

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC



Common  
Medical Event

Services You May Need

\* For more information about limitations and exceptions, see the plan or policy document at [www.insert.com].



Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Select In-Network Provider (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	
	Children's glasses	Lenses: Not covered Frames: Not covered Contacts: Not covered	Lenses:		

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