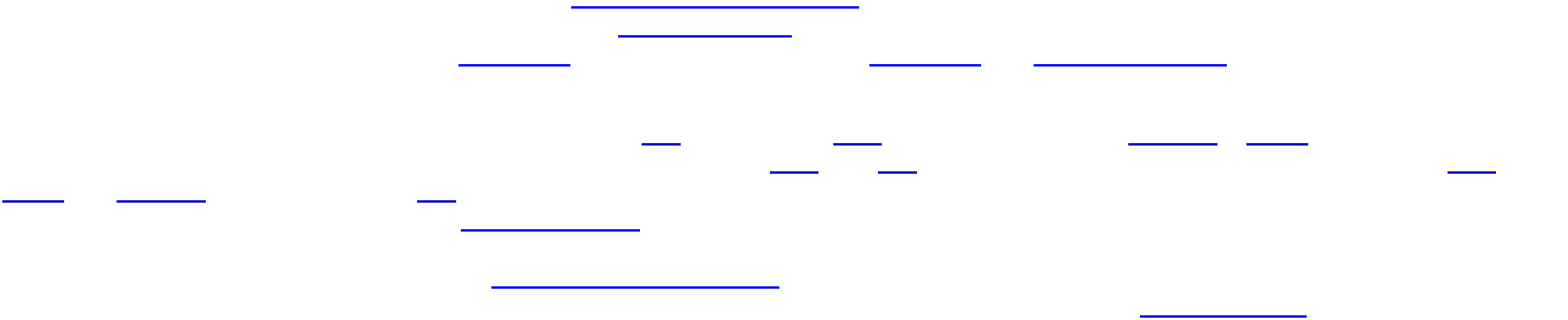
healthcare this [plan](#) doesn't cover.

Even though you pay these expenses [over](#) [er](#) .

	Office visits	Prenatal-No charge Postnatal-No charge	No charge	Cost sharing does not apply for preventive services .
	Childbirth/delivery professional services	No charge	No charge	None
	Childbirth/delivery facility services	No charge	No charge	None
	Home health care	No charge	No charge	Some services require prior authorization . If prior authorization is not obtained, benefits will be reduced by 25% coinsurance .
	Rehabilitation services	\$5 copay /visit	\$5 copay /visit	Limited to 20 combined visits for all therapies per calendar year. Some services require prior authorization . If prior authorization is not obtained, benefits will be reduced by 25% coinsurance .
	Habilitation services	\$5 copay /visit	\$5 copay /visit	
	Skilled nursing center	No charge	No charge	Prior authorization is required. If prior authorization
	_____	_____	_____	_____
	_____	_____	_____	_____
		_____	_____	

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[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](#).

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](#).

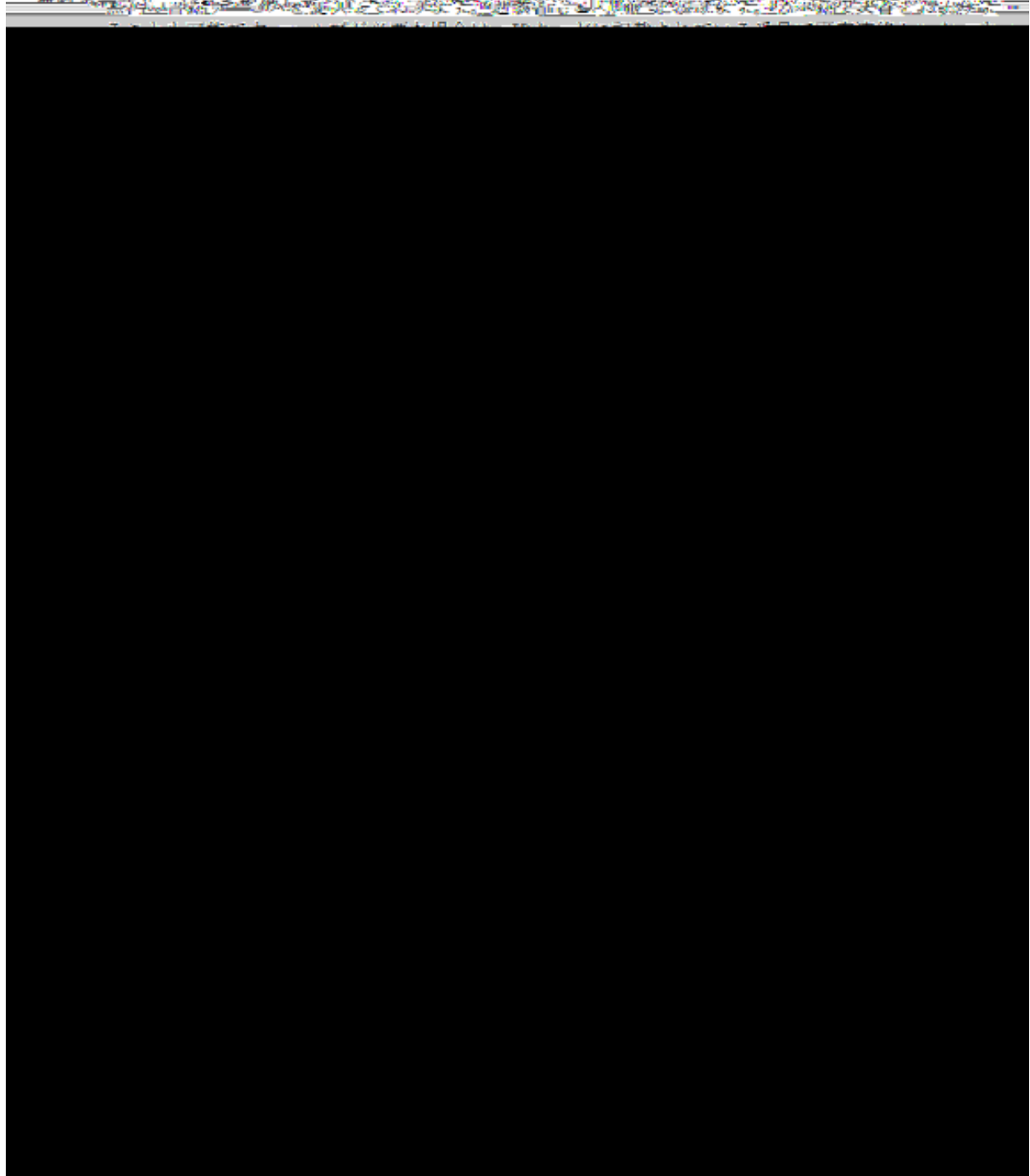
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-522-0088.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-522-0088.

Chinese (): 1-800-522-0088.
800-522-0088.



Japanese



Vietnam

0 02 041 026

Ngày: _____ Số đơn: _____
Địa chỉ: _____
Điện Thoại: _____

