

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, www.deltahealthsystems.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 www.deltahealthsystems.com or call 1-866-691-2443 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	In-Network Provider : \$1,500 Individual / \$4,500 Family Non-Network Provider : \$3,000 Individual / \$9,000 Family Covered expenses applied to your in-network deductible do not count toward your non-network deductible and vice versa.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay.
Are there services covered before you meet your deductible ?	Yes. When seeing an In-Network Provider , preventive care services, physician and emergency room visits, rehabilitation and habilitation therapy, urgent care, Reach Air Medical services and prescription drugs 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.
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 ?	In-Network Provider : \$6,600 Individual / \$13,200 Family Non-Network Provider : \$10,000 Individual / \$30,000 Family	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 , balance-billed charges, penalties for failure to obtain preauthorization for services, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a participating provider ?	Yes. See www.anthem.com/ca or call at 1-866-691-2443 for a list of preferred providers.	This plan uses a provider network . You will pay less if you use a

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All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a

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Peg is Having a Baby
 (9 months of in-network pre-natal care and a hospital delivery)

Managing Joe’s type 2 Diabetes
 (a year of routine in-network care of a well-controlled condition)

Mia’s Simple Fracture
 (in-network emergency room visit and follow up care)

- „ The plan’s overall deductible \$1500
- „ Specialist copayment \$70
- „ Hospital (facility) coinsurance 20%
- „ Other coinsurance 20%

This EXAMPLE event includes services like:
 Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost \$12,731

The plan would be responsible for the other costs of these EXAMPLE covered services.