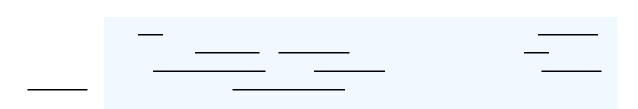
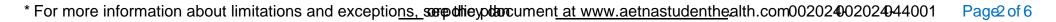
Summary of Benefits and Coverage: What this Plan Covers & What You Pastervicesvered SAINT LOUISNIVERSITY: Open Choice®

Coverage forIndividual+Family | PlanType:PPO

The Summary of Benefits and Coverage (SBC) document will help you choos<u>e a</u> health plan. The SBC shows you how yooulahdhateplan the cost for covered health care services. NOTE: Information about the cost of (daileplatine premiu) multiple povided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <u>https://www.aetnastudenthealth.com/en/school/867936/membersalting</u>8773813544. For general definitions of common termsaltawee das amountbalance billingpinsuranceopayWd6(bal)1 (gt EMC /P <</MCID 344 >>5 <</MCID 344 >>BDC 0.002 TID 344 >>5 <</mre>



All<u>copaymentandcoinsuranc</u>costs shown in this chart are after your de dastibleen met, if a deductatplelies.







Services You PlanGenerally Does NOT Co (Connect your policy optan document for momentation and a list of any other cluded service)s

Х

- x Acupuncture
- x Bariatric surgery
- x Cosmetisurgery

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