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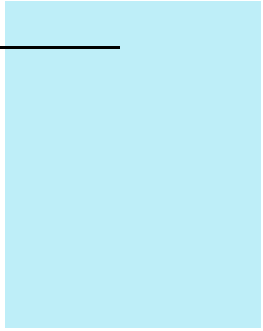
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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider	
<p>_____</p> <p>_____</p> <p>_____</p>		<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
		<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
		<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>_____</p>		<p>_____</p>	<p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
		<p>_____</p>	<p>_____</p>	

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About these Coverage Examples:



This is not a cost estimator.



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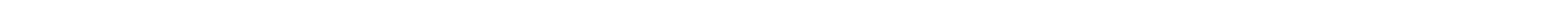
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Mail







تمامير (Summary of Benefits and Coverage- SBC)

بگيريد.

51 लाभ और कवरेज (Summary of Benefits and Coverage) ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं।

(Summary of Benefits and Coverage- SBC) के साथ समावेश की स्थिति में उपयोग के लिए, कृपया नीचे दिए गए जानकारी को ध्यान से पढ़ें।

Summary of Benefits and Coverage (SBC) no. \_\_\_\_\_, nvob ntawm Tsab Ntawy Nthuav Ohia Cov Txiaj Ntsim Zoo thiab Kev Kam Them N