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.

Important Questions	Answers	Why This Matters:
What is 3.8 ref:*98 8.rv-2 (s:)6.94 4ef38fact 14 385.02 1.98 rew8 361.92 146.22 13.8		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 146.2
Are there services covered before you meet your deductible?		

copayment	coinsurance		deductible	deductible

Pay of-Network Provider u will pay the most)	Limitations, Exceptions, & Other Important Information

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs				SLU Student Health Center:

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.)

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About these Coverage Examples:

This is not a cost estimator.

The plan's overall deductible

Language Assistance:

Për shërbime përkthimi falas për ju, telefononi 1-877-381-3544.

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Untuk bantuan dalam bahasa Indonesia, silakan hubungi 1-877-381-3544 tanpa dikenakan biaya.

Kugira uronke serivisi zindimi atakiguzi, hamagara 1-877-381-3544.

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Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan 1-877-381-3544.

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Para acceder a los servicios de idiomas sin costo, llame al 1-877-381-3544.

Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1-877-381-3544.

Kupata huduma za lugha bila malipo kwako, piga 1-877-381-3544.

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Para ma access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-877-381-3544.

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