What is the overall deductible ?	\$400 individual.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the plan,

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Information
	Physician/surgeon fees	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Surgery performed in the physician's office will be subject to the applicable physician copay and deductible; in Alabama, out-of-network coinsurance is 50%
If you need immediate medical attention	Emergency room care	Accident: \$150 <u>copay</u> /visit Medical Emergency: \$150 <u>copay</u> /visit	Accident: \$150 <u>copay</u> /visit Medical Emergency: \$150 <u>copay</u> /visit	Benefits for non-medical emergencies are subject to higher patient responsibility; physician charges will apply
	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	\$55 <u>copay</u> /visit	20% coinsurance	In Alabama, out-of-network coinsurance is 50%
lf you have a hospital stay	Facility fee (e.g., hospital room)	\$325 per admission copay	\$325 per admission copay & 20% coinsurance	In Alabama, out-of-network benefits are only available for accidental injury and medical emergency; precertification is required; maximum of three inpatient per admission copay per person per calendar year
	Physician/surgeon fees	0% coinsurance	20% <u>coinsurance</u>	In Alabama, out-of-network coinsurance is 50%

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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

Chiropractic care (limited to 24 visits per member per calendar year)